

Return Address:
Land Title and Escrow Company
111 E. George Hopper Road
Burlington, WA 98233
205978-LT

REVIEWED BY
 SKAGIT COUNTY TREASURER
 DEPUTY Lena Thompson
 DATE 07/25/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Richard L. Ybarra, Tommas J. Ybarra, Heirs of Frank Ybarra: Christopher M. Ybarra and Trisha C. Timms, being first duly sworn deposes and states as follows:

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Son, Son, Grandson & Granddaughter of Arlene Frances Hudson AKA Arlene Everett, who died on 08/28/2015
 Relationship to decedent Granddaughter Decedent/Grantor

at

Sedro Woolley Skagit Washington
 City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: ptn Lots 9 & 10, Blk 22, West Add., Clear Lake, WA

Assessor's Property Tax Parcel/Account Number: 4144-022-010-0118/P75076
 (Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Richard L. Ybarra, 58, Son, 7829 La Casa Way, Buena Park CA 90620
 Full name, age, relationship, address

Tommas J. Ybarra, 63, Son, 4141 Myra Ave. Cypress CA 90630
 Full name, age, relationship, address

Christohper M. Ybarra, 43, Grandson, 1900 N. Cloud, Crest Circle, Anaheim CA 92807
 Full name, age, relationship, address

Trisha C. Timms, 46, Granddaughrer, 555 E. Cabrillo, Placentia CA 92870
 Full name, age, relationship, address

Dated: July 19th, 2022

Richard L. Ybarra; 714-408-0780, 7829 La Casa Way, Buena Park CA 90620

Richard L. Ybarra
 Signature

7/19/2022
 Date

Tommas J. Ybarra, 213-220-2032, 4141 Myra Ave. Cypress CA 90630

Tommas J. Ybarra
 Signature

7/19/2022
 Date

Christohper M. Ybarra, 714-329-0749, 1900 N. Cloud, Crest Circle, Anaheim CA 92807

Christohper M. Ybarra
 Signature

7/19/22
 Date

Trisha C. Timms, 661-874-9608, 555 E. Cabrillo, Placentia CA 92870

Trisha C. Timms
 Signature

7/19/22
 Date

STATE OF California

COUNTY OF Orange

Signed and sworn to (or affirmed) before me on this 19 day of July, 2022 by Richard L. Ybarra and Tommas J. Ybarra, Heirs of The Estate of Arlene F. Hudson and Christopher M. Ybarra and Trisha C. Timms, Heirs of Frank Ybarra, non-surviving Heir of Arlene F. Hudson.

[Signature]
 Signature

STAMP/SEAL:

Notary Public
 Title

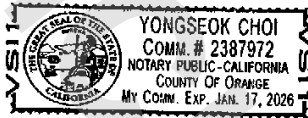
My appointment expires: Jan. 17, 2026

PLEASE SEE ATTACHED
 CALIFORNIA JURAL
 ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 19th
day of July, 2022, by RICHARD L. YBARRA,
TOMMAS J. YBARRA, CHRISTOPHER M. YBARRA and TRISHA C. TIMMS,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in black ink, appearing to be 'Yongseok Choi', written over a horizontal line.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2015-023930

DATE ISSUED: 05/18/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ARLENE FRANCES
LAST NAME(S): HUDSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 28, 2015
HOUR OF DEATH: 11:25 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE
BIRTHPLACE: CLEAR LAKE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: WALTER D. HUDSON

OCCUPATION: NURSES AIDE
INDUSTRY: HEALTH CARE
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: WALTER D. HUDSON
RELATIONSHIP: HUSBAND
ADDRESS: 2725 EAST FIR STREET, #82, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: INTRACEREBRAL HEMORRHAGE
INTERVAL: 12 HOURS
B: THROMBOCYTOPENIA
INTERVAL: 6 MONTHS
C: ACUTE MYELOGENOUS LEUKEMIA
INTERVAL: 3 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: NEUTROPENIC FEVER

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 2725 E FIR ST UNIT 82
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: LYLE RAPHAEL HENDERSON
MOTHER: VERNA BEATRICE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CLEAR LAKE CEMETERY

CITY, STATE: CLEAR LAKE, WASHINGTON
DISPOSITION DATE: SEPTEMBER 03, 2015

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: AUGUST 28, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: AUGUST 31, 2015

NOT VALID IF PHOTOCOPIED OR ALTERED

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required Information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____		
7. Return Mailing Address:				
Telephone Number: ()		Email Address:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:	14b. Signature of 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
 - Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
 - No proof is required to change the first or middle name.*
 - To correct parent's information, one proof documentation is required.
 - To correct the sex of the child, one proof documentation from a medical provider is required.
- *To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

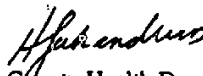
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

MAY 18 2022



Skagit County Health Department
Howard Leibrand M.D., Health Officer

Certificate not valid unless the Seal of the State of
Washington changes color when heat applied.



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