



200312150151

Skagit County Auditor

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Name: Ummal Khair Afroze ParveenAddress: 3803 Ridge CourtCity and State: Mount Vernon, WA 98274

Tax Account Number: P-105895

Escrow #: JM-1131

FIRST AMERICAN TITLE CO.

JM-1131

**QUIT CLAIM DEED**

THE GRANTOR Ummal Khair Afroze Parveen as the sole heir of Fazle Rabbi Ahmed Kabir, deceased,

for and in consideration of WAC 458-61-412 deed to sole heir without consideration

conveys and quit claims to Ummal Khair Afroze Parveen, a single woman,

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:

Lot 14, "PARK RIDGE DIVISION II", as per plat recorded in Volume 15 of Plats, Pages 187 and 188, records of Skagit County, Washington.

Attached hereto are an Heirship Affidavit and a copy of a Death Certificate pertaining to the Estate of Fazle Rabbi Ahmed Kabir.

Dated this 12<sup>TH</sup> day of December, 2003.

U. K. A. Parveen  
Ummal Khair Afroze Parveen

#6534  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

DEC 15 2003

Amount Paid: \$  
By [Signature] Skagit Co. Treasurer Deputy

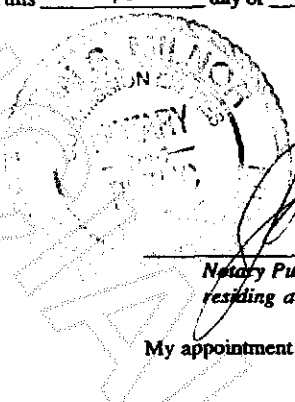
STATE OF WASHINGTON, }  
County of Skagit } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Ummal Khair Afroze Parveen

\_\_\_\_\_ to me known  
to be the individual(s) 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 12<sup>th</sup> day of December, 2003, 19

  
John S. Milnor  
Notary Public in and for the State of Washington,  
residing at Mount Vernon  
My appointment expires 12-10-06

STATE OF WASHINGTON, }  
County of \_\_\_\_\_ } ss.

ACKNOWLEDGMENT - Corporate

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, 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 (if any) 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 \_\_\_\_\_  
My appointment expires \_\_\_\_\_

This jurat is page \_\_\_\_\_ of \_\_\_\_\_ and is attached to \_\_\_\_\_



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RETURN TO:

NAME Ummal Khair Afroze Parveen

ADDRESS 3803 Ridge Ct

CITY/ST Mount Vernon, WA 98274

## Heirship and Disposition of Assets Affidavit

The Affiant is the (*relationship to decedent*) widow of (*decedent*) Fazle Rabbi Ahmed Kabir, who died (*date*) April 26, 2003 (*city*) Mount Vernon, (*county*) Skagit, (*state*) WA. On said date the decedent's legal residence was (*address*) 3803 Ridge Court in (*city*) Mount Vernon, (*county*) Skagit, (*state*) WA, (*zip code*) 98274.

**ATTACHED HERETO IS A COPY OF THE DECEDENT'S DEATH CERTIFICATE.**

THE DECEDENT LEFT:

- ☒ No will and No Community Property Agreement; OR
- ☐ A Community Property Agreement recorded in \_\_\_\_\_ County as Auditor's File Number \_\_\_\_\_ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; OR
- ☐ An unprobated will, a copy of which is attached hereto; OR
- ☐ A will which is being/was probated in \_\_\_\_\_ County, State of \_\_\_\_\_ as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 100,000.00 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's estate, including all expenses of the last illness and funeral, have been paid EXCEPT for none (☒) OR those shown on an attachment hereto (☐).

The Affiant further declares that the decedent (☐) has or (☒) has not received assistance from the State of Washington for subsistence or medical care such as Medicaid or welfare in the past.



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The Affiant further declares that the following are all the heirs of the decedent (heirs being surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
<u>Ummal Khair Afroze Parveen</u>		<u>Legal- wife</u>	<u>3803 Ridge Ct MV</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional pages, if necessary)

The Affiant makes this affidavit to induce FIRST AMERICAN TITLE INSURANCE COMPANY to issue policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representation set forth hereinabove. The Affiant agrees to indemnify FIRST AMERICAN TITLE INSURANCE COMPANY against all losses, including attorney fees, arising by reason of any misrepresentation of fact herein.

Ummal Khair Afroze Parveen  
Affiant's legal name

December, 2003  
Date of Affidavit

\_\_\_\_\_  
Affiant's phone no.

3803 Ridge Court, MV, WA 98274  
Affiant's legal address

U. K. A. Parveen  
Affiant's signature

STATE OF WASHINGTON, COUNTY OF Skagit

On this day personally appeared and sworn before me Ummal Khair Afroze Parveen to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and seal this 12<sup>th</sup> day of December, 2003.

John S. Mulnor  
Notary Public in and for the State of Washington  
Residing at Mount Vernon  
My appointment expires on 12-10-06



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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

345-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE/FILE NUMBER

1. NAME First Middle Last <b>Fazle Rabbi Ahmed Kabir</b>				2. SEX (M/F) <b>Male</b>		3. DEATH DATE (Mo., Day, Yr) <b>April 26, 2003</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>48</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr) <b>Jun 5, 1954</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Bangladesh</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME. 1. HOME 2. IN TRANSIT 3. EMERG. AMBUL PTN 4. HOSP. 5. NURS HOME 6. OTHER PLACE <b>Skagit Valley Hospital</b>				13. SMOKING IN LAST 15 YEARS? (Yes/No) <b>No</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Ummal Khair Afroze Parveen</b>		16. SOCIAL SECURITY NO. <b>587-55-2090</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) <b>5+</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Chemical Engineer</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Manufacturing</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>Asian</b>	
22. RESIDENCE — NUMBER AND STREET <b>3803 Ridge Ct.</b>		23. CITY/TOWN OR LOCATION <b>Mt. Vernon</b>		24. INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>		25A. COUNTY <b>Skagit</b>	
				25B. LENGTH OF RES. IN CO. <b>5y</b>		26. STATE <b>WA</b>	
						27. ZIP CODE <b>98274</b>	
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>A.F.M.A. Majed</b>				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Rahat</b>			
30. INFORMANT'S NAME <b>Abu-Ahmed Zahidur Rahman</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>3803 Rdge Ct. Mount Vernon Washington 98274</b>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal</b>		33. DATE (Mo., Day, Yr) <b>04-29-2003</b>		34. CEMETERY/CREMATORY — NAME <b>Dahka</b>		35. LOCATION — CITY/TOWN, STATE <b>Bangladesh</b>	
36. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>		37. NAME OF FACILITY <b>Hawthorne Funeral Home</b>		38. ADDRESS OF FACILITY <b>Mount Vernon, WA</b>			
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 <b>X Daniel Selove M.D.</b>				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 <b>X</b>			
40. DATE SIGNED (Mo., Day, Yr) <b>April 27, 2003</b>		41. HOUR OF DEATH (24 Hrs.) <b>2126</b>		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) <b>Daniel Selove M.D. 3031 Kromer Ave, Everett, WA 98201</b>						49. ME/CORONER FILE NUMBER <b>053-03</b>	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).  DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Coronary artery atherosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
		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 GIVE ABOVE:						52. AUTOPSY? (Yes/No) <b>Yes</b>	
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 <b>x Dorothy Eppe, deputy</b>		63. DATE RECEIVED (Mo., Day, Yr) <b>APR 28 2003</b>	



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