



202608310059

08/31/2026 11:12 AM Pages: 1 of 5 Fees: \$307.56
Skagit County Auditor

Return Address:

D. Vendiola
2601 West 2nd St.
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20262802
AUG 31 2026

Amount Paid \$0
Skagit Co. Treasurer
By KO Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Diane I. Vendiola, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Wife

Relationship to decedent

of Rodolfo Vendiola, who died on Aug. 14, 1999
Decedent/Grantor Date

at Anacortes, WA Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

(.20 Ac) Lots 1 to 3, Block 104, Northern Pacific
Addition to Anacortes, recorded in volume 2
of Plats, pages 9 to 11, records of
Skagit County, WA.

Assessor's Property Tax Parcel/Account Number: P58182
(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)

(Page 1 of _____)

Diane I. Vendiola, wife, Age 88 (12/09/37)
2601 West 2nd St., Anacortes, WA 98221

Full name, age, relationship, address

Richard A. Vendiola, 12/10/55, Age 70
Son

Full name, age, relationship, address

Michele M. Vendiola, daughter, Age 68 (10/23/57)
2601 West 2nd St., Anacortes, WA 98221

Full name, age, relationship, address

Rodolfo P. Vendiola, son, Age 67 (3/20/59)
4241 Northwest Dr., Bellingham, WA 98226

Full name, age, relationship, address

Randolfo G. Vendiola, son, Age 65 (9/19/60)
5630-107th St. N.E., Marysville, WA 98270

Full name, age, relationship, address

Michael Vendiola, son, Age 58 (02/05/67)
2812 Haxton Way, Bellingham, WA 98226

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: August 31, 2026Diane E. Vendiola

Affiant's full name

360.309-8446

Telephone number

2601 West 2nd StAnacortes

City

WA

State

98221

Zip Code

X Diane Vendiola

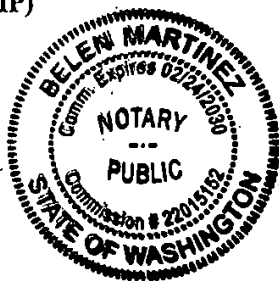
Signature

8/31/26

Date

State of Washington County of SkagitI know or have satisfactory evidence that Diane Irene Vendiola
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 8/31/26Belu Martinez
Signature of Notary Public(SEAL OR
STAMP)Residing at: Skagit CountyNotary Public in and for the State of WAMy appointment expires: 02/2030

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

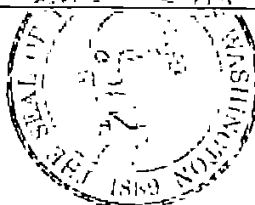
 416
 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME (Last, First, Middle) Rodolfo NMI Vendiola		2 SEX (M / F) Male		3 DEATH DATE (Mo, Day, Yr) June 14, 1999	
4 AGE LAST BIRTHDAY (Yr) 66	5 UNDER 1 YEAR AGE MONTHS DAYS 10 11 11	6 UNDER 1 DAY HOURS MIN 11 11	7 BIRTH DATE (Mo, Day, Yr) June 14, 1933	8 BIRTH PLACE (City, State or Foreign Country) Waipahu, Hawaii	9 WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes / No) Yes
11 CITY/TOWN OR LOCATION OF DEATH Anacortes		12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ LONG TERM CARE 4 ☒ HOSP 5 ☐ NURS HOME 6 ☐ OTHER PLACE Island Hospital		13 SMOKING IN LAST 15 YEARS (Yes / No) No	
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife give maiden name) Diane Villaluz		16 SOCIAL SECURITY NO [REDACTED]	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5-) 2		18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Operator		19 KIND OF BUSINESS OR INDUSTRY Shell Oil Refinery	
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No / Oriental		21 RACE (Specify) Oriental		22 RESIDENCE—NUMBER AND STREET 2601 W. 2nd Street	
23 CITY/TOWN OR LOCATION Anacortes, Wa.		24 INSIDE CITY LIMITS (Yes / No) Yes	25A COUNTY Skagit	25B LENGTH OF RES. IN CO 29 yrs	26 STATE Wash.
27 ZIP CODE 98221		28 FATHER'S NAME—FIRST, MIDDLE, LAST Melchor Vendiola		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Berthida Asople	
30 INFORMANT—NAME Diane [REDACTED]		31 MAILING ADDRESS—STREET OR RFD NO, CITY OR TOWN, STATE, ZIP 2601 W. 2nd Street Anacortes, Wash. 98221			
32 BURIAL OR CREMATION (Specify) Cremerion		33 DATE (Mo, Day, Yr) June 18, 1999		34 CEMETERY/CREMATORY—NAME Mount Vernon Crematory	
35 NAME OF DIRECTOR OF FACILITY [Signature]		36 NAME OF FACILITY Kern Funeral Home		37 LOCATION—CITY/TOWN, STATE Mount Vernon, Wash. 98273	
38 ADDRESS OF FACILITY 1122 S. 3rd Street Mount Vernon, Wash. 98273					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature] M.D.			40 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature]		
41 DATE SIGNED (Mo, Day, Yr) 6-16-99		42 HOUR OF DEATH (24 Hrs) 2051		43 DATE SIGNED (Mo, Day, Yr)	
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45 HOURS OF DEATH (24 Hrs)		46 HOUR PROHOUNCED DEAD (24 Hrs)	
47 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Harold R. Clure, MD 1213 24th Suite 100 Anacortes, Wash. 98221				48 RECORDER FILE NUMBER NJA-067	
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.					
IMMEDIATE CAUSE (Final cause of condition resulting in death) DO NOT ENTER THE MODE OF DEATH, SUCH AS CARDIAC OR RESPIRATORY ARREST, CHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequence by last condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST					
A Cardiac arrest		B acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 15 min	
C		D		INTERVAL BETWEEN ONSET AND DEATH ~12 hrs	
E		F		INTERVAL BETWEEN ONSET AND DEATH	
G		H		INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Diabetes mellitus, Bipolar Disorder					
52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes			
54 ACC. BY CODE FROM UNDERLYING CAUSE (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hrs)	
57 DESCRIBE HOW INJURY OCCURRED		58 INJURY AT WORK? (Yes / No)			
59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61 RECORD AMENDMENT (Spec. form use only) ITEM DOCUMENTARY REVIEWED BY DATE		62 REGISTRAR SIGNATURE [Signature]		63 DATE RECEIVED (Mo., Day, Yr) 6-17-1999	

Date June 17, 1999
 Howard Leibrand M.D.
 Health Officer

 Signed Karen Bretwick
 (Skagit County Deputy Registrar)

DOH-01-003 (5/98)

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth ☐ Marriage ☐ Death ☐ Dissolution ☐ with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 2/98)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

GG392640