



202412050077

12/05/2024 10:50 AM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor

Return Address:

Elizabeth Anne Hailey
PO Box 77
La Conner WA 98257

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024 3168
DEC 05 2024

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Elizabeth Anne Hailey, being first duly sworn
Name of Affiant

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

property described below, and is Wife
Relationship to decedent

of Charles Olav Berg, who died on 10/04/1987
Decedent/Grantor Date

at La Conner Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN N 1/2 NW 1/2 AKA TR 6 OF SHT
PLT 109-76 AF# 856340 SECTION 2
TOWNSHIP 33 NORTH RANGE 2 EAST WM

Assessor's Property Tax Parcel/Account Number: P15222
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of _____)

Elizabeth Anne Hailey
72 yrs old spouse PO Box 77 LACONNER WA 98257
Full name, age, relationship, address

Dated: 5 Decembur 2024

Elizabeth Anne Hailey

Affiant's full name

360 661 1850

Telephone number

18211 Raleigh Ln / PO Box 77

LaConner

WA ^{Street}

98257

City

State

Zip Code

Elizabeth A Hailey 5 Dec 2024

Signature

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Elizabeth Anne Hailey
(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: 12 / 5 / 2024

Kaylee Oudman
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of WA

My appointment expires: 3 / 30 / 2026



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 521

1. NAME FIRST, MIDDLE, LAST: Charles Olav Berg 2. SEX: Male 3. DEATH DATE (MO DAY YR): Oct. 4, 1987 146-8 STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM IND, ETC. (SPECIFY)): White 5. AGE - LAST BIRTH DAY (YRS): 42 6. UNDER 1 YEAR: MOSES 7. UNDER 1 DAY: HOURS 8. BIRTH DATE (MO DAY YR): [REDACTED] 9. COUNTY OF DEATH: Skagit

10. CITY, TOWN OR LOCATION OF DEATH: La Conner 11. PLACE OF DEATH: 1847 Raleigh Lane 12. RECEIVED EMERGENCY CARE (AMBULANCE, ERETR, PARAMED): No

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Pennsylvania 14. CITIZEN OF WHAT COUNTRY: U.S.A. 15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married 16. SPOUSE OR WIFE (GIVE MAIDEN NAME): Elizabeth A. Hailey 17. WAS DECEDENT EVER IN U.S. ARMED FORCES (YES/NO): No

18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVENT, RETIRED): Energy Auditor 19. KIND OF BUSINESS OR INDUSTRY: Seattle City Light

21. RESIDENCE NUMBER AND STREET: 1847 Raleigh Lane 22. CITY/TOWN OR LOCATION: La Conner 23. INSIDE CITY LIMITS? (YES/NO): No 24. COUNTY: Skagit 25. STATE: Washington

26. FATHER - NAME FIRST, MIDDLE, LAST: Lloyd NMI Berg 27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Edna Elizabeth [REDACTED]

28. INFORMANT, NAME: Elizabeth A. Hailey 29. MAILING ADDRESS: 1847 Raleigh Lane, La Conner, Washington 98257

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation 31. DATE (MO DAY YR): Oct. 5, 1987 32. CEMETERY, CREMATORY, NAME: Mount Vernon Crematory 33. LOCATION, CITY/TOWN, STATE: Mount Vernon, Washington

34. FUNERAL DIRECTOR SIGNATURE: [Signature] 35. NAME OF FACILITY: Kern Funeral Home 36. ADDRESS OF FACILITY: 1122 So. 3rd Mount Vernon, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [Signature] M.D.

38. DATE SIGNED (MO DAY YR): 10/5/87 39. HOUR OF DEATH (24 HRS): 0115

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): F. H. Stutz, M.D., 1415 E. Kincaid Street, Mount Vernon, Washington 98273

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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) STATED. SIGNATURE AND TITLE: [Signature] S. Hendrix, Coroner

42. DATE SIGNED (MO DAY YR): October 6, 1987 43. HOUR OF DEATH (24 HRS): 0115

44. PRONOUNCED DEAD (MO DAY YR): October 4, 1987 45. HOUR PRONOUNCED DEAD (24 HRS): 0410

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE, PER LINE, FOR (A), (B) AND (C))

(A) CARCINOMATOSIS, Abdominal Cavity, with obstruction INTERVAL BETWEEN ONSET AND DEATH: 1 year

(B) AdenoCarcinoma of the Cecum (Large bowel Cancer) INTERVAL BETWEEN ONSET AND DEATH: 14 months

(C) _____

48. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: _____ 49. AUTOPSY? (YES/NO): No 50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): Yes

51. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (SPECIFY): _____ 52. INJURY DATE (MO DAY YR): _____ 53. HOUR OF INJURY (24 HRS): _____ 54. DESCRIBE HOW INJURY OCCURRED: _____

55. INJURY AT WORK? (YES/NO): _____ 56. PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (SPECIFY): _____ 57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE: _____

58. REGISTRAR SIGNATURE: Karen L. Hernandez, Deputy 59. DATE RECEIVED (MO DAY YR): Oct. 6, 1987

[Signature] M.D.
Julius K. Neils, M.D.
Health Officer

Signed [Signature]
Skagit County Deputy Registrar

Date OCT 9 1987