AFTER RECORDIN	IG RETURN TO:		Skagit Col	2040049 Inty Auditor
William R. Allen			2/4/2005 Page	
O Box 437 Sedro Woolley, WA	98284			
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Document Title:	Joint Tena	ancy Affidavit		
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xelefence mum		nents Assigned o	or Released: N/A	Υ
Grantor(s):	Beckim, F	lumie		
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Grantee(s):	Public	Sel a serie a s		
stantee(s):	Fublic			
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Abbreviated Leg	gal Description	Lot 2 MEAI	OW LANE ADDIT	ION
Assessor's Prop	erty Tax Parce	l/Account Numb	er(s): 3953-000-0	002-0009/ P67398
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			and the second	

JOINT TENANCY AFFIDAVIT

State of Washington

) ss County of Skagit)

Fumie Beckim, being first duly sworn on oath, deposes and says: That I am the surviving spouse of George A. Beckim, who died at Sedro Woolley, Washington, on May 22, 2004.

Attached is a true and correct copy of his certificate of death.

This affidavit is to confirm that on or about November 10, 1980, the said George Beckim transferred to himself and to your affiant, as joint tenants with right of survivorship, by Quit Claim Deed, the real property described below.

Lot 2 MEADOW LANE ADDITION, according to the plat thereof recorded in Skagit County, Washington.

Said deed was recorded under Auditor's File No. 84011100033, records of Skagit County, Washington.

This affidavit is to record that the interest of George A. Beckim is extinguished by reason of the death of George A. Beckim and that your affiant is the sole owner in fee simple of the above described property.

George A. Beckim died testate, leaving a will in which your affiant was named as sole beneficiary. His estate was probated under Skagit County Probate Cause No. 04-4-00187-1.

Beckim FÚMIE BECKIM

SUBSCRIBED AND SWORN to before me on January 2(, 2005.



Dena Fleurichamp

2/4/2005 Page

NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley.

My commission expires: 11/4/2008



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3 9:54AM

DEPARTMENT JOF HEALTH

ex. (M/F) 4a. Age - Last Birlhday 4b. Under 1 Vesit 4c. Under 1 Day 90 Months Doys Fouring Minu 90 Months Doys Fouring Minu 90 Months Doys Fouring Minu 90 Morth 2003 Doys Fouring Minu 90 Notridgewock Mit Minu Minu 90 Notridgewock Mit Mit Minu No Mit Mit Mit Mit Mit Residence Number and Street (e.g. 624 SE 5* S1) (Include Apt. No.) 9470 Claybrook Rd. Nast Nast Residence County 13d. Tribal Reservation Name (# exploate) 13e. Statu Nast State of County 13d. Tribal Reservation Name (# exploate) 13e. Statu Nast Jaual Occupation (Indicate type of work done during most of working We (no wor use RETIRE) Four Four Jaual Occupation (Indicate type of work done during most of working We (no wor use RETIRE) Four Four Jaual Occupation (Indicate type of work done during most of working We (no wor use RETIRE) Four Four	e or Foreign Country hington Wing Spouse's Name (Give name prior nie (Julie) Nakano 18. Kind of Business/Industry (Do not Dept. of Nat. Resour 20. Mother's Name Beiore First Marr Helen Russell Parson Address: Numbers/Industry (Do not Dept. of Nat. Resour 20. Mother's Name Beiore First Marr Helen Russell Parson Address: Numbers/Industry (Do not Sector Woolley, Nursing Home 256. City, Tolwn, or Location Sector Woolley, tory, nther place) fron , WA 98273-0398 fructions and examples)	B. County Skagit Ska	12. Wes Decodent ever is U.S. Armed Forces? Yes Armed Forces? Yes 13g. Inside City Limits? U Yes XD No D Unk 2% 284 - 2 27. Zip Code 98284 and State
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		4	available to complete the Cause of Death?
			🗆 Yes 🎽 No.
Agner of Death 39. If female Autoral Definition Part and Program Within past year Definition Program Within Past year Definition Program Progr	nant, but pregnant within 42 days be	40.i ≥fore∋death	Did tobacco use contribute to death?
Accident 🗍 Undetermined 📋 Pregnant at time of death 🗌 Not pregn	nant, but pregnant 43 days to 1 year i if pregnant within the past year		Yes 🚺 Probably
	Decedent's home, construction site, restau	urant, wooded area) 44,	Injury at Work?
ocation of Injury. Number & Street:		Apt No.	
r Town: County	Stale:	Zip Code+ 4	
aserina num infilità occorrad		- 14 - 17 - 17 - 17 - 17 - 17 - 17 - 17	Pedestrian
Certifying Physician. In dimension with the second state and 4		<u></u>	Other (Specify)
Certrying Physician - Id diseased so my knownedgine and the state of a million take and a place approve to the conversion and management and the conversion and management of the conversion and the state of the state	I8b. Medical Examiner/Coroner - 0 existent, death accorned at the time, if (an the constance and the to	t action investigation) in my the causa(s) and manner stated.
lame and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print			ot Death (24hrs)
 Edwin Stickle M.D. 1952 Hospital Drive, Sedro- tame and Title of Attending Physician if other than Certifier (Type or Print) 	Woolley, WA 98284		5 AM. Certified (MINCONTY)
		5	= 241-04
ille of Centifier 54. License Number Physician	55. ME/Coroner File Number		ferred to medical examiner?
Registrar Signature X		Date Received	
Record Amendment in them in the Occurrent States		MM/DD/YYYY)	MAY 2 6 2004
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		0	OH/CHS 003 Rev 3/24/2003
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			County Auditor
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