4:00

8101120003

A F F I D A V I T

STATE OF WASHINGTON)
: SS
COUNTY OF SKAGIT)

MARIE RINGHOUSE, being first duly sworn on oath, deposes and says:

THAT she is the surviving daughter of Mary Lydia Wood, who died September 13, 1979, and whose death certificate is attached hereto, and by this reference made a part hereof. At the time of her death, the said Mary Lydia Wood held a life estate to certain real estate in Skagit County, Washington, described as:

> Lot 3 of Buchanan's Acreage Plat 1, and the East 1/2 of vacated alley adjacent thereto, less the South 110 feet of said Lot 3, as per recorded plat thereof in Volume 4 of Plats, page 6, records of Skagit County

as reserved in Deed recorded March 18, 1976, under Skagit Auditor's File No. 831925, and this affidavit and certificate of death is recorded for the purpose of showing that said life estate is terminated.

Marie Ringhouse
Marie Ringhouse

SUBSCRIBED AND SWORN to before me this 9th day of January, 1981.

Carol Mayer
Notary Public in and for the State of Washington, residing at Sedro Woolley

AFFIDAVIT
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Skagit County

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JOHN H. WARD
ATTORNEY AT LAW
POST OFFICE BOX 208
120 WOODWORTH STREET
SEDRO WOOLLEY,
WASHINGTON 98284
TELEPHONE 855-1431

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH SERVICES DIVISION BUREAU OF VITAL STATISTICS
OLYMPIA, WASHINGTON

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

TYPE, OR PRINT IN PERMANENT INK — LOCAL FILE NUMBER 79-176 — STATE FILE NUMBER

CERTIFICATE OF DEATH

DECEASED

1 DECEASED—NAME: FIRST MARY — MIDDLE LYDIA — LAST WOOD
2 SEX: Female
3 DATE OF DEATH (MONTH, DAY, YEAR): September 13, 1979
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)): White
5a AGE—LAST BIRTHDAY (YEARS): 73
5b UNDER 1 YEAR: MOS / DAYS
5c UNDER 1 DAY: HOURS / MIN
6 DATE OF BIRTH (MONTH, DAY, YEAR): Nov.3, 1905
7a COUNTY OF DEATH: Skagit
7b CITY, TOWN, OR LOCATION OF DEATH: Mount Vernon
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Skagit Valley Hospital
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): North Carolina
9 CITIZEN OF WHAT COUNTRY: U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): ---
12 SOCIAL SECURITY NUMBER: 539-18-3112
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Homemaker
13b KIND OF BUSINESS OR INDUSTRY: Homemaking
14a RESIDENCE—STATE: Washington
14b COUNTY: Skagit
14c CITY, TOWN, OR LOCATION: Clear Lake
14d INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e STREET AND NUMBER: 1313 Beaver Lk. Rd.
15 FATHER—NAME FIRST Abraham — MIDDLE -- — LAST Moore
16 MOTHER—MAIDEN NAME FIRST Rebecca — MIDDLE -- — LAST Stiles
17a INFORMANT—NAME: Marie Ringhouse
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P.O. Box 127 Clear Lake, Wa. 98235

CAUSE OF DEATH

PART I DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE
(a) Pulmonary Edema — 12 HRS
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Acute myocardial Infarction — 12 HRS
DUE TO, OR AS A CONSEQUENCE OF:
(c) Ischemic cardiovascular disease — yrs.

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a AUTOPSY (YES OR NO): No
19b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ACCIDENT

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b DATE OF INJURY (MONTH, DAY, YEAR)
20c HOUR
20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e INJURY AT WORK (SPECIFY YES OR NO)
20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)
20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a CERTIFICATION—PHYSICIAN. I ATTENDED THE DECEASED FROM: MONTH 12 DAY 27 YEAR 78 TO 21b MONTH 9 DAY 13 YEAR 79
21c AND LAST SAW HIM/HER ALIVE ON: MONTH 9 DAY 13 YEAR 79
21d I DID/DID NOT VIEW THE BODY AFTER DEATH: DID
21e DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): 10:30 P.M.
22a CERTIFICATION—CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED — HOUR OF DEATH
22b THE DECEDENT WAS PRONOUNCED DEAD: MONTH — DAY — YEAR — HOUR
23a CERTIFIER—NAME (TYPE OR PRINT): John S. Halsey, M.D.
23b SIGNATURE: John S. Halsey
23c DEGREE OR TITLE
23d DATE SIGNED (MONTH, DAY, YEAR): 9/17/79
24 MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 1400 E. Kincaid St. Mount Vernon, Washington 98273

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b CEMETERY OR CREMATORY—NAME: Lyman Cemetery
24c LOCATION (CITY OR TOWN, STATE): Lyman, Washington
24d DATE (MONTH, DAY, YEAR): Sept. 17, 1979
24e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Lemley Chapel 1008 Third St. Sedro Woolley, Wa. 98284
25a FUNERAL DIRECTOR—SIGNATURE: Richard Lemley
26a REGISTRAR—SIGNATURE: Barbara J. Harrington
26b DATE RECEIVED BY LOCAL REGISTRAR: 9-17-79

SEP 24 1979

DSHS 9-181 (REV. 3/78)

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THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON

WASHINGTON STATE BOARD OF HEALTH SEAL

DSHS 9-183-A
10-71