

After recording, return to:  
Joanna Mazza  
3915 Colby Avenue, #411  
Everett, WA 98201

REVIEWED BY  
SKAGIT COUNTY TREASURER  
DEPUTY Lena Thompson  
DATE 04/02/2025

Grantor (Name of Decedent): William Charles Mazza  
Grantee (Heirs): Joanna Mazza  
Abbreviated Legal Description: LT 20, BIG FIR NORTH P.U.D. PHASE 2, REC NO. 200707250053  
Tax Parcel No.(s): P126510 / 4936-000-020-0000

Chicago Title  
620057968

### 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, Joanna Mazza, executes this affidavit relating to the estate of William Charles Mazza (herein "Decedent"), who died on 2-24-24, in the County of Skagit, State of WA, then being a resident of the City of Mount Vernon, County of Skagit, State of WA.

(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: Joanna Mazza (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:

LOT 20, BIG FIR NORTH P.U.D. PHASE 2, ACCORDING TO THE PLAT THEREOF  
 RECORDED JULY 25, 2007, UNDER AUDITOR'S FILE NO. 200707250053, RECORDS OF  
 SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

**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.

Joanna Mazza  
 Signature

Joanna Mazza  
 Print Name

State of WA  
 County of Skagituss Snohomish

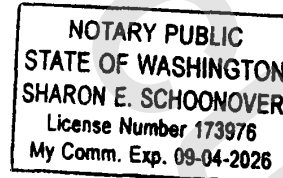
This record was acknowledged before me on 4-1-2025 by

Joanna Mazza

[Signature]  
 (Signature of notary public)

Notary Public in and for the State of WA

My commission expires: 9-4-26



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2024-010193

DATE ISSUED: 03/06/2024

FEE NUMBER: 310324

FIRST AND MIDDLE NAME(S): WILLIAM CHARLES  
LAST NAME(S): MAZZA

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 24, 2024

HOUR OF DEATH: 07:20 PM

SEX: MALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]

BIRTHPLACE: TACOMA, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOANNA LINDEBLOM

OCCUPATION: MANAGER - OTHER  
INDUSTRY: CONSTRUCTION - GENERAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

INFORMANT: JOANNA MAZZA

RELATIONSHIP: WIFE

ADDRESS: 1763 GRAND AVE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: PNEUMONIA

INTERVAL: 4 DAYS

B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INTERVAL: 30 YEARS

C: SMOKER

INTERVAL: 60 YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
HYPERTENSION, PROSTATE CANCER

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-4190

RESIDENCE STREET: 1763 GRAND AVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-6045

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER: CHARLES MAZZA JR

MOTHER: JUNE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GAR CEMETERY

CITY, STATE: SNOHOMISH, WASHINGTON

DISPOSITION DATE: MARCH 12, 2024

FUNERAL FACILITY: BAUER FUNERAL CHAPEL

ADDRESS: 701 FIRST STREET

CITY, STATE, ZIP: SNOHOMISH, WASHINGTON 98290

FUNERAL DIRECTOR: ADRIENNE SLAUGHTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MALIK FUJIAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: FEBRUARY 27, 2024

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MARCH 04, 2024

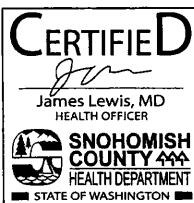
NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-132 Snohomish (1/22)

Washington State Department of Health		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019					
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	
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:	
First Middle Last		MM/DD/YYYY		(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)			
First Middle Last/Maiden		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 <input type="checkbox"/> 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: ( )		
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 <sup>nd</sup> parent (if required):		
Printed name:		Date:	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.					



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



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