

Return Address:

STEWART TITLE
2820 OAKES AVE STE A
EVERETT WA 98201

State of Washington
County of KING

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 12/31/2025

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared ISABELLA GUSTAVEL AND GRANT GUSTAVEL

_____ Affiant(s), being by me first duly sworn upon their oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: JEREMY ANDREW GUSTAVEL
3. The decedent died on 3/17/25 (date) at EVERETT (City), SNOHOMISH (County), WASHINGTON (State).
4. My/Our relationship to the decedent is as follows:

DAUGHTER AND SON

5. I am / We are the rightful heirs to the property described herein.
6. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal: (5.0000 AC) LOT 1 OF SKAGIT COUNTY SHORT PLAT NO 93-64, (A REVISION OF SHORT PLAT NO 91-074 AF#9112310030) AS APPROVED AUGUST 11, 1993 AND RECORDED AUGUST 11, 1993 IN VOLUME 10 OF SHORT PLATS, PAGE 222 UNDER AF#9308110107, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 26, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

Tax ID Number: P27883

7. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.
8. The deceased is survived by the following heirs:

Full Name ISABELLA GUSTAVEL, Age _____, Relationship DAUGHTER

Full Name GRANT GUSTAVEL, Age _____, Relationship SON

Full Name _____, Age _____, Relationship _____

Full Name _____, Age _____, Relationship _____

Full Name _____, Age _____, Relationship _____
Full Name _____, Age _____, Relationship _____
Full Name _____, Age _____, Relationship _____

Isabella Gustavel

Affiant's Signature

ISABELLA GUSTAVEL

Printed Name of Affiant

Grant Gustavel

Affiant's Signature

GRANT GUSTAVEL

Printed Name of Affiant

Address

State of: Washington

County of: KING

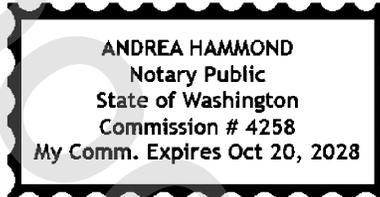
I certify that I know or have satisfactory evidence that ISABELLA GUSTAVEL AND GRANT GUSTAVEL are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 12/29/2025 Signature *Andrea Hammond*

Andrea Hammond

Notary Public

Title
My appointment expires: 10/20/2028



Completed via Remote Online Notarization using 2 way Audio/Video technology.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-014984

LOCAL FILE NUMBER: 1461

DATE ISSUED: 03/27/2025

FEE NUMBER: 310325

FIRST AND MIDDLE NAME(S): JEREMY ANDREW

LAST NAME(S): GUSTAVEL

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: MARCH 17, 2025 FOUND

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 51 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: SHALIMAR, FL

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SALES - REAL ESTATE/REALTOR

INDUSTRY: REAL ESTATE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: JANE ALISON BOYLE

RELATIONSHIP: SISTER

ADDRESS: 7328 69TH AVE NE MARYSVILLE, WA 98270

CAUSE OF DEATH:

A: PENDING

INTERVAL: PENDING

B:

INTERVAL:

C:

INTERVAL:

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: 1701 121ST STREET NORTHEAST H-202

CITY, STATE, ZIP: EVERETT, WASHINGTON 98208

RESIDENCE STREET: 1701 121ST ST NE H-202

CITY, STATE, ZIP: EVERETT, WA 98208

INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: LEWIS FRANCIS GUSTAVEL

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CALL PLUS - KENT

CITY, STATE: KENT, WASHINGTON

DISPOSITION DATE: MARCH 26, 2025

FUNERAL FACILITY: AFTER WA1 LLC

ADDRESS: 2033 6TH AVE SUITE 600

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98121

FUNERAL DIRECTOR: MICHAELENE E. DOWERS

MANNER OF DEATH: PENDING

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHELINE LUBIN, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 9509 29TH AVENUE WEST

CITY, STATE, ZIP: EVERETT, WASHINGTON 98204

DATE SIGNED: MARCH 18, 2025

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: SCME 250317-952

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: TAYLOR WALPUS

DATE RECEIVED: MARCH 25, 2025

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

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STATE OFFICE USE ONLY

State File Number Fee Number Initials Date Affidavit Number

Required information must match current information on record

Required

Record Type: Birth Death Marriage 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 Person on Record: Self Guardian Informant Hospital
 Parent(s) Funeral Director Other (specify) _____

7. Return Mailing Address: City State Zip
PO Box or Street Address

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 2nd 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 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

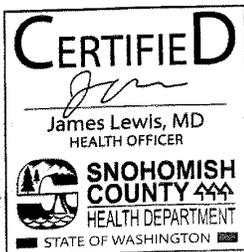
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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