



202405290232

05/29/2024 12:27 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address:

Jayne Marsh Gilbert

314 Pine St, Ste 211

Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20240757
MAY 29 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy
LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee KANDI DE VENERE, 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 Surviving Spouse

Relationship to decedent

of JOHN THOMAS DE VENERE JR., who died on March 1, 2024

Decedent/Grantor

Date

at Acme

Whatcom

Washington

City

County

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

 Legal Description:

Parcel A: Lots 10, TRUMPETER HEIGHTS according to the plat thereof, recorded February 5, 2007, under Auditor's File No. 200702050117, records of Skagit County, Washington.

Parcel B: An easement for ingress, egress and utilities as delineated on the face of TRUMPETER HEIGHTS, according to the plat thereof, recorded February 5, 2007, under Auditor's File No. 200702050117, records of Skagit County, Washington.

Subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record.

Assessor's Property Tax Parcel/Account Number: P125929 / 4919-000-010-0000
(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 5)

KANDI DE VENERE, Surviving Spouse

12773 Wayward Way, Sedro Woolley, WA

Full name, age, relationship, address

JOHN TYLER DE VENERE, Child Age: 33

2617 SW Nevada St., Seattle, WA 98126

Full name, age, relationship, address

JOSHUA THOMAS DE VENERE, Child Age: 29

12773 Wayward Way, Sedro Woolley, WA

Full name, age, relationship, address

NANCY MAE APPMAN, Child Age 26

12773 Wayward Way, Sedro Woolley, WA

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 : May 22, 2024

Affiant's full name

KANDI DE VENERE

Telephone number

360-303-774312773 Wayward WaySedro WoolleyWA98284

City

State

Zip Code

Kandi DeVenereMay 22, 2024

Signature

Date

State of WASHINGTONCounty of SKAGITI know or have satisfactory evidence that KANDI DEVENERE

(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: 5 / 22 / 2024

(SEAL OR

STAMP)

Jayne Marsh Gilbert

Signature of Notary Public

Residing at: Burlington, WANotary Public in and for the State of WashingtonMy appointment expires: 1 / 29 / 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-011292

DATE ISSUED: 03/08/2024
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOHN THOMAS
LAST NAME(S): DEVENERE JRCOUNTY OF DEATH: WHATCOM
DATE OF DEATH: MARCH 01, 2024
HOUR OF DEATH: 02:28 PM
SEX: MALE AGE: 63 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MIAMI, FLMARITAL STATUS: MARRIED
SURVIVING SPOUSE: KANDI MAE GRANACKIOCCUPATION: FIRE CAPTAIN
INDUSTRY: PUBLIC SERVANT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NOINFORMANT: KANDI DEVENERE
RELATIONSHIP: WIFE
ADDRESS: 12773 WAYWARD WAY SEDRO WOOLLEY, WA 98284CAUSE OF DEATH:
A: POSITIONAL ASPHYXIA
INTERVAL: MINUTESB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTRUCTION OF AIRWAY BY
SNOW AND ICEDATE OF INJURY: MARCH 01, 2024
HOUR OF INJURY: 01:15 PM FOUND
INJURY AT WORK: NO
PLACE OF INJURY: OUTSIDE

LOCATION OF INJURY: 48.84944444LATITUDE, LONGITUDE -121.6525

CITY, STATE, ZIP: ACME, WASHINGTON 98220
COUNTY: WHATCOM
DESCRIBE HOW INJURY OCCURRED: SNOWBOARDING CRASH

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER
FACILITY OR ADDRESS: 48.861944, -121.653889
CITY, STATE, ZIP: DEMING, WASHINGTON 98244RESIDENCE STREET: 12773 WAYWARD WAY
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER: JOHN THOMAS DEVENERE SR
MOTHER: JOAN [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 07, 2024

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: ALLISON HUNT, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1500 NORTH STATE STREET #200
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MARCH 07, 2024CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240301-978
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: DEBBIE HOLDEN
DATE RECEIVED: MARCH 07, 2024



Affidavit for Correction

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

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
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Required	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 forgoing 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:

- 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

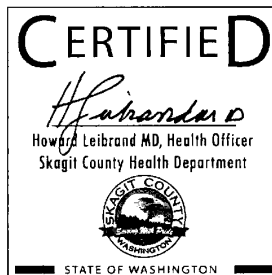
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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