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Kathy Hill, Skagit County Auditor
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WHEN RECORDED RETURN TO

Name Aida Ronia Ward

Address 1714 Township

City, State, Zip Sedro Woolley WA 98284



Land Title Company

FILED FOR RECORD AT REQUEST OF

4152-101-020-0000

LAND TITLE COMPANY OF SKAGIT COUNTY

Statutory Warranty Deed

THE GRANTOR Mildred Egge (widow of Harold Egge)

for and in consideration of FULLFILMENT OF CONTRACT
in hand paid, conveys and warrants to Thomas A. PALMER and AIDA R. PALMER
the following described real estate, situated in the County of Skagit, State of Washington:

LOT 18, EXCEPT THE WEST 28 FEET THEREFORE THEREOF, LOTS 19 and 20, Block 101, "PLAT OF THE TOWN OF SEDRO", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 18, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated August 27, 1986, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Real Estate Sales Tax was paid on this sale on August 27, 1986, Rec. No. Vol. 664 Page 135

Dated 8-17-2000 \$2774 in the amount of \$406.60

Mildred Egge

SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
8-27-86
AUG 18 2000

Amount Paid \$406.60
By DD Skagit Co. Treasurer Deputy

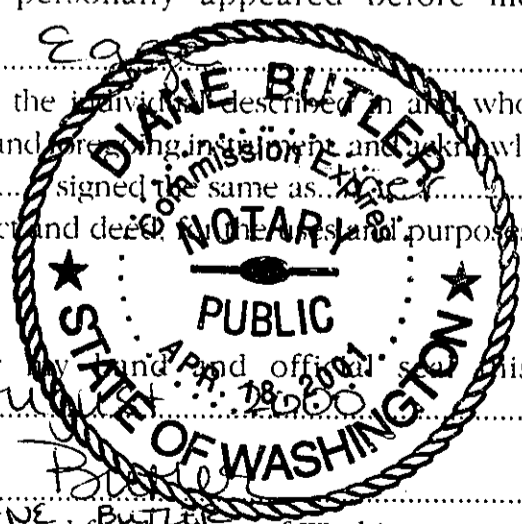
STATE OF WASHINGTON }
COUNTY OF Skagit } ss.

STATE OF WASHINGTON }
COUNTY OF } ss.

On this day personally appeared before me Mildred Egge
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.

On this.....day of, 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, 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 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.

GIVEN under my hand and official seal this 17 day of August, 2000
Diane Butler
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires: April 18, 2001



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
My appointment expires:

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

506
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: HARALD Middle: Last: EGGE			2. SEX (M / F) M	3. DEATH DATE (Mo., Day, Yr.) July 5, 2000				
4. AGE LAST BIRTHDAY (Yrs) 79	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr.) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) Skjold, Norway	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley			12. PLACE OF DEATH— <input checked="" type="checkbox"/> 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 type="checkbox"/> HOSP. 5 <input checked="" type="checkbox"/> IN HOME 6 <input type="checkbox"/> OTHER PLACE Skagit Valley Convalescent 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) Mildred Thompson		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Painter		19. KIND OF BUSINESS OR INDUSTRY Painting Business		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		21. RACE (Specify) White		
22. RESIDENCE—NUMBER AND STREET 725 Jennings		23. CITY/TOWN, OR LOCATION Sedro-Woolley		24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Skagit	25B. LENGTH OF RES. IN CO. 22 yrs	26. STATE WA	27. ZIP CODE 98284
28. FATHER'S NAME—FIRST, MIDDLE, LAST Hans Egge				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Karen [REDACTED]				
30. INFORMANT—NAME Mildred Egge			31. MAILING ADDRESS 725 Jennings, Sedro-Woolley, WA 98284					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) Jul 7, 2000		34. CEMETERY/CREMATORY—NAME Mt. Vernon Crematory		35. LOCATION—CITY/TOWN, STATE Mt. Vernon, WA		
36. FUNERAL DIRECTOR SIGNATURE X [Signature]		37. NAME OF FACILITY Lemley Chapel Inc 1008 Third St			38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284			
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.) 7-7-00		41. HOUR OF DEATH (24 Hrs.) 2200		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) Geoffrey Spielmann MD 1918 Hospital Dr 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. Prostate Cancer				INTERVAL BETWEEN ONSET AND DEATH 185		
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. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN 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: Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr.) July 7, 2000		



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