



201008170052  
Skagit County Auditor

8/17/2010 Page 1 of 7 3:36PM

LACK OF PROBATE AFFIDAVIT

STATE OF Washington )  
COUNTY OF Skagit ) ss.

Kristine Tamm being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of Kathleen Halle, 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:

Lots 1, 2 and the East 1/2 of Lot 3,  
Block 183, Map of the City of Anacortes

3772-183-003-0001

P156160

SECOND, that said Decedent died on the 31<sup>st</sup> day of July, 2010 in Anacortes, County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, 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's of said County, except as follows:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$230,000.00, including real property above-described, which had an approximate market value of \$230,000.

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 sickness and for funeral services have been paid.

SIXTH, that the following lists comprises all of the heirs at law by whom said Decedent was survived. (Show age of each heir opposite name. If any heirs are under 18, this Affidavit is not applicable).

Kristine Tamman 59  
Kari Everett 53

DATED this 13 day of August, 2010.

Kristine Tamman

STATE OF WASHINGTON }  
County of SKAGIT } ss

I hereby certify that I know or have satisfactory evidence that KRISTINE TAMMAN signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 13<sup>th</sup> day of August, 2010, ~~1998~~.



E.E. Brown, Jr.  
(Print name) ELDON E. BROWN JR.  
Notary Public in and for the State  
of Washington, residing at  
Sedro-Woolley, WA  
My appointment expires 4-3-2013  
EE BROWN JR.



201008170052  
Skagit County Auditor

# LAST WILL and TESTAMENT

OF

KATHLEEN R. HALLE

FILED  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY, WA  
2010 AUG 13 PM 3:19

10 4 00286 3

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KNOW ALL MEN BY THESE PRESENTS, that I, KATHLEEN R. HALLE, of Skagit County, Washington, being of lawful age and of sound and disposing mind and memory, and acting of my own free will, do hereby revoke any and all Wills and Codicils heretofore made by me and make, publish and declare this to be my LAST WILL AND TESTAMENT in the manner following:

## ARTICLE I

I have two children, Kristine Tamman and Kari Everett.

## ARTICLE II

I give, devise and bequeath all of the rest, residue and remainder of my estate, both real and personal, or mixed, and wheresoever situated, to my two children, Kristine Tamman and Kari Everett, in equal shares, share and share alike.

## ARTICLE III

I may leave a list, signed by me or in my handwriting, which references this paragraph of this will. Said list may dispose of some or all of my tangible personal property. My Personal Representative is hereby directed to carry out the provisions of the list. If a person named in the list to receive property dies



before me, the property will be included in the remainder of my estate and disposed of under this Will unless I have made an alternate disposition in the list.

#### ARTICLE IV

I appoint Kristine Tamman and Kari Everett, jointly, as my Personal Representative. No bond or other security shall be required of my Personal Representative. My Personal Representative shall have unrestricted, non-intervention powers to settle my estate in the manner set forth in this Will. My Personal Representative shall also have full power, authority, and discretion to do all that is necessary or desirable in administering my estate.

I direct that all estate, inheritance, and other taxes imposed by reason of my death, and interest or penalties on those taxes, shall be paid by my Personal Representative out of the residue of my estate. This direction shall apply to all such taxes attributable to all property of my estate even though some property does not pass under my Will or is not part of the residue of my estate.

#### ARTICLE V

All questions pertaining to the validity, interpretation, construction and administration of this instrument shall be determined in accordance with the laws of the State of Washington.

I have executed the entire instrument by signing this page of my LAST WILL AND TESTAMENT on this 2nd day of November, 2009.

  
KATHLEEN R. HALLE

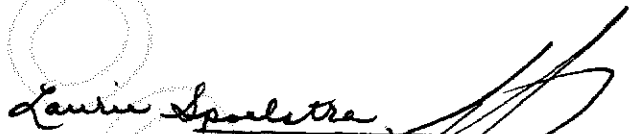


THE FOREGOING INSTRUMENT was on the above date hereof signed by Kathleen R. Halle in the presence of us as witnesses and each of us declares as follows:

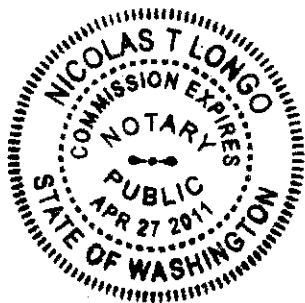
- (1) I am over the age of eighteen years and competent to be a witness to the Will of Kathleen R. Halle.
- (2) The Testatrix in my presence and in the presence of the other witness whose signature appears below:
  - (a) Declared the foregoing instrument, consisting of three pages, of which this is the last, to be her Will;
  - (b) Requested me and the other witness to act as witnesses to her will and to make this declaration; and
  - (c) Signed such instrument.
- (3) I believe the Testatrix to be of sound mind, and that in so declaring and signing, she was not under any duress, menace, fraud, or undue influence.
- (4) The other witness and I in the presence of the Testatrix and of each other now affix our signatures as witnesses to the Will and make this declaration.


I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and that this declaration is executed on the 2nd day of November, 2009, at Anacortes, Washington.

  
Witness

  
Witness

SUBSCRIBED AND SWORN to before me this 2 day of November, 2009.



  
Printed Name: NICOLAS T. LONGO

Notary Public in and for the State of

Washington, residing at SKAGIT

My commission expires: 4/27/2011



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>630-10</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST <b>Kathleen Halle</b>			2. Death Date <b>Jul 31, 2010</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>80</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>536-24-1463</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>Sep 18, 1929</b>		8a. Birthplace (City, Town, or County) <b>Topeka</b>		8b. (State or Foreign Country) <b>Kansas</b>	
9. Decedent's Education <b>Some college credit, no degree</b>			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>		
11. Decedent's Race(s) <b>Caucasian</b>			12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>2111 - 23rd Street</b>				13b. City or Town <b>Anacortes</b>	
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98221</b>
14. Estimated length of time at residence: <b>24 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Homemaker</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Own Home</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Daniel Otto Meagher</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ida Loissen</b>		
21. Informant's Name <b>Kari Everett</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>3418 Deer Trails Lane Bow WA 98233</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Residence</b>			25. Facility Name (If not a facility, give number & street or location) <b>2111 - 23rd Street</b>		
26a. City, Town, or Location of Death <b>Anacortes</b>			26b. State <b>WA</b>		27. Zip Code <b>98221</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd Street Anacortes Washington 98221</b>				32. Date of Disposition <b>Aug 2, 2010</b>	
33. Funeral Director Signature X <i>Gerard J. Sullivan</i>					
Cause of Death (See instructions and examples)					
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. <b>LUNG CANCER (non small cell)</b>		Interval between Onset & Death <b>3 yrs</b>	
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.		Interval between Onset & Death	
		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				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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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:				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician (To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) 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 cause(s) and manner stated.) <i>[Signature]</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>John R. Mathis, M.D. 1213 24th Street, Suite 100 Anacortes, WA 98221</b>				50. Hour of Death (24hrs) <b>0330</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>Aug 2, 2010</b>	
53. Title of Certifier <b>Dr.</b>		54. License Number <b>MD00031284</b>		55. ME/Coroner File Number <b>NJA # 365</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Sandra Melits, Deputy</i>	
58. Date Received (mm/dd/yyyy) <b>AUG -2 2010</b>				59. Amendments	



DOH/CHS 003 Rev 07/09/07



201008170052  
Skagit County Auditor

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing 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 five (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\***

AUG 05 2010

*Handwritten signature*

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

TT00276855



201008170052

Skagit County Auditor