

Return Address:

MaryAnn Jonas Mancini  
38723 Amberwood, Na  
93551

Real Estate Excise Tax  
Exempt  
Skagit County Treasurer  
By Lena Thompson  
Affidavit No. 20238877  
Date 11/29/2023

M10552

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Mary Ann Jonas Mancini, being first duly sworn  
*Name of Affiant*  
Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is daughter  
*Relationship to decedent*  
of Steve Jonas, who died on 4/20/2017  
*Decedent/Grantor* *Date*  
at Mount Vernon Skagit Washington  
*City* *County* *State*

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: Lot 43, Brown and McMillen

Div. No. 2  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Numbers: (List All)

~~9999~~ 999952  
\_\_\_\_\_

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or

Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that the following are all the "Heirs at Law" of the decedent: "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent (including those not inheriting part of the decedent's estate):

MaryAnn Jones Marini

Full name, age and relationship

38723 Amberwood, Palmdale, CA 93551

Address

City

State

Zip

Anna M. Jones, deceased 85

Full name, age and relationship

38723 Amberwood, Palmdale, CA 93551

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 400,000 of which approximately \$ 400,000 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

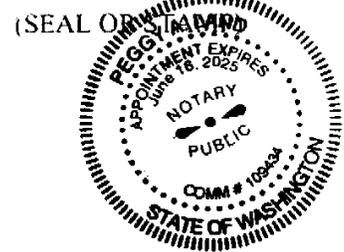
Dated: NOV 16, 2023 6061-874-2133  
MaryAnn Jones Mancini, MaryAnn Jones Mancini  
Affiant's full name Telephone number  
38723 Amberwood, Ca 93551  
Street City State Zip Code

State of Washington County of Skagit

I know or have satisfactory evidence that MaryAnn Jones-Mancini  
(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: NOV. 16, 2023 [Signature]  
Signature of Notary Public  
Residing at Stanwood



Notary Public in and for the State of WA

My appointment expires: June 16, 2025

(Based on REV 84 0017 (1.3.17))

 <b>First American Title™</b>	<b>ALTA Commitment for Title Insurance</b>
	ISSUED BY <b>First American Title Insurance Company</b>
<b>Exhibit A</b>	

Commitment No.: 23-19552-TO

The Land referred to herein below is situated in the County of Skagit, State of Washington, and is described as follows:

Lot 43, "PLAT OF BROWN AND McMILLEN DIV. NO. 2", as per plat recorded in Volume 14 of Plats, pages 184 and 185, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

*This page is only a part of a 2016 ALTA® Commitment for Title Insurance issued by First American Title Insurance Company. This Commitment is not valid without the Notice; the Commitment to Issue Policy; the Commitment Conditions; Schedule A; Schedule B, Part I—Requirements; Schedule B, Part II—Exceptions; and a counter-signature by the Company or its issuing agent that may be in electronic form.*

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-019188

DATE ISSUED: 04/27/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEVE  
LAST NAME(S): JONAS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: APRIL 20, 2017  
HOUR OF DEATH: 06:10 PM  
SEX: MALE AGE: 83 YEARS  
SOCIAL SECURITY NUMBER: ██████████

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 20140 HILL-VUE STREET  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: ██████████  
BIRTHPLACE: BUDAPEST HUNGARY

FATHER/PARENT: STEVE JONAS  
MOTHER/PARENT: ██████████

MARITAL STATUS: MARRIED  
SPOUSE: ANNA M TARTLER

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: UNKNOWN

OCCUPATION: ELECTRICIAN  
INDUSTRY: ELECTRICAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

CITY, STATE: CHATWORTH, CALIFORNIA  
DISPOSITION DATE: UNKNOWN

INFORMANT: ANNA JONAS  
RELATIONSHIP: WIFE  
ADDRESS: 20140 HILL-VUE STREET BURLINGTON, WA 98233

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A: ACUTE ON CHRONIC RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: ACUTE ON CHRONIC RENAL FAILURE  
INTERVAL: DAYS  
C: ACUTE ON CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE  
INTERVAL: DAYS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

CERTIFIER NAME: ROBERT W. COONEY, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: APRIL 21, 2017

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: CHERYL PETERSON  
DATE RECEIVED: APRIL 26, 2017

**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**

**Required**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal 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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  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 now shows:	The true fact is:
8.	_____	_____
10.	_____	_____
12.	_____	_____
14.	_____	_____

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct**

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> person (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS – go to [www.wa.gov](http://www.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

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

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

**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.
- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one, last name can be changed once to either parent's name on certificate (can be any combination of the first, middle or last names).
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required.
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

**Death Certificates**

- Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- 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\***

APR 27 2017

*Howard LeGrand*  
 Skagit County Health Department  
 Howard LeGrand M.D., Health Officer



0 1 4 3 9 4 4 4

Certificate not valid unless filed with the State of Washington changes will not be applied