


RETURN TO:  
Patrick Hayden  
PO Box 454  
Sedro-Woolley, WA. 98284

  
**202012280164**  
12/28/2020 03:38 PM Pages: 1 of 5 Fees: \$107.50  
Skagit County Auditor

DOCUMENT TITLE(S) *(or transactions contained herein):*

**“LACK OF PROBATE” AFFIDAVIT --- COMMUNITY PROPERTY AND NO-PROBATE WILL**

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) *(Last name, first name and initials):*

**1. GIFFORD, GARY DWIGHT and GIFFORD, CHERYL ANN (AS C/P)**

GRANTEE(S) *(Last name, first name and initials):*

**1. GIFFORD, CHERYL ANN (AS HSP)**

LEGAL DESCRIPTION *(Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).*


**LOT 58, MT. BAKER VIEW ADD TO MT VERNON, RECORDED IN VOL. 9 OF PLATS,  
PAGES 67 ASND 68, RECORDS OF SKAGIT COUNTY, WASHINGTON**

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

**Tax Parcel No. P53802 / 3745-000-058-0005**

**2020-5532**  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

**DEC 28 2020**

Amount Paid \$  
Skagit Co. Treasurer  
By  Deputy



7. Washington Estate Tax. The estate of Gary Dwight Gifford was not liable for Washington State inheritance tax.

9. Washington Assistance. Gary Dwight Gifford was not liable for repayment for subsistence or medical care to the state of Washington.

10. Descendants. Gary Dwight Gifford had three children:

Name of Heir Address Relationship

Kimberly Ann Williams, Kirkland, WA, daughter, legal age;

Kristine VandeGarde, Lynden, WA, daughter, legal age;

Craig Gifford, Birch Bay, WA, son, legal age.

11. Purpose of Affidavit. I am making this Affidavit to induce a Title Insurance Co., Inc., in reliance on the representations made in this Affidavit, to issue one or more policies of title insurance on the real property described above, passing to Cheryl Ann Gifford as the surviving spouse of Gary Dwight Gifford.

Dated: December 21, 2020

Cheryl Ann Gifford  
CHERYL ANN GIFFORD

SUBSCRIBED & SWORN TO before me on: December 21, 2020.

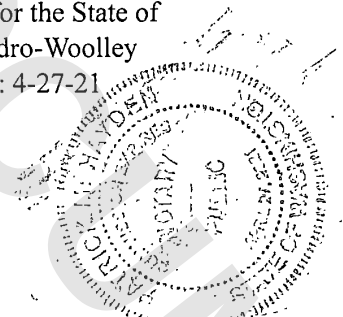
Patrick M. Hayden  
Signature of Notary

Name: Patrick M. Hayden

NOTARY PUBLIC in and for the State of

Washington, residing at: Sedro-Woolley

My appointment expires on: 4-27-21



UNCONFIRMED AFFIDAVIT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-058262

DATE ISSUED: 12/16/2020  
FEE NUMBER:FIRST AND MIDDLE NAME(S): GARY D  
LAST NAME(S): GIFFORDCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 13, 2020  
HOUR OF DEATH: 03:46 AM  
SEX: MALE AGE: 80 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 2020 MOUNTAIN VIEW DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 2020 MOUNTAIN VIEW DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 13 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: YAKIMA, WAFATHER: PAUL D GIFFORD  
MOTHER: AUDREY [REDACTED]MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CHERYL GREYDANUSMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYOCCUPATION: TRUCK DRIVER  
INDUSTRY: TRANSPORTATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: YESCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 15, 2020INFORMANT: CHERYL GIFFORD  
RELATIONSHIP: WIFE  
ADDRESS: 2020 MOUNTAIN VIEW DRIVE MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYCAUSE OF DEATH:  
A: PROSTATE CANCER, STAGE 4  
INTERVAL: 12 YEARSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL

AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: DECEMBER 14, 2020

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: DECEMBER 15, 2020



Affidavit for Correction

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)
4. Father/Parent Full Birth 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: PO Box or Street Address, City, State, Zip
Telephone Number: ( )
Email Address:

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

The record currently shows: 8, 9, 10, 11, 12, 13
The true fact is:

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

14a. Signature:
Printed name:
Date:
14b. Signature of 2nd parent (if required):
Printed name:
Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider is required.
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



\*CERTIFIED\*

DEC 16 2020

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



0 4 1 4 4 2 0 1

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.