

After recording, return to:
Joanne Marchese
Estate of John S. Marchese

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY BELEN MARTINEZ
DATE 09/04/2024

Grantor (Name of Decedent): John S. Marchese

Grantee (Heirs): Joanne Marchese

Abbreviated Legal Description: LT 12, LAKE CAVANAUGH PARK

Tax Parcel No.(s): P67034 / 3940-000-012-0003

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington

COUNTY OF King

The undersigned, Joanne Marchese, executes this affidavit relating to the estate of John S. Marchese (herein "Decedent"), who died on December 2, 2021, in the County of King, State of Washington, then being a resident of the City of Seattle, County of King, 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:)

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 (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: Joanne Marchese, wife

Name and relationship: John J. Marchese, son

Name and relationship: Lisa Marchese, daughter

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

5. **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.

Joanne Marchese
 Signature

JOANNE MARCHESE
 Print Name

State of WASHINGTON
 County of KING

This record was acknowledged before me on 8/29/24 by

Dominick V. Driano
 DOMINICK V. DRIANO
 (Signature of notary public)
 Notary Public in and for the State of WASHINGTON
 My commission expires: 1/28/27



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P67034 / 3940-000-012-0003

LOT 12, "LAKE CAVANAUGH PARK", AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGES 63 AND 64, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-063730

DATE ISSUED: 12/20/2021
FEE NUMBER: 1706006FIRST AND MIDDLE NAME(S): JOHN S
LAST NAME(S): MARCHESECOUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 02, 2021
HOUR OF DEATH: 01:00 PM
SEX: MALE
SOCIAL SECURITY NUMBER: [REDACTED] AGE: 87 YEARSHISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: NEWARK, NJMARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOANNE SPINO MARCHESEOCCUPATION: BOEING EXECUTIVE
INDUSTRY: AEORSPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESINFORMANT: JOANNE MARCHESE
RELATIONSHIP: SPOUSE
ADDRESS: 1937 31ST AVE. W., SEATTLE, WA 98199CAUSE OF DEATH:
A. PANCREATIC CANCER
INTERVAL: 2 WEEKSB.
INTERVAL:C.
INTERVAL:D.
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, DIABETES,
CHRONIC KIDNEY DISEASEDATE 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: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - FIRST HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122RESIDENCE STREET: 1937 31ST AVE W.
CITY, STATE, ZIP: SEATTLE, WA 98199
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 52 YEARSFATHER: SEBASTIAN JOHN MARCHESE
MOTHER: THERESA [REDACTED]METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERYCITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: DECEMBER 17, 2021

FUNERAL FACILITY: COLUMBIA FUNERAL HOME

ADDRESS: 4567 RAINIER AVENUE SOUTH
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98118
FUNERAL DIRECTOR: SAWYER T. STEIDLER-THOMPSONMANNER 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 RESPONSECERTIFIER NAME: RALPH A. ROSSI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1145 BROADWAY
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122
DATE SIGNED: DECEMBER 10, 2021CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: GRACIE TANGALAN
DATE RECEIVED: DECEMBER 14, 2021

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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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 <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: PO 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 foregoing is true and correct.

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

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

- 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.

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.

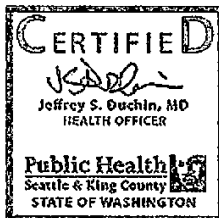
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

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.

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.



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



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