



200606230230

Skagit County Auditor

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4 3:45PM

AFTER RECORDING, RETURN TO:

FURLONG ♦ BUTLER
ATTORNEYS

825 CLEVELAND AVENUE
MOUNT VERNON, WASHINGTON 98273

LAND TITLE OF SKAGIT COUNTY

118149-SA

RELINQUISHMENT OF RIGHT OF FIRST REFUSAL

Reference number of documents assigned or released: 9610040078

Partial Legal Description: (full legal described in Exhibit #1, attached hereto.)

ptn Lots 1 & 2, SP#91-64, ptn SW ¼, 11-34-1 E W.M.

Assessor's Parcel/Tax I.D. Number: 340111-3-026-0006, P19139; 340111-3-001-0100, P109020

ANITA MAYER, the widow of **JACK MAYER**, deceased, and a "Grantor" in that certain deed recorded on October 4, 1996 under Skagit County Auditor's file number 9610040078, hereby irrevocably and fully relinquishes all right, title and interest in the reservation contained in said deed, to wit:

Buyers agree to grant to sellers a right of first refusal, to run with the subject property described in Exhibit "A". This Right of First Refusal shall apply to the sale of all or a portion of the subject property. Such right shall not apply to gifts to family members or buyer, but to bonafide offers from 3rd party purchasers. This (sic) sellers shall have 60 days to match such offer.

This relinquishment is given freely and not under threat or duress and shall apply to the real property legally described in Exhibit #1 hereto.

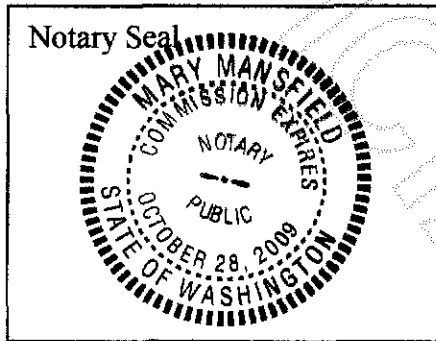
Dated this 9 day of June 2006.

Anita Mayer
ANITA MAYER

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Anita Mayer to me known to be the individual 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 9th day of June 2006.



Mary Mansfield
Notary Public in and for the state of
Washington, residing at Anacortes
My commission expires: 10-28-09
Printed Name: Mary Mansfield

RELINQUISHMENT OF RIGHT OF FIRST REFUSAL



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EXHIBIT #1

PARCEL "A":

A portion of Lot 1 of Short Plat No. 91-064, approved October 21, 1991 and recorded November 4, 1991 in Volume 10 of Short Plats, pages 22 and 23, under Auditor's File No. 9111040048, being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 1 East, W.M., described as follows:

Beginning at the Southwest corner of Lot 2 of said Short Plat No. 91-064;
thence North $4^{\circ}09'09''$ East along the Westerly line of said Lot 2 a distance of 202.71 feet;
thence North $89^{\circ}11'58''$ West a distance of 110.52 feet to the Westerly line of Lot 1 of said Short Plat No. 91-064;
thence South $3^{\circ}03'20''$ West along the Westerly line of said Lot 1 a distance of 202.52 feet to the South line of said Short Plat No. 91-064;
thence South $89^{\circ}11'58''$ East along the South line of said Short Plat a distance of 106.64 feet to the point of beginning.

PARCEL "B":

A portion of Lot 1 of Short Plat No. 91-064, approved October 21, 1991 and recorded November 4, 1991 in Volume 10 of Short Plats, pages 22 and 23, under Auditor's File No. 9111040048, being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 1 East, W.M., described as follows:

Beginning at the Southwest corner of Lot 2 of said Short Plat No. 91-064;
thence North $4^{\circ}09'09''$ East along the Westerly line of said Lot 2, a distance of 202.71 feet to the true point of beginning;
thence South $89^{\circ}11'58''$ East along the Northerly line of said Lot 2 a distance of 258.49 feet;
thence North $4^{\circ}09'09''$ East along the Westerly line of said Lot 2 a distance of 247.29 feet to the Northwesterly corner of said Lot 2;
thence North $89^{\circ}11'58''$ West, a distance of 2.35 feet;
thence South $37^{\circ}37'34''$ West a distance of 144.87 feet;
thence South $55^{\circ}20'14''$ West a distance of 225.61 feet to the true point of beginning.

PARCEL "C":

Lot 2 of Short Plat No. 91-064, approved October 21, 1991 and recorded November 4, 1991 in Volume 10 of Short Plats, pages 22 and 23, under Auditor's File No. 9111040048, being a portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 1 East, W.M.

SUBJECT TO AND TOGETHER WITH: easements, restrictions, permits and covenants of record.

All situate in the County of Skagit, State of Washington.



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **293-05**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Jack Irving MAYER		2. Death Date Apr 9, 2005	
3. Sex (M/F) M	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0
5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthdate [REDACTED]		8. Decedent's Education Bachelor's Degree	
9. Birthplace (City, Town, or County) Tacoma		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No	
11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 524 SE 5 th St.) (Include Apt. No.) 13562 Islewood Drive		13b. City or Town Anacortes	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 55y		15. Marital Status at Time of Death Married	
16. Surviving Spouse's Name (Give name prior to first marriage) Anita Janet Luvera		17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). (Do not use Company Name) Contractor	
18. Kind of Business/Industry (Do not use Company Name) Earth Moving		19. Father's Name (First, Middle, Last, Suffix) Ralph Albert Mayer	
20. Mother's Name Before First Marriage (First, Middle, Last) Marcelle (unk)		21. Informant's Name Anita Mayer	
22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 13562 Islewood Drive Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			
25. Facility Name (if not a facility, give number & street or location) 13562 Islewood Drive		26a. City, Town, or Location of Death Anacortes	
26b. State WA		27. Zip Code 98221	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory	
30. Location-City/Town, and State Anacortes, Washington		31. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-	
32. Date of Disposition Apr 12, 2005		33. Funeral Director Signature X <i>Joseph Waham</i>	
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. prostate cancer Due to (or as a consequence of): Interval between Onset & Death: 24 yrs Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Due to (or as a consequence of): Interval between Onset & Death: c. Due to (or as a consequence of): Interval between Onset & Death: d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:		46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		48a. Certifying Physician - To the best of my knowledge and belief, the cause and manner of death are as stated on this certificate. Gavin I. Gordon, M.D.	
48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated on this certificate. Gavin I. Gordon, M.D.		49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Gavin I. Gordon M.D. 1213 24th Street, Suite 100, Anacortes, WA 98221	
50. Hour of Death (24hrs) 5 :00 AM		51. Name and Title of Attending Physician if other than Certifier (Type or Print) Mark S. Backman, M.D.	
52. Date Signed (mm/dd/yyyy) April 11, 2005		53. Title of Certifier N.D.	
54. License Number MD00030111		55. ME/Coroner File Number NJA # 094	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature Dorothy Epps, deputy	
58. Date Received (mm/dd/yyyy) April 12, 2005		59. Amendments	

DOH/CHS 003 Rev 2/06/2004



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