

Return Address:

Randall D. Grimes
814 27th Street
Anacortes, WA 98221



200008030149
Kathy Hill, Skagit County Auditor
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LAND TITLE COMPANY OF SKAGIT COUNTY

DOCUMENT TITLE(S) (for transactions contained therein): 1. QUIT CLAIM DEED with Lack of Probate Affidavit and Death Certificate 2. 3. 4.
Reference Number(s) of Documents assigned or released: (on page__ of document(s))
Grantor(s) 1. JESSE L. GRIMES 2. 3. 4. Additional Names on page of document.
Grantee(s) 1. RANDALL D. GRIMES 2. 3. 4. Additional Names on page of document.
Legal Description (abbreviated i.e. lot, block, plat or section, township, range) E 1/2 Lot 13, all Lots 14 and 15, Block 4, GRIFFIN'S 1ST ADDITION and E 1/2 Lot 13, all Lots 14 and 15, Block 8, SHANNON'S 1ST TO ANACORTES Additional legal is on page of document.
Assessor's Property Tax Parcel/Account Number 3791-004-015-0002 and 3814-008-015-0006
The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



Chicago Title Insurance Company

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDER'S USE:

WHEN RECORDED RETURN TO

Name.....JESSE L. GRIMES.....

Address.....814 27TH STREET.....

City, State, Zip.....ANACORTES, WA 98221.....

Quit Claim Deed

THE GRANTOR JESSE L. GRIMES

for and in consideration of LOVE AND AFFECTION (WAC 458 61 410)

conveys and quit claims to RANDALL D. GRIMES, AS HIS SEPARATE ESTATE

the following described real estate, situated in the County of SKAGIT State of Washington, together with all after acquired title of the grantor(s) therein:

IN GRIFFIN'S 1ST ADDITION TO ANACORTES THE EAST 1/2 OF LOT 13 AND ALL OF LOTS 14 AND 15, BLOCK 4, TOGETHER WITH THE EAST 1/2 OF LOT 13 AND ALL OF LOTS 14 AND 15, BLOCK 8, SHANNON'S 1ST ADDN TO ANACORTES, AKA 814 27TH STREET, ANACORTES, PER TAX I.D. 3791 004 015 0002 AND 3814 008 015 0006, RECORDS OF SKAGIT COUNTY

THE GRANTOR RESERVES THE RIGHT TO OCCUPY THE PROPERTY AS LONG AS THE GRANTOR MAINTAINS HIS RESIDENCE AT THE PROPERTY.

Dated Feb 4, 1992

Jesse L. Grimes

(Individual)

(Individual)

By

36590
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

AUG 03 2000

Amount Paid \$ -0-
Skagit County Treasurer
By: *[Signature]* (President) Deputy

By

(Secretary)

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

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

GIVEN under my hand and official seal this
4th day of Feb, 1992
Elaine L. [Signature]
Notary Public in and for the State of Wash-
ington, residing at ANACORTES

STATE OF WASHINGTON }
COUNTY OF } ss.

On this day of 19, before me, the undersigned, a Notary Public in and for the State of Wash- ington, duly commissioned and sworn, personally appeared

and
to me known to be the President and Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corpora- tion, 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 I
residing



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Kathy Hill, Skagit County Auditor

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LACK OF PROBATE AFFIDAVIT

State of Washington
County of Skagit

RANDALL D. GRIMES and LYNN PROTHERO being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining the Estate of JESSE LEROY GRIMES, JR. 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:

The East 1/2 of Lot 13 and all Lots 14 and 15, Block 4, "GRIFFINS FIRST ADDITION TO THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON"

The East 1/2 of Lot 13 and all Lots 14 and 15, Block 8, "SHANNON'S AMENDED PLAT TO THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON.

Situate in the City of Anacortes, County of Skagit, State of Washington.

SECOND, that said Decedent died on the 29th day of February, 2000 in Anacortes, County of Skagit, State of Washington.

THIRD, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said county, except as follows:

FOURTH, that the Estate of said Decedent at the date of death was of the approximate value of \$, including real property above-described, which had an approximate market value of \$.

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 sickness and for funeral services have been paid.

SIXTH, that the following lists 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).

Lynn Prothero Age 53 Daughter

Randall D. Grimes Age 44 Son

DATED this 28 day of July, 2000.

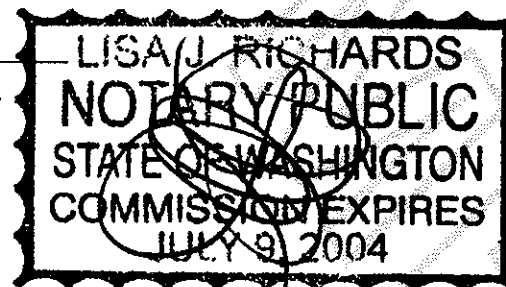
Randall D. Grimes
Lynn Prothero

State of Washington
County of Skagit

I hereby certify that I know or have satisfactory evidence that Randall D. Grimes and Lynn Prothero signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated this 28th day of July 2000

Lisa J. Richards



Notary Public in and for the State of Washington
Residing in Mount Vernon XN

Expiration July 9, 2004



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

182
LOCAL FILE NUMBER

146
STATE FILE NUMBER

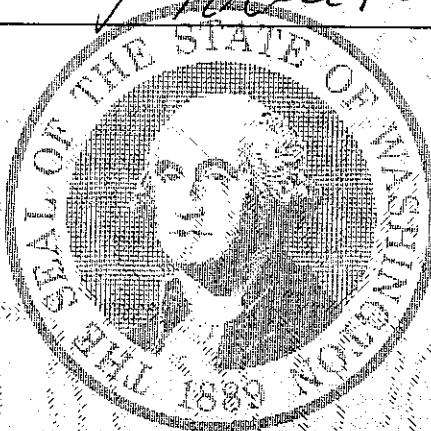
NAME First: Jesse Middle: LeRoy Last: Grimes, Jr.			2. SEX (M/F) M		3. DEATH DATE (Mo, Day, Yr) Feb 29, 2000	
4. AGE LAST BIRTHDAY (Yrs) 79		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]
8. BIRTHPLACE (City, State or Foreign Country) Washington, DC			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME. 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Island Hospital			13. SMOKING IN LAST 15 YEARS? (Yes / No) No
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5 College (1-4 or 5+)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Sheet Metal Worker		19. KIND OF BUSINESS OR INDUSTRY US Government		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White
22. RESIDENCE — NUMBER AND STREET 814 27th Street		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit
25B. LENGTH OF RES. IN CO. 60yrs		26. STATE WA		27. ZIP CODE 98221		
28. FATHER'S NAME — FIRST, MIDDLE, LAST Jesse LeRoy Grimes, Sr.			29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mary Katherine [REDACTED]			
30. INFORMANT — NAME Lynn Prothero		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 16768 State Route 20, Mount Vernon, WA 98273				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Mar 3, 2000		34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA
36. FUNERAL DIRECTOR SIGNATURE x Joseph J. Waham		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-		
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 x [Signature]			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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 3/2/00		41. HOUR OF DEATH (24 Hrs.) 2300		44. DATE SIGNED (Mo., Day, Yr)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Michael James M.D. 2511 M Avenue Suite A, Anacortes 98221			47. HOUR PRONOUNCED DEAD (24 Hrs.)			
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. STROKE		INTERVAL BETWEEN ONSET AND DEATH 2 days		
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. Hypertension		INTERVAL BETWEEN ONSET AND DEATH years		
		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:			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 x [Signature]		63. DATE RECEIVED (Mo., Day, Yr) 3/3/00		



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Kathy Hill, Skagit County Auditor
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Date **MAR - 9 2000**



Howard Leibrand M.D.
Health Officer

Signed **Sharon A. Beeson**
(Skagit County Deputy Registrar)

DOH-01-003 (5/99)