

Return Address:

Nataliya Solodkiy
410 Tristan Pl
Mount Vernon, WA 98274

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20261655
Date 06/01/2026

State of Washington

County of Skagit

Land Title and Escrow Order #60036970-351

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared Nataliya M. Solodkiy
Affiant(s), being by me first duly sworn upon
his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: Zoya V Solodkiy
3. The decedent died on 2-9-23 (date) at Mount Vernon (City), Skagit (County),
WA (State).
4. My/Our relationship to the decedent is as follows:
daughter
5. I am / We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)
Abbreviated legal: LOT 49, PLAT OF CEDAR HEIGHTS PUD 1/PHASE 1
Tax ID Number: 4917-000-049-0000/P125745
8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to the recording.

9. The deceased is survived by the following heirs:

<u>Nataliya M. Solodkiy</u> Full Name	<u>28</u> Age	<u>daughter</u> Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Signature]
Affiant's Signature

Nataliya Solodkiy
Printed Name of Affiant

410 Tristan Pl
Mount Vernon WA 98274
Address

State of: Washington

County of: Skagit

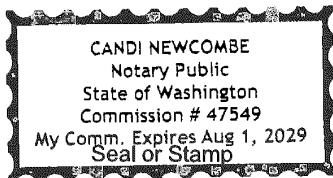
I certify that I know or have satisfactory evidence that Nataliya Solodkiy is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 5/13/26

[Signature]
Signature

Notary Public
Title

My appointment expires: 8/1/29



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-006966

DATE ISSUED: 02/13/2023
FEE NUMBER:FIRST AND MIDDLE NAME(S): ZOYA VASILYEVNA
LAST NAME(S): SOLODKIYCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 09, 2023
HOUR OF DEATH: 09:50 PM
SEX: FEMALE AGE: 59 YEARS
SOCIAL SECURITY NUMBER:PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 410 TRISTAN PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSBIRTH DATE:
BIRTHPLACE: TORYA UKRAINEFATHER: VASILY KASKO
MOTHER:MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKOCCUPATION: HOUSEKEEPER
INDUSTRY: HOUSEKEEPING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 16, 2023INFORMANT: NATALIYA SOLODKIY
RELATIONSHIP: DAUGHTER
ADDRESS: 410 TRISTAN PLACE MOUNT VERNON, WA 98274

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYCAUSE OF DEATH:
A ACUTE RENAL FAILURE WITH HYPERKALEMIA
INTERVAL: 2 DAYS
B PULMONARY EMBOLISM
INTERVAL: 1 MONTH
C ENDOMETRIAL CANCER
INTERVAL: 2 YEARS
D
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: DOUGLAS HAYES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: FEBRUARY 13, 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: MARIA VIVANCO
DATE RECEIVED: FEBRUARY 13, 2023



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 (Spouse A for Marriage or Dissolution) _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) _____

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: _____

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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCIONS – 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 423-155).

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 parent's 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 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 with proof documentation. The funeral director, executor/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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Order No.: 60036970-351

EXHIBIT "A"

LOT 49, "PLAT OF CEDAR HEIGHTS PUD 1/PHASE 1," AS PER PLAT RECORDED ON JANUARY 19, 2007, UNDER AUDITOR'S FILE NO. 200701190116, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

THE ADDRESS FOR THE EXHIBIT "A" ABOVE IS AS FOLLOWS:

410 Tristan Place, Mount Vernon, WA 98274

TITLE COMPANIES INSURE PROPERTIES BASED ON THE LEGAL DESCRIPTION
(NOT THE PROPERTY ADDRESS),

AND THE PROPERTY ADDRESS IS NOT A PART OF THE LEGAL DESCRIPTION.

THE PROPERTY ADDRESS HAS BEEN ADDED TO THIS PAGE FOR REFERENCE ONLY.