

After recording, return to:  
Margaret McAleer



**201907180030**

07/18/2019 11:39 AM Pages: 1 of 5 Fees: \$105.50  
Skagit County Auditor

CHICAGO TITLE  
620037987

Grantor (Name of Decedent): Michael McAleer  
Grantee (Heirs): Margaret McAleer  
Abbreviated Legal Description: Ptn, SE NW, 30-35-6E, W.M.  
Tax Parcel No.(s): P42093 / 350630-2-008-0005

**INHERITANCE LACK OF PROBATE AFFIDAVIT**

**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, Margaret McAleer, executes this affidavit relating to the estate of Michael McAleer (herein "Decedent"), who died on June 20, 2016 in the County of Skagit, State of Washington, then being a resident of the City of Sedro-Walley, County of Skagit, State of Washington  
**(A copy of the death certificate is attached hereto.)**

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- the lawful surviving spouse of the Decedent  
 Registered domestic partner of the Decedent  
 Surviving child of the Decedent  
 One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
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(continued)

other (identify:)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Margaret McAleer - Wife

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

PARCEL A:

MA \*Westerly

That portion of the North Half of the South one-third of the Southeast Quarter of the Northwest Quarter, Section 30, Township 35 North, Range 6 East of the Willamette Meridian, lying ~~Easterly~~ <sup>6</sup> of the centerline of that certain road easement as described in declaration of easement recorded May 19, 1970, under Auditor's File No. 739124, records of Skagit County, Washington.

Situated in Skagit County, Washington.

PARCEL B:

An easement set forth in Declaration of Easement recorded under Skagit County Auditor's File Nos. 738432 and 739124, records of Skagit County, Washington. Said easements being 60 feet in width; for ingress, egress and installation of utilities.

Situated in Skagit County, Washington.

5. **Status of the Will (if any)**

The decedent left a Will that devises real property.

The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Margaret McAleer  
Signature

6/10/19  
Date

Margaret McAleer  
Print Name

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on June 10, 2019 by \_\_\_\_\_  
Margaret McAleer (name of person making statement).

Kelly K. Miller  
Name: Kelly K. Miller  
Notary Public in and for the State of WA  
Washington,  
Residing at: Mount Vernon  
My appointment expires:  
9-9-2020



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2016-025333

DATE ISSUED: 08/23/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL JULIUS  
LAST NAME(S): MCALEER JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 20, 2016  
HOUR OF DEATH: 03:54 AM  
SEX: MALE AGE: 45 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: YAKIMA, WA

MARITAL STATUS: MARRIED  
SPOUSE: MARGARET HARE

OCCUPATION: SECURITY GUARD  
INDUSTRY: LAW ENFORCEMENT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: MARGARET MCALEER  
RELATIONSHIP: SPOUSE  
ADDRESS: 10434 HENDRICKSON LANE SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: HYPERKALEMIA  
INTERVAL: HOURS  
B: DYSRHYTHMIA  
INTERVAL: 1 HOUR  
C: CHRONIC RENAL FAILURE  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 10434 HENDRICKSON LN  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: MICHAEL JULIUS MCALEER SR  
MOTHER/PARENT: LINDA ARLENE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATION

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: JULY 03, 2016

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM

ADDRESS: 1313 EAST MAPLE ST.  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: RICK B. LEMLEY

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CW ROBERTS  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: JUNE 20, 2016

CASE REFERRED TO ME/CORONER:  
FILE NUMBER: NJA-413  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA  
DATE RECEIVED: JUNE 22, 2016

# 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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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) \_\_\_\_\_ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

8. The record now shows:	9. The true fact is:
10.	11.
12.	13.
14.	15.

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

16a. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

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

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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

#### 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. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# \*CERTIFIED\*

AUG 23 2018

*Howard Lebrand*  
Skagit County Health Department  
Howard Lebrand M.D., Health Officer



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