

After recording, return to:  
Marianne Galbreath  
302 North Alder Street #120  
Granite Falls, WA 98252

CHICAGO TITLE  
020040795

Grantor (Name of Decedent): Dale H Galbreath  
Grantee (Heirs): Marianne Galbreath  
Abbreviated Legal Description: Lot(s): 30, WINDERNESS VILLAGE  
Tax Parcel No.(s): P78213 / 4208-000-030-0006

**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, Marianne Galbreath, executes this affidavit relating to the estate of Dale H Galbreath (herein "Decedent"), who died on May 4, 2007, in the County of Snohomish, State of WA, then being a resident of the City of Seawoolley, County of SKAGIT, State of WA.

(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.  
 other (identify:) \_\_\_\_\_

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

**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: Charles Galbreath (son)

Name and relationship: Marianne Galbreath, spouse

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:

Lot 30, "WILDERNESS VILLAGE, DIVISION 1", as per plat recorded in Volume 10 of Plats at Page s 48, 49 and 50, in the records of Skagit County, State of 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.

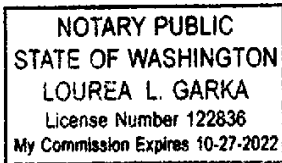
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Marianne Galbreath                      12-6-19  
Signature    Date

\_\_\_\_\_  
Print Name

State of Washington  
County of SKAGIT

Signed and sworn to (or affirmed) before me on December 6, 2019 by \_\_\_\_\_  
Marianne Galbreath (name of person making statement).



Lourea L Garka  
Name: Lourea L Garka  
Notary Public in and for the State of Washington,  
Residing at: Arlington  
My appointment expires: 10/27/2022

# STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number: **1331** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Dale Hobart Galbreath 2. Death Date May 4, 2007

3. Sex (M/F) Male 4a. Age - Last Birthday 68 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number 6. County of Death Snohomish

7. Birthdate 8a. Birthplace (City, Town, or County) Mount Vernon 8b. (State or Foreign Country) WA 9. Decedent's Education 9th-12th grade; no diploma

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No 11. Decedent's Race(s) White 12. Was Decedent ever in U.S. Armed Forces? No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 14208 Beverly Park Drive 13b. City or Town Edmonds

13c. Residence: County Snohomish 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country WA 13f. Zip Code + 4 98026 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. 4 months 15. Marital Status at Time of Death Married 16. Surviving Spouse's Name (Give name prior to first marriage) Marianne T. Ferguson

17. Usual Occupation (Indicate type of work done during most of working life. (do not use RETIRED)) Laundry Supervisor 18. Kind of Business/Industry (Do not use Company Name) University

19. Father's Name (First, Middle, Last, Suffix) Creighton Edwin Galbreath 20. Mother's Name Before First Marriage (First, Middle, Last) Iris Winnona

21. Informant's Name Marianne Galbreath 22. Relationship to Decedent Wife 23. Mailing Address: Number and Street or P.O. No. City or Town State Zip 14208 Beverly Park Dr., Edmonds, WA 98026

24. Place of Death, if Death Occurred in a Hospital: Decedent's Home

25. Facility Name (If not a facility, give number & street or location) 14208 Beverly Park Drive 26a. City, Town, or Location of Death Edmonds 26b. State WA 27. Zip Code 98026

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) American Memorial #69 30. Location-City/Town, and State Renton, WA

31. Name and Complete Address of Funeral Facility American Memorial FunDiring. 3125 Colby Ave. Ste. C, Everett, WA 98201 32. Date of Disposition May 8, 2007

33. Funeral Director Signature X *[Signature]*

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. *Cardiopulmonary arrest* b. *Non-Small Cell Lung Cancer* c. *Upper extremity trauma* d. *Upper extremity + DVT*

35. Other significant conditions contributing to death but not resulting in the underlying cause given above *Upper extremity + DVT*

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  Probably  Unknown

41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. *[Signature]* 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the causes and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) *Amanda Lee* 2930 Maple Street Everett, WA 98201 50. Hour of Death (24hrs) *A.M.*

51. Name and Title of Attending Physician (if other than Certifier (Type or Print)) 52. Date Signed (mm/dd/yyyy) *05/08/2007*

53. Title of Certifier *MD* 54. License Number *MD00043449* 55. ME/Coroner File Number *NJA07SN1327* 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature *[Signature]* 58. Date Received (mm/dd/yyyy) *MAY 08 2007*

59. Amendments

Part 1 completed by Funeral Director

Part 2 completed by Certifier



# Affidavit for Correction

12/06/2019 01:00 PM Page 4 of 4  
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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)		
	1. Name on Record:		2. Date of Event:
	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: <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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	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 using this form, 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). 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 of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



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

