

When recorded return to:

Peter W. Bennett
400 Dayton Suite A
Edmonds, WA 98020



200204100079

Skagit County Auditor

4/10/2002 Page 1 of 4 3:06PM

DOCUMENT TITLE: Succession Affidavit

GRANTOR: Myers, Lyle Patrick

GRANTEE: Myers, Jean K.

LEGAL DESCRIPTION: LOT D-83, LAKE TYEE DIVISION NO.1, AS PER PLAT RECORDED IN VLOUME 10 OF PLATS, PAGES 66-70, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SUBJECT TO:

1. EASEMENT RECORDED UNDER AUDITOR'S FILE NO. 806710

2. RIGHT TO THE USE OF PUBLIC ALL PUBLIC WAYS SHOWN THEREON AS PUBLIC HIGHWAYS, WITH RIGHT TO MAKE ALL NECESSARY SLOPES FOR CUTS AND FILLS AS DEDICATED IN SAID PLAT.

3. COVENANTS, CONDITIONS AND RESRICTIONS CONTAINED IN SAID PLAT.

4. COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED UNDER AUDITORS FILE NO. 802095.

5. DECLARATION OF CHARGES, ASSESSMENTS AND LIENS RECORDED UNDER AUDITOR'S FILE NO. 802096.

Situate in the County of Skagit, State of Washington.

ASSESSOR'S TAX: 4219004083001

PARCEL NOS.:

REFERENCE NOS. OF DOCUMENTS RELEASED OR ASSIGNED:

n/a

kh/Non-pro/succ-aff/myers-1.DOC/

ORIGINAL

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AND LIENS RECORDED UNDER AUDITOR'S FILE NO.
802096.

Situate in the County of Skagit, State of Washington.

THAT this affidavit is made solely to induce a title company to insure title to real
property in which decedent held an interest at the time of his death. Affiant urges a title company
to issue its policy of title insurance in full reliance upon the representations made herein.

DATED this 3 day of April, 2002.

Jean K. Myers
JEAN K. MYERS

SUBSCRIBED and SWORN to before me this 3 day of April, 2002.

PETER W. BENNETT
STATE OF WASHINGTON
NOTARY PUBLIC
MY COMMISSION EXPIRES 2-05-06
kh/Non-pro succ-aff/myers-1.DOC/

Peter W. Bennett
Notary Public in and for the State of Washington
Residing at Edmonds
My Commission Expires 2-05-06
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BENNETT & BENNETT • ATTORNEY
400 Dayton, Suite A • Edmonds, Washington 9802



200204100079

Skagit County Auditor

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

3202

Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME LYLE PATRICK MYERS		2. SEX (M/F) Male		3. DEATH DATE (MO, Day, Yr) December 1, 2001	
4. AGE LAST BIRTH DAY (Yr) 68		5. UNDER 1 YEAR : 6. UNDER 1 DAY MOSE DYS HOURS WKS		7. BIRTHDATE (MO, Day, Yr) Feb. 21, 1933	
8. BIRTHPLACE (City, State or Foreign Country) Detroit, MI		9. WAS DECEASED EVER WITH ARMED FORCES? (Yes/No) Yes		13. COUNTY OF DEATH Snohomish	
11. CITY, TOWN OR LOCATION OF DEATH Edmonds		12. PLACE OF DEATH — (E) HOME FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM 4. HOSP. 1.7. HOME 4. OTHER PLACE Stevens Hospital		13. SINGLED IN LAST 15 YEARS? (Yes/No) Yes	
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		15. SLEEPING PARTNER (If with, give maiden name) Jean K. Craig		18. SOCIAL SECURITY NO. 386-30-3046	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrician		19. KIND OF BUSINESS OR INDUSTRY Aerospace		17. DECEASED'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (1-12) 12 College (13-16 or 17-19)	
20. THIS DECEASED OF HISPANIC ORIGIN OR DESCENT? (Specify Country, Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 23206 97th W.	
23. CITY/TOWN OR LOCATION Edmonds		24. HOME CITY (Yes/No) Yes		25. COUNTY Snohomish	
26. LENGTH OF RES. IN CO. 35 yrs.		28. STATE WA		27. ZIP CODE 98020	
29. FATHER'S NAME — FIRST, MIDDLE, LAST Lyle StClair Myers		30. MOTHER'S NAME — FIRST, MIDDLE, MARRIAGE SURNAME Anna Mary Downey		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 23206 97th W. Edmonds WA 98020	
32. INFORMANT — NAME Jean K. Myers		33. DATE (MO, Day, Yr) Dec. 4, 2001		34. CEMETERY/CREMATORY — NAME Seattle Service Group Crematory	
35. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		36. VALUE OF FACILITY Purdy and Walters at Floral Hills		37. LOCATION — CITY/TOWN STATE Everett, WA	
38. ADDRESS OF FACILITY 409 Filbert Rd. Lynnwood, WA 98036		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>[Signature]</i>		40. DATE SIGNED (MO, Day, Yr) 12/1/01	
41. HOUR OF DEATH (24 Hrs) 1535		42. NAME AND TITLE OF A TEACHING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Blake Anada 21701 76th Ave. W. Suite 100 Edmonds, WA 98026		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 <i>[Signature]</i>	
44. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Blake Anada 21701 76th Ave. W. Suite 100 Edmonds, WA 98026		45. DATE SIGNED (MO, Day, Yr) 12/1/01		46. HOUR OF DEATH (24 Hrs) 1535	
47. HOUR PRONOUNCED DEAD (24 Hrs)		48. MEEDORNER FILE NUMBER		49. MEEDORNER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Cardiopulmonary arrest		INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CHOKING 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. anoxic encephalopathy		INTERVAL BETWEEN ONSET AND DEATH	
		C. Cardiac arrest		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 GIVEN ABOVE					
54. ACC. SURFIC, NON-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, RAIL, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)	
60. LOCATION — STREET OR RFD NO., CITY/TOWN STATE		61. RECORD AMENDMENT (Registrar use only) DOCUMENTARY FIDUCIARY		62. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
63. DATE RECEIVED (MO, Day, Yr) DEC - 4 2001		64. DATE RECEIVED (MO, Day, Yr)		65. DATE RECEIVED (MO, Day, Yr)	

HEALTH STATISTICS & ASSESSMENT
SNOHOMISH HEALTH DISTRICT
3020 RUCKER AVE
EVERETT WA 98201-3900

CERTIFICATION ON BACK



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Skagit County Auditor