

Return Address:

GUARDIAN NORTHWEST TITLE COMPANY
1301-B RIVERSHIDE DRIVE
P.O. BOX 1667
MOUNT VERNON, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 11/28/2022

AFFIDAVIT (LACK OF PROBATE) R

The undersigned affiant/grantee Dolores Jovita Estrada, being first duly sworn
Name of Affiant

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 Spouse
Relationship to decedent

of David Anthony Rodriguez, who died on 9-11-2022
Decedent/Grantor *Date*

at Bellingham Whatcom WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Section 17, Township 34 North, Range 4 East
SW SE

Assessor's Property Tax Parcel/Account Number: P26027/340417-4-013-0012
(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)

(Page 1 of _____)

Dobres Jovita Estrada Rodriguez

Full name, age, relationship, address

1810 Tundra Loop
Mount Vernon WA 98273

Full name, age, relationship, address

Monica R. Ellifritt
1810 Tundra Loop, Mt Vernon

Full name, age, relationship, address

Ruben G. Rodriguez
NE Vaila

Full name, age, relationship, address

Dated: 11-17-22
Dolores Jovita Estrada Rodriguez
Affiant's full name

360-770-7400
Telephone number

1810 Tundra Loop
MOUNT VERNON WA 98273
City State Zip Code

Dolores J Rodriguez 11-17-2022
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Dolores J. Rodriguez
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 11/17/22

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Stanwood

Notary Public in and for the State of WA

My appointment expires: June 16 2025



Exhibit "A"
Property Description

That portion of the East $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 17, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point on the West line of said subdivision, 1149.45 feet North of the Southwest corner thereof;

thence East 30 feet to the true point of beginning;

thence North, parallel with the West line of said East $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$, to the North line of said subdivision;

thence South 89 degrees 48' East, 136.41 feet;

thence South parallel with the first described course, to the North line of that certain tract conveyed to Dale T. Boudreau by Deed recorded March 19, 1973 under Auditor's File No. 782523;

thence North 89 degrees 49' West along said North line to the true point of beginning.

EXCEPT the North 10 feet thereof conveyed to the City of Mount Vernon by Deed recorded under Auditor's File No. 577078.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-047118

DATE ISSUED: 09/16/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID ANTHONY
LAST NAME(S): RODRIGUEZ

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: SEPTEMBER 11, 2022
HOUR OF DEATH: 02:16 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: ██████████

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

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

RESIDENCE STREET: 1220 N 16TH. ST.
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

BIRTH DATE: ██████████
BIRTHPLACE: BOULDER, CO

FATHER: SAMUEL RODRIGUEZ
MOTHER: ██████████

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DOLORES JOVITA ESTRADA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: AEROSPACE MANUFACTURING
INDUSTRY: AEROSPACE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 16, 2022

INFORMANT: MONICA ELLIFRITT
RELATIONSHIP: DAUGHTER
ADDRESS: 1610 TUNDRA LOOP, MOUNT VERNON, WA 98273

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARAH A. DRAKE

CAUSE OF DEATH:
A: PNEUMONIA
INTERVAL: DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LIVER CIRRHOSIS,
HEPATOCELLULAR CARCINOMA

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

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

CERTIFIER NAME: KELVIN LAM, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 3015 SQUALICUM PARKWAY #140
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: SEPTEMBER 11, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

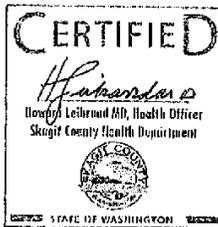
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DEBBIE L. HOLDEN
DATE RECEIVED: SEPTEMBER 15, 2022

		Affidavit for Correction		Mail to: Center for Health Statistics 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:		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:	
7. Return Mailing Address:		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)	
Telephone Number:		City:		State:	
()		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:		Date:	Printed name:		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:					
<ul style="list-style-type: none"> • 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					
1. 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. 2. 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. 3. Proof documentation must be five or more years old or established within five years of birth. 4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).					
Child under 18					
<ul style="list-style-type: none"> • 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)					
<ul style="list-style-type: none"> • 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					
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/administrator, 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. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.					
Marriage/Dissolution (Divorce) Certificates					
1. 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. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.					



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



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