

THIS SPACE PROVIDED FOR RECORDER'S USE:

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Skagit County Auditor

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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):

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.

Assessor's Tax Parcel ID:

P65524

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, Guemes 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



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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.

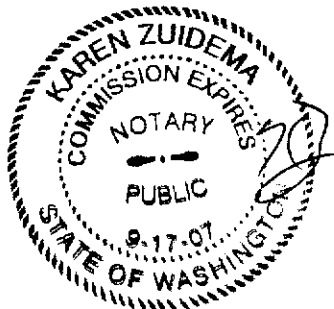
12. This affidavit may be used and relied upon as evidence of proof of ownership.

Dated this 14 day of JANUARY, 2005 ^{9th}.

ORIGINAL

Clifford H. Weigel
CLIFFORD H. WEIGEL

SUBSCRIBED AND SWORN to before me this 14th day of January, 2005



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



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

656-03
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: Janice Middle: Joy Last: Weigel			2. SEX (M/F) F		3. DEATH DATE (Mo, Day, Yr) Aug 2, 2003		
4. AGE LAST BIRTHDAY (Yrs) 73		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTH DATE (Mo, Day, Yr) Dec 19, 1929		8. BIRTH PLACE (City, State or Foreign Country) Winthrop, Iowa	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input checked="" type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <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) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Clifford Hamilton Weigel		16. SOCIAL SECURITY NO. 536-28-3652		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5-) College	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Receptionist		19. KIND OF BUSINESS OR INDUSTRY Dental		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 6150 Westshore Rd.		23. CITY/TOWN OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Skagit	
26. FATHER'S NAME — FIRST, MIDDLE, LAST George Frederick Gates		27. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Anna Margaret Parker		25B. LENGTH OF RES. IN CO. 20y		26. STATE WA	
30. INFORMANT'S NAME Clifford Weigel		31. MAILING ADDRESS 6150 Westshore Rd., Anacortes, WA 98221		32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Aug 6, 2003	
34. CEMETERY/CREMATORY — NAME Northwest Crematory		35. LOCATION — CITY/TOWN, STATE Anacortes, WA		36. FUNERAL DIRECTOR SIGNATURE <i>Joseph Wham</i>		37. NAME OF FACILITY Evans Funeral Chapel	
38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221		39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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>Julie C. Smail, M.D.</i> 40. DATE SIGNED (Mo, Day, Yr) 8/5/2003		41. HOUR OF DEATH (24 Hrs.) 11:10 AM		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Julie C. Smail, M.D.	
43. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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>James L. Biesecker, M.D.</i> 44. DATE SIGNED (Mo, Day, Yr) 8/5/2003		45. HOUR OF DEATH (24 Hrs.) 11:10 AM		46. PRONOUNCED DEAD (Mo, Day, Yr) 8/5/2003		47. HOUR PRONOUNCED DEAD (24 Hrs.) 11:10 AM	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James L. Biesecker, M.D., 1310 E Division, Mount Vernon, WA 98273		49. ME/CORONER FILE NUMBER NJA # 203		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. <i>Myocardial Infarct</i> DUE TO, OR AS A CONSEQUENCE OF: B. <i>Coronary Atherosclerosis</i> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. 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) Yes	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) NO		55. INJURY DATE (Mo, Day, Yr) NO		56. HOUR OF INJURY (24 Hrs.) NO		57. DESCRIBE HOW INJURY OCCURRED: NO	
58. INJURY AT WORK? (Yes/No) NO		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify) NO		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE NO		61. RECORD AMENDMENT (Registrar use only) (Item) DOCUMENTARY EVIDENCE REVIEWED BY DATE NO	
62. REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>		63. DATE RECEIVED (Mo, Day, Yr) AUG 6, 2003		64. REGISTRAR SIGNATURE NO		65. DATE RECEIVED (Mo, Day, Yr) NO	



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EXHIBIT "A"