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Skagit County Auditor

4/3/2017 Page

1 of

5 2:05PM

\$77.00

RETURN AFTER RECORDING TO:  
Brothers Henderson Dussault, P.S.  
2722 Eastlake Avenue East, Suite 200  
Seattle, Washington 98102-3143

Document Title:

AFFIDAVIT OF SURVIVING SPOUSE

Grantors:

- 1) MOORE, BRUCE THOMAS, Deceased
- 2) MOORE, VALERIE GAYLE, Surviving Spouse

Grantee:

MOORE, VALERIE GAYLE

Abbrev. Legal Description:

TRACT 1, SKAGIT COUNTY SHORT PLAT NO. MV-11-76,  
VOL. 1, PG. 108; BEING PTN. LOTS 18 AND 19, MONTE  
VISTA TERRACE ADDITION TO SKAGIT COUNTY,  
WASHINGTON, VOL. 8, PGS. 20 & 21

Property ID:

67507

Parcel # / Geo ID:

3956-000-018-0008

## AFFIDAVIT OF SURVIVING SPOUSE

VALERIE GAYLE MOORE ("Affiant"), being first duly sworn on oath, deposes and states the following:

1. Status. Affiant is the surviving spouse of BRUCE THOMAS MOORE who died on February 7, 2017 ("Decedent"). A certified copy of the death certificate of Decedent is attached hereto as Exhibit A and incorporated herein by this reference.

2. Decedent's Will, Codicil & Probate. BRUCE THOMAS MOORE's Last Will and Testament and First Codicil to Last Will and Testament were filed with the King County Superior Court after he died, as required by law, but no probate was initiated. No probate proceedings have begun or are anticipated:

- To have a Will of Decedent admitted to probate, or
- To have a Personal Representative for Decedent appointed.

3. Community Property Agreement. Decedent and Affiant provided under an agreement entitled "Community Property Agreement" that upon Decedent's death, all of Decedent's community property would pass to Affiant. Said Agreement is dated February 20, 2014, and was recorded under recording number 201703240136 in Skagit County, Washington, on March 24, 2017. Said Agreement was never cancelled or revoked.

4. Decedent's Debts & Expenses All debts of the Decedent and of the former marital community, including expenses of last illness and funeral and burial expenses, have either been paid or provided for.

5. Estate Tax. No federal or state estate tax returns need to be filed as a result of Decedent's death and no estate tax is due to the State of Washington or the IRS as a result of Decedent's death.

6. Community Property. Decedent and Affiant owned an interest in the following described real property, as community property, on the date of Decedent's death, which passed to Affiant, Valerie Gayle Moore, upon Decedent's death:

Address: 4929 Monte Vista Place, Mount Vernon, Washington 98273

Property ID: 67507

Parcel # / Geo ID: 3956-000-018-0008

Legal Description: Tract 1, SKAGIT COUNTY SHORT PLAT NO. MV-11-76, approved January 23, 1976, and recorded February 9, 1976, in Volume 1 of Short Plats, page 108, under Auditor's File No. 829866, records of Skagit County, Washington; being a portion of Lots 18 and 19, Monte Vista Terrace Addition to Skagit County, Washington, according to the plat thereof recorded in Volume 8 of Plats, pages 20 and 21, records of Skagit County, Washington. Situated in Skagit County, Washington.

7. Purpose of Affidavit. Affiant is making this Affidavit for recordation regarding the Community nature of the real property. The statements in this Affidavit are representations of fact that all parties dealing with the real property located in Skagit County, Washington, and more fully described above, may rely upon.

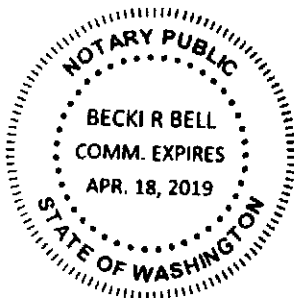
DATED this 23 day of March, 2017.

Valerie Gayle Moore  
VALERIE GAYLE MOORE

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

ON THIS DAY before me personally appeared VALERIE GAYLE MOORE, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged to me that she signed the same as her free and voluntary act and deed.

SUBSCRIBED AND SWORN TO before me the day and year last above written.



Becki R Bell  
Becki R Bell (print name)  
NOTARY PUBLIC in and for the State of  
Washington, residing at Mount Vernon  
My commission expires 04/18/2019.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-006772

DATE ISSUED: 02/13/2017

FEE NUMBER: 0000000029

GIVEN NAMES: BRUCE THOMAS  
LAST NAME: MOORE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 07, 2017  
HOUR OF DEATH: UNKNOWN  
SEX: MALE  
AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: LONGVIEW, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: VALERIE DUTHIE

OCCUPATION: PATROL SGT.  
INDUSTRY: FISHERIES DEPARTMENT  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: VALERIE MOORE  
RELATIONSHIP: WIFE  
ADDRESS: 4929 MONTE VISTA PLACE MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 4929 MONTE VISTA PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 4929 MONTE VISTA PLACE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER/PARENT: EDWIN MOORE  
MOTHER/PARENT: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: FEBRUARY 15, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. UNSPECIFIED NATURAL CAUSE  
INTERVAL: 8 HOURS

B.  
INTERVAL:

C.  
INTERVAL:

D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
SIGNIFICANT HEAD TRAUMA SECONDARY TO A MOTOR VEHICLE COLLISION IN 1993 CAUSING COGNITIVE DYSFUNCTION AND GAIT INSTABILITY

DATE OF INJURY: MAY 29, 1993  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK? NO  
PLACE OF INJURY: INTERSECTION

LOCATION OF INJURY: HIGHWAY 20 AND SHARPS CORNER

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED:  
THE DECEDENT WAS STRUCK WHILE DRIVING THROUGH AN INTERSECTION BY ANOTHER VEHICLE THAT RAN A RED LIGHT. THE DECEDENT SUSTAINED A TRAUMATIC BRAIN INJURY.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
DRIVER

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

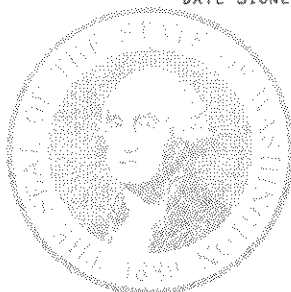
ME/CORONER: HAYLEY THOMPSON  
TITLE: CORONER  
ME/CORONER  
ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: FEBRUARY 10, 2017

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 17SK0058  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 10, 2017

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



# Affidavit for Correction

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

STATE OFFICE USE ONLY

File # Center for Health Statistics  
 WSA 422-0324  
 Printed on 6/24/04  
 4/13/04 4/13/04

Last Name

First Name

Date

Affidavit Number

Required information must match current information on record

☐ Birth

☐ Death

☐ Marriage

☐ Dissolution (Divorce)

2. Date of Event

3. Place of Event

Required

1. Name (Last, First, Middle, Surname, AKA, Marriage, or Dissolution) 4. Mother's Name (Last, First, Middle, Surname, AKA, Marriage, or Dissolution)

5. Address (Street, City, State, ZIP) 6. Reason for Request (e.g., Change of Name, Marriage, Divorce, etc.)

7. Signature (Print Name)

8. Signature (Print Name)

9. Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

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

Signature

Date

Signature

Date

Printed Name

Date

## INSTRUCTIONS

For more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required information must match current information on record. The record is incorrect or incomplete as follows:

- Name (Last, First, Middle, Surname, AKA, Marriage, or Dissolution)
- Date of Event
- Place of Event
- Mother's Name (Last, First, Middle, Surname, AKA, Marriage, or Dissolution)
- Reason for Request (e.g., Change of Name, Marriage, Divorce, etc.)
- Address (Street, City, State, ZIP)
- Signature (Print Name)
- Email Address

### Birth Certificates

1. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected.
2. The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate.
3. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected.

### Marriage Certificates

- The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected.
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- The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate.

Signatures from both parents listed on the certificate are required. If a parent is deceased, a death certificate is required.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

### Death Certificates

1. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected.
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### Marriage/Dissolution (Divorce) Certificates

1. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected. The affidavit must be completed by the parent(s) of the child whose birth is being corrected.
2. The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate. The affidavit must match the information on the birth certificate.

**\*CERTIFIED\***

FEB 13 2017

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

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