

THIS SPACE PROVIDED FOR RECORDER'S USE:



200501240036

Skagit County Auditor

1/24/2005 Page 1 of 4 9:10AM

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name. CATHERINE E. JANICKI  
Address 401 SECOND AVENUE SOUTH #700  
City, State, Zip SEATTLE, WA 98104

## AFFIDAVIT OF SUCCESSOR/SURVIVING SPOUSE SMALL ESTATE

**Reference # (if applicable):**

**Grantor:**

1) Estate of JANICE J. WEIGEL, by and through  
CLIFFORD H. WEIGEL, surviving spouse

**Grantee/assignee/beneficiary:**

1) CLIFFORD H. WEEIGEL

**Legal Description(s):**

That portion of Tract 9, FRED STRELLS WEST  
BEACH TRACTS, lying East of the County Road  
as now established, as per plat thereof recorded in  
the Auditors Office of Skagit County, Washington.

**Assessor's Tax Parcel ID:**

P65525

STATE OF WASHINGTON )

COUNTY OF Skagit )

SS.

**ORIGINAL**

CLIFFORD H. WEIGEL, being first duly sworn upon oath, deposes and states as follows:

1. My name is CLIFFORD H. WEIGEL, and I reside at 6150 West Shore Road, Guemus Island, Anacortes, Washington.
2. My wife, JANICE J. WEIGEL, died on August 2, 2003, in Anacortes, Skagit County, Washington, attached hereto as Exhibit "A" is a copy of her Certified Death Certificate.
3. Pursuant to RCW 11.62.005, I am defined as a successor of the Estate of JANICE J. WEIGEL. I am the surviving spouse of JANICE J. WEIGEL, I was the beneficiary of her Last Will and Testament dated February 13, 2001, and all property referenced herein was Community Property under the laws of the State of Washington.
4. My spouse and I owned two (2) parcels of property in Skagit County, State of Washington.
5. The decedent was a resident of the State of Washington on the date of death.
6. The value of the decedent's entire estate subject to probate, not including the surviving spouse's community property interest in any assets which are subject to probate in the decedent's estate, wherever located, less liens and encumbrances, does not exceed the amount specified in RCW 6.13.030.
7. Forty days have elapsed since the date of death of the decedent.
8. No application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.
9. All debts of decedent, including funeral and burial expenses, have been paid.
10. The claiming successor has given written notice, either by personal service or mail, identifying his claim and describing the property claimed to all other successors of the decedent, if there are other successors and at least ten (10) days have passed since mailing such notice; and the claiming successor is personally entitled to full payment or

delivery of the property claimed or is entitled to full payment or delivery thereof on behalf and with written authority of all other successors who have an interest therein.

11. The following described real property shall become the sole property of the surviving spouse pursuant to the community property laws of the state of Washington:

A. Real Property located in Skagit County under tax parcel number P65525.

Said property is legally described as: That portion of Tract 9, FRED STRELLS WEST BEACH TRACTS, lying East of the County Road as now established, as per plat thereof recorded in the Auditors Office of Skagit County, Washington.

B. Real Property located in Skagit County under tax parcel number P65524.

Said property is legally described as: Tract 9, FRED STRELLS WEST BEACH TRACTS, as per plat recorded in Skagit County, Washington; EXCEPT that portion thereof lying East of the County Road as now established.

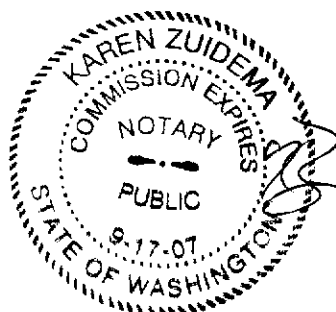
12. This affidavit may be used and relied upon as evidence of proof of ownership.

Dated this 14 day of JANUARY, 2004<sup>5 CH 2</sup>.

ORIGINAL

Clifford H. Weigel  
CLIFFORD H. WEIGEL

SUBSCRIBED AND SWORN to before me this 14<sup>th</sup> day of January, 200~~4~~<sup>5</sup>.



Karen Zuidema  
NOTARY PUBLIC in and for the  
State of Washington, residing  
at Anacortes.  
My commission expires: 9/17/07

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

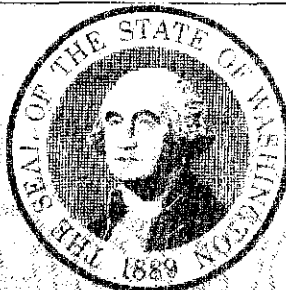
656-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Janice</b> Middle: <b>Joy</b> Last: <b>Weigel</b>				2. SEX (M / F) <b>F</b>		3. DEATH DATE (Mo., Day, Yr.) <b>Aug 2, 2003</b>	
4. AGE LAST BIRTHDAY (Yr) <b>73</b>		5. UNDER 1 YEAR MOS:      DAYS:      HOURS:      MINS:		7. BIRTHDATE (Mo., Day, Yr.) <b>Dec 19, 1929</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>Winthrop, Iowa</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>		12. PLACE OF DEATH — <input type="checkbox"/> BOX, FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Island Hospital</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>		10. COUNTY OF DEATH <b>Skagit</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Clifford Hamilton Weigel</b>		16. SOCIAL SECURITY NO. <b>536-28-3652</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (9-12)</b>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Receptionist</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Dental</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>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>6150 Westshore Rd.</b>		23. CITY/TOWN, OR LOCATION <b>Anacortes</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>No</b>		25. COUNTY <b>Skagit</b>	
26. FATHER'S NAME — FIRST, MIDDLE, LAST <b>George Frederick Gates</b>		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Anna Margaret Parker</b>		25B. LENGTH OF RES. IN CO. <b>20y</b>		26. STATE <b>WA</b>	
30. INFORMANT — NAME <b>Clifford Weigel</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>6150 Westshore Rd., Anacortes, WA 98221</b>					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		33. DATE (Mo., Day, Yr.) <b>Aug 6, 2003</b>		34. CEMETERY/CREMATORY — NAME <b>Northwest Crematory</b>		35. LOCATION — CITY/TOWN, STATE <b>Anacortes, WA</b>	
36. FUNERAL DIRECTOR SIGNATURE <i>Joseph Williams</i>		37. NAME OF FACILITY <b>Evans Funeral Chapel</b>		38. ADDRESS OF FACILITY <b>1105 32nd Street Anacortes, WA 98221</b>			
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 <i>X</i>				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>X</i>			
40. DATE SIGNED (Mo., Day, Yr.) <b>8/5/2003</b>		41. HOUR OF DEATH (24 Hrs.) <b>11:10 AM</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) <b>Julie C. Smail, M.D.</b>		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>James L. Biesecker, M.D., 1310 E Division, Mount Vernon, WA 98273</b>				49. ME/CORONER FILE NUMBER <b>NJA # 203</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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <b>Myocardial Infarct</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		B. <b>Congestive Atherosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 years</b>	
		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:							
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 <i>X Dorothy Epps, Deputy</i>				63. DATE RECEIVED (Mo., Day, Yr.) <b>AUG 6, 2003</b>	



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DOH-01-003 (5/99)

EXHIBIT "A"