



201001250024
Skagit County Auditor

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Filed for Record at request of
and return to:

STILES & STILES INC., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

Legal: Cascade Park Add Lot 18
Tax Parcel # P76337 / 4154-000-018-0006

Legal: Cascade Park Add Lot 24
Tax Parcel # P76344 / 4154-000-024-0008

AFFIDAVIT RE: LACK OF PROBATE

State of Washington)
County of Skagit) ss.

Margie Kathleen Gallagher, being first duly sworn, deposes and says:

1. I am the lawful surviving spouse of Charles Peter Gallagher, who died November 29, 2009 at Mount Vernon, Washington, then being a resident of Sedro-Woolley, Skagit County Washington. A copy of his death certificate is attached.

2. This affidavit is made for the purpose of supplying information about the estate of Charles Peter Gallagher, and it is intended that these statements shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Lot 18, "CASCADE PARK ADDITION", according to the plat thereof, recorded in Volume 7 of Plats, page 56, records of Skagit County, Washington.

Subject to easements, reservations, covenants and restrictions of record.

Lot 24, "Cascade Park Addition to the Town of Sedro Woolley", Section 24, Township 35 North, Range 4 E.W.M.

3. The value of Charles Peter Gallagher's assets at the time of death exceeded his liabilities.

4. I have identified each and all of the heirs at law of Charles Peter Gallagher, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent). The heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Margie Kathleen Gallagher 720 Evans Drive Sedro-Woolley, WA 98284	Legal	Spouse
Jeffery Charles Gallagher	Legal	Son
Darin Wayne Gallagher	Legal	Son

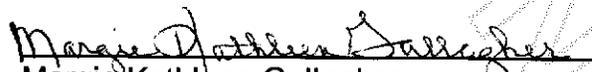
5. I acknowledge that each and all of the obligations against the estate of Charles Peter Gallagher have been paid or provide for.

6. The total net value of the decedent's estate at the date of death, including all real and personal property, was less than the lowest amount subject to federal and state inheritance tax.

7. Charles Peter Gallagher executed a Will, a copy of which is attached hereto, leaving the entire residual estate to Margie Kathleen Gallagher. His estate is not being probated. State federal succession or inheritance taxes are not payable.

8. This affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon these representations.

DATED: January 22, 2010


Margie Kathleen Gallagher



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STATE OF WASHINGTON)
COUNTY OF SKAGIT)

On this day personally appeared before me Margie Kathleen Gallagher to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on January 22, 2010.



Wendy R Friedrichs

Notary Public in and for the
State of Washington

Residing at: Sedro Woolley, WA

Commission Expires: 9-30-11



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UNOFFICIAL DOCUMENT

Last Will and Testament of

CHARLES GALLAGHER

KNOW ALL MEN BY THESE PRESENTS:

That I, CHARLES GALLAGHER, being over the age of majority, and of sound and disposing mind, memory and understanding and not acting under fraud, duress, menace or undue influence of any person whomsoever, do hereby make and publish this and declare it to be my Last Will and Testament in the manner and form following.

FIRST: I declare that at the time of making this Will my immediate family consists of my spouse, MARGIE KATHLEEN GALLAGHER, and my two sons, namely: JEFFERY GALLAGHER and DARIN GALLAGHER, and that I have no other living children and have never adopted any children.

SECOND: I give, devise and bequeath all the rest, residue and remainder of my estate of whatsoever kind and nature and wheresoever situated to my spouse. Provided, however, in the event that my spouse fails to survive me, then I hereby give, devise and bequeath my estate in equal shares, share and share alike to my sons above-named or to the survivor thereof if one should predecease me.

THIRD: I hereby appoint my spouse as Personal Representative of my estate, to serve without bond, without intervention of any court or courts, and with all powers granted to non-intervention Personal Representatives under the laws of the State of Washington.

Charles Gallagher

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FOURTH: If my spouse be unable or unwilling to serve as Personal Representative of my estate, then in either of such events I appoint my sons, JEFFERY GALLAGHER and DARIN GALLAGHER as Co-Personal Representatives, to serve without bond, without intervention of any court or courts, and with all powers granted to non-intervention Personal Representatives under the laws of the State of Washington.

FIFTH: I hereby revoke any and all Wills which may have heretofore been made by me.

IN WITNESS WHEREOF, I have hereunto affixed my signature this 25th day of January, 1994.

Charles Gallagher

ATTESTATION

We attest that the foregoing instrument, consisting of three (3) typewritten pages, of which this is the second, was at the time thereof by CHARLES GALLAGHER, the Testator named therein, signed, sealed and published as, and declared by him to be his Last Will and Testament, in the presence of us, who at his request and in his presence, and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound mind and memory, and was not acting under duress, menace, fraud or undue influence of any person, having subscribed our names thereto.

Mary E. Sloan
Residing at Mount Vernon

Deborah J. Lemley
Residing at Sedro Woolley

Each of the undersigned declares under penalty of perjury under the laws of the State of Washington, on this 25th day of January, 1994 at Sedro-Woolley, Washington, that the following is true and correct:



(1) I am over the age of twenty-one years and competent to be a witness to the Will of CHARLES GALLAGHER.

(2) The Testator in my presence and in the presence of the other witness whose signature appears below

(a) Declared the foregoing instrument to be his Will.

(b) Requested me and the other witness to act as witnesses to his Will and to make this statement.

(c) Signed such instrument.

(3) I believe the Testator to be of sound mind, and that in so declaring and signing he was not acting under any duress, menace, fraud, or undue influence.

(4) The other witness and I in the presence of the Testator and of each other now affix our signatures as witnesses to the Will and make this statement.

Mary E. Swan
Residing at Mount Vernon

Charles R. Lemley
Residing at Edo Waller

Charles Gallagher

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 982-09 Washington State Certificate of Death State File Number

1. Legal Name (Include ALL of who: First Middle LAST Suffix) 2. Death Date
CHARLES PETER GALLAGHER **Nov. 29, 2009**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **67 Years** 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number 6. County of Death: **Skagit**

7. Birthdate: **Omaha** 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) **Nebraska** 9. Decedent's Education: **Some college, but no degree**

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify: **No** 11. Decedent's Race(s): **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) **720 Evans Drive** 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** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **37 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Kathleen Gibbs**

17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED). 17a. Kind of Business/Industry (Do not use Company Name): **Carpenter** **Construction**

19. Father's Name (First, Middle, Last, Suffix): **Richard J. Gallagher, Sr.** 20. Mother's Name Before First Marriage (First, Middle, Last): **Mary I.**

21. Informant's Name: **Kathleen Gallagher** 22. Relationship to Decedent: **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
720 Evans Drive, 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** 26a. City, Town, or Location of Death: **Mount Vernon** 26b. State: **WA** 27. Zip Code: **98273**

28. Method of Disposition: **Burial** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Sedro-Woolley Union Cemetery** 30. Location-City/Town, and State: **Sedro-Woolley, WA**

31. Name and Complete Address of Funeral Facility: **Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284** 32. Date of Disposition: **Dec. 4, 2009**

33. Funeral Director Signature: *Rich Lemley*

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. **pneumonia** Due to (or as a consequence of): Interval between Onset & Death: **10 hours**

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. Due to (or as a consequence of): Interval between Onset & Death:

c. Due to (or as a consequence of): Interval between Onset & Death:

d. Due to (or as a consequence of): Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **H. SAPILEX PNEUMONIA ESOPHAGEAL CARCINOMA** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: Driver/Operator Pedestrian Passenger Other (Specify)

47. If transportation injury, specify:

48a. Certifying Physician - If the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated: *Brian Kendregan* 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 cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Brian Kendregan, MD 1400 E. Kincaid, Mount Vernon, WA 98274** 50. Hour of Death (24hrs): **1420 Hours**

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (mm/dd/yyyy): **12/01/2009**

53. Title of Certifier: **Physician** 54. License Number: **47370** 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *Brian Anderson, Deputy* 58. Date Received (mm/dd/yyyy): **DEC - 2 2009**

59. Amendments



DOHCHS 003 Rev 07/06/07

DOH 01-003 (5/99)



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Affidavit for Correction

Center for Health Statistics
P.O. Box 9708
Olympia, WA 98507-9708
(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
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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:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be live (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

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

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

DFC 02 2009

Howard Leibrand
 Skagit County Health Department
 Howard Leibrand M.D., Health Officer SS00166120

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