

Return Address:

Land Title and Escrow Company
111 East George Hopper Road, PO Box 445
Burlington, WA 98233
206472-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 08/19/2022

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Claudia Sanchez, being first duly sworn deposes and states as follows:
Name of Affiant

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

Surviving Spouse of Samuel Sanchez,
Relationship to decedent *Decedent/Grantor*

who died on July 26, 2022 at
Date

Sedro-Woolley Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lot 4, Block 61; Amended Plat of Burlington

Assessor's Property Tax Parcel/Account Number: 4076-061-004-0009/P71705
(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)

Claudia Sanchez 78 Spouse

601 Ferry Street Sedro Woolley wa. 98284

Full name, age, relationship, address

Eslela Sanchez 62 , Daughter

811 Haines Street Sedro Woolley wa 98284

Full name, age, relationship, address

Osbaldo Sanchez 55 , Son

601 Ferry Street Sedro Woolley wa 98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: August 17, 2022

Claudia Sanchez
Affiant's full name

(360) 503-3840
Telephone number

601 Ferry Street

Street

Sedro-Woolley

WA

98284

City

State

Zip Code

pl. Lia Sanchez
Signature

8-17-22
Date

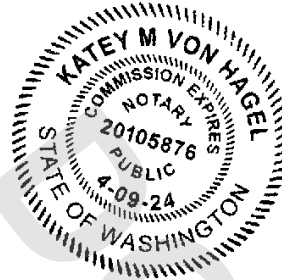
STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 17 day of August, 2022 by
Claudia Sanchez

Katey M. Von Hagel
Signature

Notary
Title

My appointment expires: 4-9, 2024



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-038299

DATE ISSUED: 07/28/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): SAMUEL
LAST NAME(S): SANCHEZ MERCADO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 28, 2022
HOUR OF DEATH: 02:00 PM

SEX: MALE

AGE: 83 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: HISPANIC

BIRTH DATE:
BIRTHPLACE: JALISCO MEXICO

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CLAUDIA GONZALEZ

OCCUPATION: LABORER
INDUSTRY: AGRICULTURE
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

INFORMANT: CLAUDIA SANCHEZ
RELATIONSHIP: WIFE
ADDRESS: 601 FERRY STREET SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: DEMENTIA
INTERVAL: YEARS
B: ALZHEIMERS DISEASE
INTERVAL: YEARS

C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 601 FERRY STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 601 FERRY STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: MAXIMINO SANCHEZ
MOTHER: MARIA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 02, 2022

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: NO RESPONSE

CERTIFIER NAME: KELLE BROGAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 316 E MCLEOD RD #101
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226
DATE SIGNED: JULY 27, 2022

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JULY 28, 2022

DOH423-142SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

**Affidavit for Correction**

08/19/2022 12:03 PM
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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

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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
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: P.O. Box or Street Address		City	State	Zip
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 foregoing is true and correct.

14a. Signature:	14b. Signature of 2 nd 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

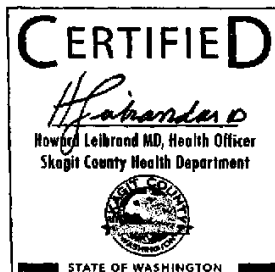
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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



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