

Requested by and Return to:  
**Fidelity National Agency Solutions**  
6500 Pinecrest Drive, Suite 600  
Plano, Tx 75024

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 01/11/2023

**AFT-AFT-R22WA112929**

**Document Title(s): LACK OF PROBATE AFFIDAVIT**

**DECEDANT(s): LIBERTAD RODRIGUEZ AKA LIBERTAD G RODRIGUEZ,**

**AFFIANT(s): JOHN F. SEAL**

**Assessor's Property Tax Parcel/Account Number: P75148; P75150; P75153**

**Legal Description** (Abbreviated form: i.e. lot, block, plat or section, township, range, quarter/quarter)  
PARCEL "A":

LOTS 8, 9 AND 10, AND THAT PORTION OF LOTS 11 THROUGH 14, INCLUSIVE AND LOTS 22 AND 23, LYING NORTHEASTERLY OF THE RAILROAD RIGHT OF WAY OF THE ENGLISH LUMBER COMPANY, ALL IN BLOCK 20, "TOWN OF MCMURRAY, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 107, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THAT PORTION OF THE SOUTH 1/2 OF UNOPENED ARCADE STREET LYING NORTH OF AND ADJACENT TO LOT 8, BLOCK, 20, "TOWN OF MCMURRAY, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 107, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL "B":

LOTS 1 THROUGH 7, AND THE NORTHEASTERLY 1/2 OF THE ENGLISH RAILROAD RIGHT OF WAY ON, OVER AND ACROSS LOTS 11 THROUGH 14 AND LOTS 22 AND 23, ALL IN BLOCK 20, "TOWN OF MCMURRAY, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 107, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THAT PORTION OF THE SOUTH 1/2 OF UNOPENED ARCADE STREET LYING NORTH OF AND ADJACENT TO LOT 8, BLOCK 20, TOWN OF MCMURRAY, SKAGIT COUNTY, WASHINGTON, AS

PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 107, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL "C":

THE NORTHEASTERLY 1/2 OF THE RAILROAD RIGHT OF WAY OF THE ENGLISH LUMBER COMPANY, RUNNING OVER AND ACROSS LOTS 11 THROUGH 14, INCLUSIVE AND LOTS 22 AND 23, ALL IN BLOCK 20, "TOWN OF MCMURRAY, SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 107, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.



That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was *(check one)*:

- Community property  
 Separate property  
 Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
- married to John F SEAL  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
- married to John F SEAL  
 unmarried, not a registered domestic partner  
 unmarried, a registered domestic partner of \_\_\_\_\_.
3.  That the decedent left a Will, a copy of which is attached hereto.  
 That the decedent left no Will.  
 That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. *(If unrecorded, attach a copy)*
4.  That the decedent's estate is not being probated.  
 That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_.
5.  That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
 That State and/or Federal succession or inheritance taxes in the amount of \$ \_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5.  That the decedent has not received assistance from the State of Washington for medical care.  
 That the decedent has received assistance from the State of Washington for medical care.  
 That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): NA

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 0.00, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 0.00, and including the value of Decedent's separate property, if any, of approximately \$ 0.00, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0.00.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 1/3/2023, 20\_\_\_\_

John F Seal  
(Signature)

JOHN F SEAL  
(Print or type full name)

22920 FRONT ST, MT VERNON WA 98174  
(Full address and telephone number)  
425 870 3661

SUBSCRIBED and SWORN TO before me this 3 day of Jan, 2023

Kyle Beam  
Notary Public in and for the State of WA  
Washington, residing at SKagit



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-003952

DATE ISSUED: 07/25/2022  
FEE NUMBER: 1706332

FIRST AND MIDDLE NAME(S): LIBERTAD

LAST NAME(S): RODRIGUEZ

AKA: LIBERTAD LEE

COUNTY OF DEATH: KING

DATE OF DEATH: JANUARY 12, 2022

HOUR OF DEATH: 11:45 PM

SEX: FEMALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: GUERRERO PETATLAN MEXICO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOHN SEAL

OCCUPATION: HOUSEKEEPER

INDUSTRY: HOSPITALITY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MONICA RISKIN

RELATIONSHIP: DAUGHTER

ADDRESS: REFUSED, REFUSED, REFUSED, 99999

CAUSE OF DEATH:

A: COVID-19 PNEUMONIA

INTERVAL: WEEKS

B:

INTERVAL:

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: 28835 17TH PLACE SOUTH

CITY, STATE, ZIP: FEDERAL WAY, WASHINGTON 98003-3831

RESIDENCE STREET: 28835 17TH PL S

CITY, STATE, ZIP: FEDERAL WAY, WA 98003-3831

INSIDE CITY LIMITS: YES

COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: CESAR GALLARDO

MOTHER: MILLY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: JANUARY 25, 2022

FUNERAL FACILITY: ELEMENTAL CREMATION &amp; BURIAL - SEATTLE

ADDRESS: 1700 WESTLAKE AVE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98109

FUNERAL DIRECTOR: JESSICA KRIET

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

CERTIFIER NAME: AMANDA MASKOVYAK, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMNER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: JANUARY 13, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 22-0149

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: JANUARY 25, 2022



# Affidavit for Correction

202301110011

01/11/2023 08:39 AM  
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
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<b>Required</b>	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 foregoing is true and correct.

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

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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 Acknowledgement 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.

**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.

\*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.

**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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