

Return Address:
Land Title and Escrow Company
111 East George Hopper Road
Burlington, WA 98233
215420-LT

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 06/20/2025

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Michael R Rodriguez, being first duly sworn deposes and states as follows:
Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is
Surviving Spouse of Leticia H Rodriguez
Relationship to decedent *Decedent/Grantor Name*

who died on 11/3/23 at
Date
Seattle King WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 47, Skagit Highlands Div. No. IV

Assessor's Property Tax Parcel/Account Number: 4902-000-047-0000/P124959
(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)

Rylan Ralph Rodriguez, 21, son
 4616 Nookscok Loop Mount Vernon WA 98273
 Full name, age, relationship, address

Estalla Lopez, 66, mom,
 1211 South 6th St Mount Vernon WA 98274
 Full name, age, relationship, address

Jerry Lopez, 40, Brother
 219 South Baker St Mount Vernon WA 98273
 Full name, age, relationship, address

Michael R Rodriguez 49, Husband
 4616 Nookscok Loop Mount Vernon WA 98273
 Full name, age, relationship, address

Dated: 5/27/25

Michael R Rodriguez
Affiant's full name

(360) 982-7188
Telephone number

466 Nookseck Loop

Mount Vernon Street WA State

98273 Zip Code

[Signature]
Signature

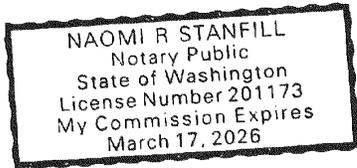
5/27/25
Date

STATE OF WASHINGTON
COUNTY OF SKAGIT

Signed and sworn to (or affirmed) before me on this 27th day of May, 2025 by
Michael R. Rodriguez

[Signature]
Signature

Notary
Title



My appointment expires: March 17, 2026

Legal Description

Lot 47, "PLAT OF SKAGIT HIGHLANDS DIVISION IV," a Planned Unit Development, as per plat recorded under Auditor's File Number 200608230062, 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 2023-054364

DATE ISSUED: 11/08/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LETICIA HERLINDA
LAST NAME(S): RODRIGUEZ

COUNTY OF DEATH: KING
DATE OF DEATH: NOVEMBER 03, 2023
HOUR OF DEATH: 11:50 PM
SEX: FEMALE AGE: 43 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - FIRST HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: HISPANIC

RESIDENCE STREET: 4616 NOOKSACK LOOP
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

BIRTH DATE:
BIRTHPLACE: MOUNT VERNON, WA

FATHER: GERARDO LOPEZ
MOTHER:

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL RODRIGUEZ

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: ADMINISTRATOR
INDUSTRY: COMMUNITY OUTREACH
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 08, 2023

INFORMANT: MICHAEL RODRIGUEZ
RELATIONSHIP: HUSBAND
ADDRESS: 4616 NOOKSACK LOOP MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

- CAUSE OF DEATH:
- A: GASTRIC VARICEAL BLEED
INTERVAL: HOURS
 - B: DECOMPENSATED LIVER FAILURE
INTERVAL: WEEKS
 - C: ALCOHOLIC CIRRHOSIS
INTERVAL: MONTHS
 - D: ALCOHOL ABUSE
INTERVAL: YEARS

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RENAL FAILURE
COAGULOPATHY

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: NOT PREGNANT WITHIN THE PAST YEAR

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LAUREN ANGOTTI, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122
DATE SIGNED: NOVEMBER 04, 2023

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: ROBBIE GASKIN
DATE RECEIVED: NOVEMBER 08, 2023

DOH422-1325KAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED



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

Required information must match current information on record
Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:
8. The record currently shows:
9. The true fact is:
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 2nd parent (if required):
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
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 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.
*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.
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.

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.

