

After Recording Return To:

Ms. Valerie Gleeson
5209 Maritime Court
Anacortes, WA 98221



201803140059

Skagit County Auditor \$77.00
3/14/2018 Page 1 of 4 3:05PM

**AFFIDAVIT OF SURVIVING SPOUSE RE
COMMUNITY PROPERTY AGREEMENT OF
JAMES N. GLEESON AND VALERIE A. GLEESON AND RE
CLAIMING AN EXEMPTION BASED ON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

The undersigned Affiant, VALERIE A. GLEESON, being first duly sworn on oath deposes and says that:

1. Affiant is the surviving spouse of JAMES N. GLEESON (the Decedent), who passed away on the 31st of August, 2017, as resident of Skagit County, Washington.
2. Affiant and the Decedent provided for the disposition of all community property under a Community Property Agreement dated December 15, 2015, recorded under Skagit Co. Auditor's No. 201711200158.
3. There are no unpaid creditors of the Decedent or of the former marital community nor unpaid funeral expenses or expenses of last illness, and there are no state or federal estate taxes due and owing.
4. Any financial accounts, real estate and other property in the name of the Decedent and the Affiant constituted community property at the date of death of the Decedent and the disposition of all such property is controlled by the above referenced Community Property Agreement. Such community property specifically includes real property located at 5209 Maritime Court, Anacortes, WA 98211, P120233, (0.2300 ac) SPINNAKER COVE ADDITION TO THE CITY OF ANACORTES, LOT 10, ACRES 0.23.

5. No proceedings have been instituted to contest, set aside or cancel the Community Property Agreement.
6. Any Washington State title insurance company may rely on this Affidavit to issue its policy of title insurance on real property passing to the surviving spouse by virtue of the above referenced Community Property Agreement and the representations set forth in this Affidavit.

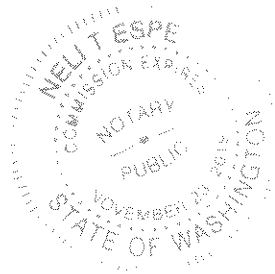
Valerie A. Gleeson
VALERIE A. GLEESON

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know that VALERIE A. GLEESON signed this AFFIDAVIT and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

SIGNED AND SWORN to before me on this 4th day of December 2017, by VALERIE A. GLEESON.

NEUT ESPE, Notary Public
State of Washington, residing at Amador
My Appointment expires: 11/23/17



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-037849

DATE ISSUED: 01/03/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES NEWMAN
LAST NAME(S): GLEESON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 31, 2017
HOUR OF DEATH: 02:00 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 5209 MARITIME COURT
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 5209 MARITIME COURT
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOUISVILLE, KY

FATHER/PARENT: JOHN MICHAEL GLEESON
MOTHER/PARENT: TULA [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: VALERIE ANTOINETTE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: CHEMIST
INDUSTRY: OIL & CHEMICAL COMPANIES
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: SEPTEMBER 02, 2017

INFORMANT: VALERIE A GLEESON
RELATIONSHIP: WIFE
ADDRESS: 5209 MARITIME COURT, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A: METASTATIC GASTRIC CANCER
INTERVAL: 2 YEARS
B:
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 RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: SEPTEMBER 01, 2017

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: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 01, 2017



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	Affidavit Number
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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 of 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:

The record now shows:	The true fact is:
8. _____	9. _____
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: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS – go to 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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

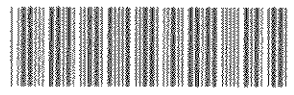
CERTIFIED

JAN 03 2018

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

DOH 422-034 October 2015

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



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