

After recording, return to:  
Maripaz D Acosta  
2373 NE Park Drive  
Issaquah, WA 98029

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 12/22/2023

Grantor (Name of Decedent): Jose Generoso Guanzon Acosta Jr  
Grantee (Heirs): Maripaz D Acosta  
Abbreviated Legal Description: LT 69, "PARTINGTON PLACE DIV 3"  
Tax Parcel No.(s): P102220 / 4591-000-069-0008

CHICAGO TITLE CO.  
620055459

### INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA

COUNTY OF Skagit

The undersigned, Maripaz D. Acosta, executes this affidavit relating to the estate of Jose Generoso G. Acosta (herein "Decedent"), who died on October 22, 2021, in the County of Mason, State of Washington, then being a resident of the City of Allyn, County of Mason, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

#### Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent  
☐ Registered domestic partner of the Decedent  
☐ Surviving child of the Decedent  
☐ One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_, [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
☐ other (identify): \_\_\_\_\_

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
 [Use the reverse side or attach a list if necessary]

Name and relationship: Maripaz D. Acosta, Spouse

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**Status of the Will (if any)**

- ☒ The decedent left a Will that devises real property.  
☐ The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

[Signature]  
 Signature

MARIPAZ D. ACOSTA  
 Print Name

State of WA  
 County of King

This record was acknowledged before me on 12/20/23 by  
cf Maripaz D. Acosta

[Signature]  
 (Signature of notary public)  
 Notary Public in and for the State of WA

My commission expires: 9/9/25



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P102220 / 4591-000-069-0008**

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LOT 69, "PARTINGTON PLACE DIVISION 3", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE(S) 56 AND 57, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-054760

DATE ISSUED: 10/29/2021

FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): JOSE GENEROSO GUANZON

LAST NAME(S): ACOSTA JR

COUNTY OF DEATH: MASON

DATE OF DEATH: OCTOBER 22, 2021

HOUR OF DEATH: 09:56 PM

SEX: MALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: FILIPINO

BIRTH DATE: [REDACTED]

BIRTHPLACE: MANILA PHILIPPINES

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIPAZ D ACOSTA

OCCUPATION: SUPPLY OFFICER

INDUSTRY: DEPARTMENT OF THE NAVY

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: MARIPAZ D ACOSTA

RELATIONSHIP: SPOUSE

ADDRESS: 60 E RAINIER DR, ALLYN, WA, 98524

CAUSE OF DEATH:

A: PANCREATIC CANCER

INTERVAL: 2 YEARS 8 MONTHS

B: PANCREATITIS

INTERVAL: 3 YEARS 5 MONTHS

C: DIABETES

INTERVAL: 8 YEARS

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: 60 E RAINIER DR

CITY, STATE, ZIP: ALLYN, WASHINGTON 98524

RESIDENCE STREET: 60 E RAINIER DR

CITY, STATE, ZIP: ALLYN, WA 98524

INSIDE CITY LIMITS: YES

COUNTY: MASON

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: GENEROSO FERNANDO ACOSTA

MOTHER: LIDUVINA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: NOVEMBER 08, 2021

FUNERAL FACILITY: HAVEN OF REST FUNERAL HOME

ADDRESS: 8503 STATE ROUTE 16 NW

CITY, STATE, ZIP: GIG HARBOR, WASHINGTON 98332

FUNERAL DIRECTOR: KYLE E PROCTOR

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: ANTHONY J. FADELL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 9040 JACKSON AVENUE

CITY, STATE, ZIP: TACOMA, WASHINGTON 98431

DATE SIGNED: OCTOBER 24, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUNNI D. EVANS

DATE RECEIVED: OCTOBER 29, 2021



## 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
<b>Required information must match current information on record</b>				
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: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First: _____ Middle: _____ Last: _____		
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: PO Box _____ Apt _____ 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: Printed name: _____ Date: _____		14b. Signature of 2nd parent (if required): Printed name: _____ Date: _____		
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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.				
<b>Birth Certificates</b>				
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).				
<b>Child under 18</b>				
• 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.				
<b>Adult (18 years or older)</b>				
• 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.				
<b>Death Certificates</b>				
1. 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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.				

This is a true and exact certification of the record  
Officially registered and on file with the Washington  
State Department of Health, issued under the  
Authority of chapter 70.58A RCW

CERTIFIED

*Anthony L. Chen*  
Anthony L. Chen, MD, MPH



DO NOT DESTROY

2705064

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



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