

Return Address:

1301 B. Riverside Dr
Mt. Vernon, WA 98273

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 09/14/2023

GNW 22-15908

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Virginia L SALT, being first duly sworn
Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is wife
Relationship to decedent

of Frank O Salt who died on 3-20-23
Decedent/Grantor Date

at Sedro Woolley Skagit WA
City County State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions: 24604 + 1 ac land, Sedro Woolley WA.
Ptn. Lots 18 & 19 of Dieter's Acreage

Assessor's Property Tax Parcel/Account Numbers: (List All)

964982

(Attach full legal description(s) of the property)

Decedent left no Last Will and Testament and no Community Property Agreement; or

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:
(See attached copy) or

Decedent left a Community Property agreement recorded in _____ County as
Auditor's File No. _____ in favor of the surviving spouse or
an unrecorded agreement which has been attached hereto; or

Decedent left a will which is being/was probated in _____ County,
State of Washington as Superior Court Cause No. _____.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (including those not inheriting part of the decedent's estate):

Kevin Leroy Galt
Full name, age and relationship
1117 Hoag Rd Mt. Vernon WA 99273
Address City State Zip

Randal Raymond Galt
Full name, age and relationship
24604 Hoehn Rd Gedro Woolley WA 99284
Address City State Zip

Donovan Robert Galt
Full name, age and relationship
24604 Hoehn Rd Gedro Woolley WA 99284
Address City State Zip

Sherilyn Faye Fetter
Full name, age and relationship
1009 Empire College Place WA 99324
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

Full name, age and relationship
Address City State Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 50,000⁰⁰ of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (X) OR those shown on an attachment (s) hereto ().

The Affiant further declares that the decedent had () OR had never (X) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: 9-12-23
Virginia L Salt
Affiant's full name Telephone number 360-770-5657

24604 Hoehn Rd Sedro-Waaley WA 98284
Street City State Zip Code

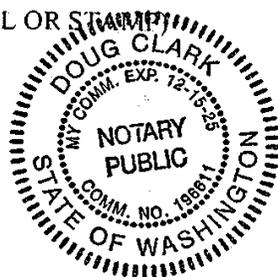
State of Washington County of Skagit

I know or have satisfactory evidence that Virginia L Salt
(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: September 12, 2023 Doug Clark
Signature of Notary Public

(SEAL OR STAMP) Residing at Sedro-Waaley



Notary Public in and for the State of WA

My appointment expires: December 15, 2025

(Based on REV 84 0017 (1/3/17))

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-013842

DATE ISSUED: 03/22/2023
FEE NUMBER:

FIRST AND MIDDLE NAME(S): FRANK OLIVER
LAST NAME(S): SALT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 20, 2023
HOUR OF DEATH: 09:45 AM
SEX: MALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: COURTICE, ON CANADA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: VIRGINIA LEE HOPKE

OCCUPATION: CERTIFIED PUBLIC ACCOUNTANT
INDUSTRY: OWNER OPERATOR
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

INFORMANT: VIRGINIA LEE SALT
RELATIONSHIP: WIFE
ADDRESS: 24604 HOEHN RD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: PROSTATE CANCER, STAGE 4
INTERVAL: ONE YEAR
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA,
CONGESTIVE HEART FAILURE, HEART BLOCK WITH BRADYCARDIA

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 24604 HOEHN RD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 24604 HOEHN RD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER: FRANCIS ROBERT SALT
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 22, 2023

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

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 RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 21, 2023

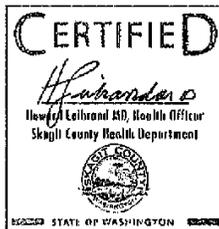
CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 22, 2023

DOM422-13PSKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

		Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 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	
Required information must match current information on record						
Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital					
7. Return Mailing Address: PG 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:			The true fact is:			
8.			9.			
10.			11.			
12.			13.			
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.						
14a. Signature:			14b. Signature of 2 nd parent (if required):			
Printed name:		Date:	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:						
<ul style="list-style-type: none"> • 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						
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment 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. 						
<ul style="list-style-type: none"> • 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. 						
*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.						
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.						



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

