

UNOFFICIAL

Return To: Rosemary Kamb - Attorney
702 Main Street
Mount Vernon, WA 98273



199912090064
Kathy Hill, Skagit County Auditor
12/9/1999 Page 1 of 4 2:59:35PM

NO PROBATE AFFIDAVIT

STATE OF WASHINGTON

}
} SS.
}

COUNTY OF SKAGIT

I, Willis Owen Tharp, being first duly sworn, deposed and says:

FIRST: That this affidavit is for the purpose of supplying information pertaining to the estate of Margaret Mary Tharp, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

Evergreen acres Lot 18, Section 28, Township 35, Range 4, Plat 18.
Tax Parcel #4182-000-018-0002 P77653

SECOND: That said decedent died on or about the 1st day of October, 1999, in the City of Burlington, County of Skagit, State of Washington.

THIRD: That said decedent executed no wills, agreements to convey community property agreements, conveyances, mortgages, deeds of trust, lien agreements, or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other

UNOFFICIAL

than those instruments which have been duly recorded in the office of the Auditor of said county, except as follows: (enumerate if any, or indicate NONE).

1) **Community Property Agreement.**

FOURTH: That the said real property at the date of decedent's death had an approximate market value of \$125,000.00. That the value of decedent's estate at the date of death was within the exemptions allowed under federal and Washington estate tax regulations, so no estate taxes are owing by decedent's estate.

FIFTH: That all obligations of the Estate owing at the date of death of said decedent have been paid in full, and all expenses of last illness and for funeral services have been paid, except as follows: (enumerate if any, or indicate NONE).

1) **NONE**

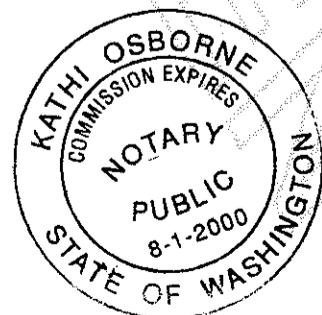
SIXTH: That the following list comprises all of the heirs at law by whom said decedent was survived: (Show age of each heir opposite name. If any heirs are under 18, this affidavit is not applicable).

1) **Willis Owen Tharp, of legal age.**

Willis Owen Tharp
Willis Owen Tharp

SUBSCRIBED AND SWORN to before me this 9th day of December, 1999

Kat G
NOTARY PUBLIC in and for the
State of Washington,
Residing at: Mount Vernon
My Commission Expires: 8-1-2000



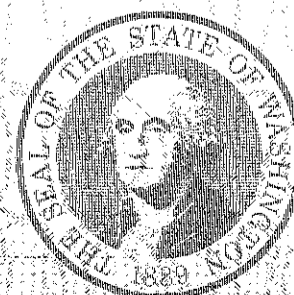
199912090064

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

CERTIFICATE OF DEATH

1. NAME - First, Middle, Last Margaret Mary Tharp				2. SEX (M/F) Female		3. DEATH DATE (Mo., Day, Yr.) 10/01/1999	
4. AGE LAST BIRTHDAY (Yrs.) 85		5. UNDER 1 YEAR MOS. DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr.) 02/23/1914		8. BIRTHPLACE (City, State or Foreign Country) Hornell, NY	
11. CITY, TOWN OR LOCATION OF DEATH Burlington				12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE SunBridge Care and Rehabilitation Center		13. SMOKING IN LAST 15 YEARS? (Yes/No) No	
14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Willis Owen Tharp		16. SOCIAL SECURITY NO. 077-01-4636		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Family home		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specif No		21. RACE (Specify) White	
22. RESIDENCE - NUMBER AND STREET 20375 Reville Drive		23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 23 Yrs.		26. STATE WA	
						27. ZIP CODE 98233	
28. FATHER'S NAME - FIRST, MIDDLE, LAST Charles Morrissey				29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Gertrude Shinabarger			
30. INFORMANT - NAME Timothy P. Tharp				31. MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 20375 Reville, Burlington, WA 98233			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) 10/02/1999		34. CEMETERY/CREMATORY - NAME Mount Vernon Crematory		35. LOCATION - CITY/TOWN, STATE Mount Vernon, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>x Roger W. Hulbush</i>		37. NAME OF FACILITY Hulbush Funeral Home		38. ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x Vany Smith M.D.</i>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr.) 10-1-99		41. HOUR OF DEATH (24 Hrs.) 0248		44. DATE SIGNED (Mo., Day, Yr.)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Vany Smith M.D., 1952 Hospital Drive, Sedro-Woolley, WA 98284				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. <i>Metastatic squamous cell Ca</i>				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. <i>COPD</i>				INTERVAL BETWEEN ONSET AND DEATH 20 yrs	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: <i>Demented</i>				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE:			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>x Sharon D. Beeson, Deputy</i>		63. DATE RECEIVED (Mo., Day, Yr.) 10-1-99			

199912090064
Kathy Hill, Skagit County Auditor
12/9/1999 Page 3 of 4 2:59:35PM



Howard Leibrand
Howard Leibrand M.D.
Health Officer
Sharon D. Beeson
Signed Sharon D. Beeson
(Skagit County Deputy Registrar)

Date **OCT 4 1999**

