

WHEN RECORDED RETURN TO:

Name: Skagit State Bank ATTN KANDY
Address: P O Box 36
City, State, Zip Anacortes WA 98221-0036



200003160060

Kathy Hill, Skagit County Auditor

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Chicago Title Insurance Company

SELLER'S ASSIGNMENT OF CONTRACT AND DEED

THE GRANTOR(s) Mary L. McCormack, as her separate estate

for value received convey and warrant to
Mary L. McCormack trustee of the Mary McCormack 2000 Living Trust
the following described real estate, situated in the County of Skagit, the grantec(s),
together with all after acquired title of the grantor(s) therein, State of Washington,

Lots 8 and 9, Block 10, "FIRST ADDITION TO THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," as per plat recorded in Volume 1 of Plats, page 24, records of Skagit County, Washington;

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

Tax acct 3788-610-009-0002 P57229

and do hereby assign, transfer and set over to the grantee that certain real estate contract dated the
7th day of October, 1989, and recorded on 10-24, 1989

under recording number 8910240035, between Jerry C and Mary L McCormack
as seller and Earl and Colleen R. Zumwalt

as purchaser for the sale and purchase of the above described real estate. The grantee hereby assume and agree to fulfill the conditions of said real estate contract and the grantor hereby covenant that there is now unpaid on the principal of said contract the sum of

This is a name change, not a new sale. SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax #
PAID 5171

Tax Account Number: _____

Mary L. McCormack
(Individual)

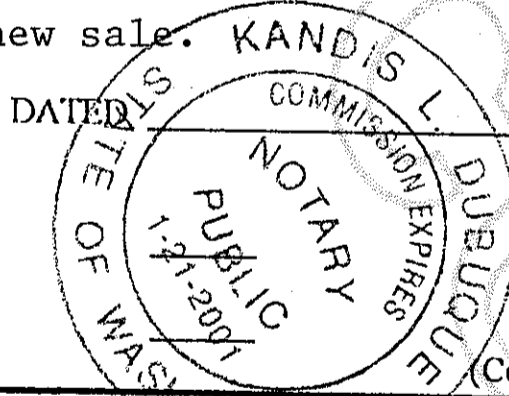
(Individual)

STATE OF WASHINGTON)ss.
COUNTY OF Skagit)

On this day personally appeared before me
Mary L McCormack
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 6th day of March, 192000.

Kandis D. DuBouque
Notary Public in and for the State of Washington,
residing at Anacortes



Exc RL 10/24/89 #5171 \$3060.00

SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax #
PAID 5171

10/24/89
MAR 16 2000

Amount Paid \$ 3060.00
By: [Signature]
(Corporate)
Skagit County Treasurer
Deputy

STATE OF WASHINGTON)ss.
COUNTY OF _____)

On this _____ day of _____, 19____
before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____

and _____
to me known to be the _____ President and _____
Secretary, respectfully, of _____
the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at _____

Order No.: _____

County: _____

LACK OF PROBATE AFFIDAVIT

STATE OF Arizona)
COUNTY OF Mohave) SS.:

Mary S. McCormack, being first duly sworn, deposes and says:

That affiant is the lawful surviving spouse 1 surviving child 1 other (identify) Carlo D. Hill/Picini, of Jerry C. McCormack, who died on June 18, 19 96, at Havasupai Reg. Hosp. County of Mohave, State of Arizona. A copy of the death certificate is attached.

That affiant has hereinbelow identified each and all of the heirs at law of decedent, including but not limited to his/her children, adopted children, and the issue of any predeceased child or adopted child. If decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent. (Need be completed only if affiant is other than surviving spouse.)



FULL NAME: AGE: RELATIONSHIP TO DECEDENT:

1. Valerie J. Dixon-Nixon 48 daughter

Address: 16707 10th Ave. Court E.
Spanaway, Wa 98387

2. Carla D. Aiello-Picini 45 Step-daughter

Address: 14247 143rd Ave. S.E.
Benton, Wa 98059

That affiant knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including, but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full, except as follows (use reverse side if necessary):

Affiant states that the total value of the decedent's estate at date of death, including all real and personal property, was approximately \$ 625,000⁰⁰, including community property of decedent and decedent's surviving spouse of approximately \$ _____, and including decedent's separate property of approximately \$ _____.



CHECK WHICH APPLIES:

- That the decedent left no Will.
- That the decedent left a Will, a copy of which is attached hereto.
- That the decedent's estate is not being probated.
- That State and/or Federal succession or inheritance taxes are not payable.
- That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.
- That State and/or Federal succession or inheritance taxes are due, but have not been paid.

That this affidavit is made solely to induce ISLAND TITLE COMPANY AND ITS UNDERWRITER to insure title to real property covered by the Company's order number set forth above, in which decedent held an interest at the time of his/her death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.



UNOFFICIAL DOCUMENT

DATED: 3/6/2000

Mary L. McCormack
(Affiant's full name)

(Full address and telephone number)

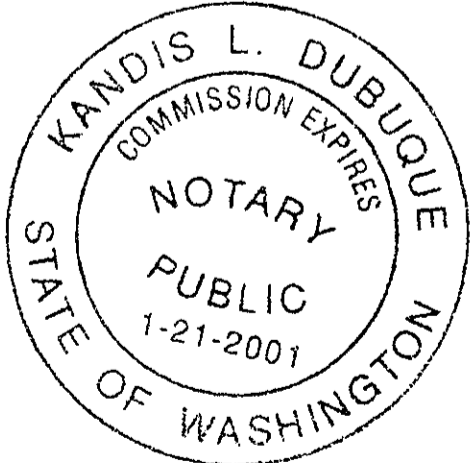
SUBSCRIBED and SWORN TO before me
this 6th day of March, 19 2000

Kandis L Dubuque

Notary Public in and for the State of Washington, residing
at Anacortes

Name printed: Kandis L Dubuque

My commission expires: 1-21-01



200003160060

Kathy Hill, Skagit County Auditor

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UNOFFICIAL

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO. D 102-
CERTIFICATE OF DEATH

ORIGINAL STATE COPY

NAME OF DECEASED: JERRY CARL McCORMACK SEX: Male DATE OF DEATH: June 17th, 1996

RACE: White WAS DECEDENT OF HISPANIC ORIGIN: No IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. WAS DECEASED EVER IN U.S. ARMED FORCES? No

PLACE OF DEATH: Mohave LAKE HAVASU CITY HOSPITAL OR INSTITUTION: Havasu Samaritan Hospital D. DOA OR EMER. IN PATIENT

DATE OF BIRTH: August 10th, 1928 AGE (YEARS LAST BIRTHDAY): 67 IF UNDER 1 YEAR: MOS. DAYS HRS. MIN. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married SURVIVING SPOUSE: Mary Lane

STATE AND CITY OF BIRTH: HI., Oahu CITIZEN OF WHAT COUNTRY: U.S.A. SOCIAL SECURITY NO.: 576-22-2382 USUAL OCCUPATION: Owner KIND OF BUSINESS OR INDUSTRY: Home Center

USUAL RESIDENCE: Arizona Mohave LAKE HAVASU ZIP CODE: 86403 HOW LONG IN ARIZONA: 4 Years EDUCATION HIGHEST GRADE COMPLETED: 1

STREET ADDRESS OR R.F.D.: 2641 Paseo Dorado INSIDE CITY LIMITS? Yes ON RESERVATION (SPECIFY Yes or No): No PREVIOUS STATE OF RESIDENCE: Washington ELEMENTARY-SECONDARY (0-12): A COLLEGE (1-4 or 5+): B

FATHER'S NAME: Carl Ezra McCormack MOTHER'S MAIDEN NAME: Henrietta Cortez

INFORMANT'S SIGNATURE: Info by: Mary McCormack RELATIONSHIP TO DECEASED: Wife ADDRESS: 2641 Paseo Dorado, Lake Havasu City, Arizona

BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation DATE: 6/19/1996 CEMETERY OR CREMATORY - NAME/LOCATION: Lietz Crematory, Lake Havasu City EMBALMER'S SIGNATURE: Unembalmed

FUNERAL HOME: Lietz-Fraze Funeral Home 21 Riviera Blvd. Lake Havasu City FUNERAL DIRECTOR or person acting as such (SIGNATURE): Carlton R. Fraze

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY: SIGNATURE AND TITLE: Robert J. Reuber DATE SIGNED: June 17th, 1996 HOUR OF DEATH: 1952 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY: SIGNATURE AND TITLE: DATE SIGNED: HOUR OF DEATH: PRONOUNCED DEAD (Mo., Day, Year):

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY: Robert Rosenberg D.O. 1840 Mesquite Ave LHC, AZ.

DATE REGISTERED: 6-18-96 REG. FILE NO.: 364 REGISTRAR'S SIGNATURE: Shweta Benjamin Deputy REG. DISTRICT: 0851 DATE RECD. IN STATE OFFICE:

CONDITIONS, IF ANY, LEADING TO IMMEDIATE UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED IN DEATH) RESULTING IN DEATH: A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Respiratory failure 1 month B. DUE TO OR AS A CONSEQUENCE OF: Emphysema 10 yrs C. DUE TO OR AS A CONSEQUENCE OF:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: AUTOPSY (Specify Yes or No): No WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

MANNER OF DEATH: NATURAL CAUSES ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION UNDETERMINED DATE OF INJURY: MO DAY YR HOUR INJURY AT WORK? (Specify Yes or No): DESCRIBE HOW INJURY OCCURRED: PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY: WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE

SUPPLEMENTARY ENTRIES:



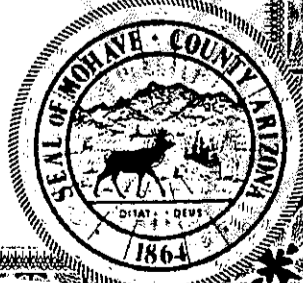
CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss DATE ISSUED JUN 20 1996

COUNTY OF MOHAVE }

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of: JERRY STREET MOHAVE COUNTY REGISTRAR MOHAVE COUNTY HEALTH DEPARTMENT

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFIC

