



200903270002

Skagit County Auditor

3/27/2009 Page

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4 8:44AM

When recorded return to:

Rosemary Kamb – Attorney at Law
702 Main Street
Mount Vernon, WA 98273

NO PROBATE AFFIDAVIT

(use with Community Property Agreement)
(Record in Auditors office)

STATE OF WASHINGTON)

) ss

COUNTY OF SKAGIT)

I, Nina Jean Gardner aka Jean N. Gardner, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the Estate of Charles John Gardner, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Commonly known as: 5181 Wildlife Acres Lane, Sedro-Woolley, WA 98284
Parcel # P50590

(5.6 AC) INCLUDING MANUFACTURED HOME 2003 REDMAN 52X28 SERIAL NUMBER 2915 THAT PORTION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER DESCRIBED AS FOLLOWS BEGINNING AT THE NORTHEAST CORNER OF SAID CORNER LYING SOUTH 0 DEGREES 08-06

SECOND: That said decedent died on or about the 28th day of August, 2008, in the city of Mount Vernon, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said county, specifically:

- 1) **Community Property Agreement, dated November 6, 1980.**
Auditor's File No. 19801120012, or 8011120012

FOURTH: That the said assets at the date of decedent's death had an approximate market value of less than \$300,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full and all expenses of last illness and for funeral services have been paid, except as follows:

NONE

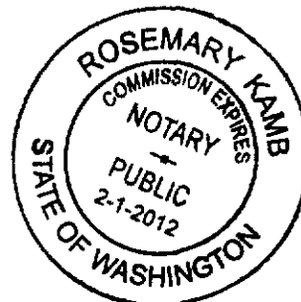
SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived:

Nina Jean Gardner, wife of decedent and named Executrix in the Last Will and Testament of the Decedent.

Jean N. Gardner
Jean N. Gardner

SUBSCRIBED AND SWORN to before me this 24 day of February, 2009.

Rosemary Kamb
Notary Public in and for the
State of Washington, residing at
Burlington, Wa.
My appointment expires: 02-01-2012



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 746-08		Washington State Certificate of Death			State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix CHARLES JOHN GARDNER				2. Death Date Aug. 27, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 69 Yrs.	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Shelby		8b. (State, or Foreign Country) Montana		9. Decedent's Education 11th Grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 5181 Wildlife Acres Lane				13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98284
14. Estimated length of time at residence. 33 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Jean Copes		
17. Usual Occupation (indicate type of work done during most of working life. DO NOT USE RETIRED) Iron Worker				18. Kind of Business/Industry (Do not use Company Name) Iron Worker Local #96		
19. Father's Name (First, Middle, Last, Suffix) Glendon Gardner			20. Mother's Name Before First Marriage (First, Middle, Last) Ethel [REDACTED]			
21. Informant's Name Jean Gardner		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 5181 Wildlife Acres Ln. Sedro-Woolley, WA 98284		
24. Place of Death, if Death Occurred in a Hospital: Inpatient				Place of Death, if Death Occurred Somewhere Other than a Hospital.		
25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital 1415 E. Kincaid St.			26a. City, Town, or Location of Death Mount Vernon		26b. State WA	27. Zip Code 98273
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Gady Cremation Services			30. Location-City/Town, and State Kent, WA	
31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services LLC, 17910 SR 536, MV WA					32. Date of Disposition Aug. 27, 2008	
33. Funeral Director Signature <i>[Signature]</i>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) →				a. Congestive heart failure/ischemic, and		Interval between Onset & Death 2 years
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				b. Renal insufficiency		Interval between Onset & Death 5 days
				c.		Interval between Onset & Death
				d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above diabetes, ASHO, Amiodarone toxicity				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)	42. Hour of injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
46. Describe how injury occurred				47. If transportation injury, specify:		
48a. Certifying Physician: (On the basis of his/her knowledge, death occurred at the time, date, and place stated, and manner stated.) <i>[Signature]</i>				48b. Medical Examiner/Coroner: (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated.)		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Eric Stark, M.D. 835 E. Fairhaven Ave. Burlington, WA 98233				50. Hour of Death (24hrs) 0120 Hours		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) Aug. 28, 2008		
53. Title of Certifier Physician		54. License Number MD00033859 STA7		55. ME/Coroner File Number NJA# 388		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) AUG 29 2008		
59. Amendments						



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DOHCHS 003 Rev 2/08/2004

Affidavit for Correction

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
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

- | | | | |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record | School Record |
| | Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Insurance Records | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Records | Passport | |

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. 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).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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 certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.



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CERTIFIED

SEP 03 2008

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer

QQ00159482