



200708310144

Skagit County Auditor

8/31/2007 Page

1 of

6 11:48AM

AFTER RECORDING RETURN TO:

Name William R. Allen, Attorney

Address P.O. Box 437

City, State, Zip Sedro Woolley, WA 98284

COVER SHEET

Document Title: Affidavit of Joint Tenancy With Right of Survivorship

Reference Number(s) of Documents Assigned or Released:

Grantor(s):

1. Stanley R. Pitman
2. June Mantle

Grantee(s):

1. Stanley R. Pitman
2. June Mantle
3. Public

Abbreviated Legal Description: Ptn of NE ¼ of NE ¼ of Sec. 23, T35N, R4E, W.M

Assessor's Property Tax Parcel/Account Number(s): 350423-1-003-0219/P37234 &
350423-1-003-0409/P37236

**AFFIDAVIT FOR JOINT TENANCY
WITH RIGHT OF SURVIVORSHIP**

JUNE MANTLE, being first duly sworn on oath, deposes and says:

That I am the sister of STANLEY R. PITMAN, who died at Palm Springs, Florida, on July 14, 2007. Attached is a true and correct copy of his certificate of death.

This Affidavit is to confirm that on or about September 23, 1991, the said STANLEY R. PITMAN and I executed a Quit Claim Deed by which we conveyed the property described below to ourselves as joint tenants with right of survivorship.

Said Deed was recorded under Auditor's File No. 9109300013, records of Skagit County, Washington. A copy of the deed is attached hereto.

There has been no further conveyance of the property by deed or otherwise since recordation of the above referenced deed.

This Affidavit is to record that the joint tenancy is extinguished by reason of the death of STANLEY R. PITMAN and that the undersigned JUNE MANTLE, as sole surviving joint tenant is now sole owner of the property described below.

The property affected by the above-referenced Deed is situated in Skagit County, Washington, and described as:

That portion of the Northeast ¼ of the Northeast ¼ of Section 23, Township 35 North, Range 4 East, W.M., more particularly described as follows:

Commencing at the Northeast corner of said Section 23;
thence North 88°20'47" West along the North line of said Section 23, a distance of 850.00 feet to a point which is South 88°20'47" East 463.00 feet from the Northwest corner of said Northeast ¼ of the Northeast ¼ of said Section 23;
thence South 1°39'13" West at right angle to said North line, a distance of 447.38 feet to the true point of beginning;
thence North 51°54'00" West parallel to the F & S Grade Road, a distance of 21.56 feet;
thence South 35°53'23" West 140.11 feet to the Northeasterly margin of said F & S Grade Road;



200708310144
Skagit County Auditor

thence South 51°54'00" East along said Northeasterly margin, a distance of 119.55 feet to a point which is South 1°39'13" West from the true point of beginning;

thence North 1°39'13" East 174.00 feet to the true point of beginning.

Situate in the County of Skagit, State of Washington.

DATED this 7 day of 28 -, 2007.

June Mantle
JUNE MANTLE

SUBSCRIBED AND SWORN to before me this 30 day of July, 2007.

Jeanette Williams
Print Name: Jeanette J. Williams
NOTARY PUBLIC in and for the
State of Florida, residing at
4300 Forest Hill Blvd WPB, FL 33406

My commission expires: _____



OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE 3
PERMANENT
BLOCK 10

LOCAL FILE NO. 6007-7562

1. DECEDENT'S NAME (First, Middle, Last, Suffix) **STANLEY BITMAN** 2. SEX **Male**

3. DATE OF BIRTH (Month, Day, Year) **78** 4. AGE LAST BIRTHDAY (Year) **78** 4a. Age Last Birthday (Month, Day, Year) **78** 4b. UNDER 1 YEAR: Months **0** Days **0** Hours **0** Minutes **0** 5. DATE OF DEATH (Month, Day, Year) **July 14, 2007**

6. SOCIAL SECURITY NUMBER **[REDACTED]** 7. BIRTHPLACE (City and State or Foreign Country) **SEDRO WOOLLEY, WASHINGTON** 8. COUNTY OF DEATH **Palm Beach**

9. PLACE OF DEATH (Check only one) HOSPITAL NON-HOSPITAL Emergency Room/Outpatient Decedent's Home Other (Specify) **Hospice Facility**

10. FACILITY NAME (If not institution, give street address) **J.F.K. Medical Center** 11a. CITY, TOWN, OR LOCATION OF DEATH **Atlantis** 11b. INSIDE CITY LIMITS? Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)

14a. RESIDENCE - STATE **Washington** 14b. COUNTY **Sagit** 14c. CITY, TOWN, OR LOCATION **Sedro Woolley**

14d. STREET ADDRESS **612 F & S GRADE ROAD** 14e. APT. NO. **98284** 14f. ZIP CODE **98284** 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION (Specify type of work done during most of working life) **METER READER** 15b. KIND OF BUSINESS/INDUSTRY **LIGHT CONDUIT**

16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself to be. More than one race may be specified.) White Black or African American American Indian or Alaskan Native (Specify tribe) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Yes (If Yes, specify) No **Mexican** Puerto Rican Cuban Central/South American Other Hispanic (Specify) Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) 8th or less High school but no diploma High school diploma or GED College but no degree Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) **ROY BITMAN** 21. MOTHER'S NAME (First, Middle, Maiden Surname) **ETTA [REDACTED]**

22a. INFORMANT'S NAME **JUNE MANTLE** 22b. RELATIONSHIP TO DECEDENT **Sister** 23a. INFORMANT'S MAILING - STATE **Florida**

23b. CITY OR TOWN **PAIM SPRINGS** 23c. STREET ADDRESS **457 PALO ALTO DRIVE** 23d. ZIP CODE **33461-**

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **ALL COUNTY CREMATORY** 25a. LOCATION - STATE **Florida** 25b. LOCATION - CITY OR TOWN **Lake Worth**

26a. METHOD OF DISPOSITION Burial Entombment Cremation Donation Removal from State Other (Specify) **27a. LICENSE NUMBER (of Licenses) FE # 2950** 27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH **Kenneth R. Carlton**

28. NAME OF FUNERAL FACILITY **All County Funeral Home & Crematory** 29. FACILITY'S MAILING - STATE **Florida**

29a. CITY OR TOWN **Lake Worth** 29b. STREET ADDRESS **1107 Lake Avenue** 29c. ZIP CODE **33460-**

30. CERTIFIER Certifying Physician To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) Medical Examiner On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature of Certifier) **[Signature]** 31b. DATE SIGNED (MM/DD/YYYY) **07/12/2007** 31c. MEDICAL EXAMINER'S CASE NUMBER **2154**

32. LICENSE NUMBER of Certifier **ME-002007** 33. CERTIFIER'S NAME **JULIAN M. VIDAL MD** 34. NAME OF ATTENDING PHYSICIAN (If other than Certifier)

35a. CERTIFIER'S - STATE **Florida** 35b. CITY OR TOWN **Lake Worth** 35c. STREET ADDRESS **1926 10TH AVENUE NORTH** 35d. ZIP CODE **33461-**

36. LOCAL REGISTRAR - Signature **[Signature]** 37. DATE FILED BY REGISTRAR (M, D, Y) **JUL 24 2007**

38. PROBABLE MANNER OF DEATH The following are under the jurisdiction of the medical examiner: Natural Accident Suicide Homicide Pending Investigation Undetermined 39. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No

40. CAUSE OF DEATH - PART I Enter the chain of events, diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or venular fibrillation without showing the etiology. Approximate Interval: Prior to Death Close to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiopulmonary arrest + respiratory failure**

UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST **Acute myocardial infarction**

PART II Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I **Chronic pulmonary obstructive disease**

41. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 42. DATE OF SURGERY (M, D, Y) 43. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

44. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR Yes No Unknown If Yes, specify trimester: _____ at time of death _____ within 1 to 42 days of death _____ within 43 days to 1 year of death

45. DATE OF INJURY (Month, Day, Year) 46. TIME OF INJURY (24 Hr.) 47. INJURY AT WORK? Yes No 48. LOCATION OF INJURY - STATE

49a. CITY OR TOWN 49b. STREET ADDRESS 49c. APT. NO. 49d. ZIP CODE

50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (Is it Decedent's home, construction site, restaurant, etc.?)

52. TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify) 52b. Type of Vehicle Car/Minivan S.U.V. Motorcycle Pickup/Truck/Cargo Van Bus Heavy Transport Other (Specify)

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



Loisie Brown

JULY 24, 2007

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

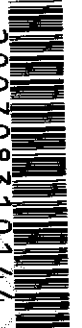
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CERTIFICATION OF VITAL RECORD



8/31/2007 Page 4 of 6 11:48AM

200708310144 Skagit County Auditor



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2/2001

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QUIT CLAIM DEED

THE GRANTOR S, JUNE MANTLE, as to an undivided one-half interest, and STANLEY R. PITMAN, as to an undivided one-half interest, and as the separate property of each,

for and in consideration of love and affection

(X) ~~by~~

do hereby quit convey and quitclaim to JUNE MANTLE, as to an undivided one-half interest, and STANLEY R. PITMAN, as to an undivided one-half interest, and as the separate property of each, as joint tenants with right of survivorship,

all interest in the following described real estate, situate in the county of Skagit State of Washington: together with all after acquired title of the grantor herein.

See legal description on attached Exhibit "A", by this reference made a part hereof.

AND, in the event either party desires to sell her or his one-half interest, each party grants the other party the first right and option to purchase the selling party's interest at a price the parties can agree upon, or if unable to agree, then at a price determined as the fair market value by an independent professional appraiser to be selected by both parties, whose decision will be conclusive and final. This right and option is personal unto the parties hereto, while both are living, and does not extend to either party's heirs, successors or assigns. A selling party will notify the other party of her or his desire to sell, in writing, and if this option is not exercised by the non-selling party within 60 days after receipt of such written notification, this option shall thereupon cease.

CLERK SKAGIT COUNTY AUDITOR
91 SEP 30 09 139
RECORDED FILE
REQUEST

4188
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

SEP 30 1991

Dated this 23 day of September, A.D. 1991.
By: *John H. Ward* Skagit County Treasurer Deputy

STATE OF WASHINGTON,
COUNTY OF SKAGIT

ss. *June Mantle* (SEAL)
Stanley R. Pitman (SEAL)

On this day personally appeared before me JUNE MANTLE and STANLEY R. PITMAN

to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23 day of September, 1991.

Carol Mayer
Notary Public in and for the State of Washington,

residing at Sedro Woolley

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Return To:
JOHN H. WARD
P. O. Box 208
Sedro Woolley, WA 98284

John H. Ward
ATTORNEY AT LAW
P.O. BOX 208 - SEDRO WOOLLEY WA 98284

VOL 1014 PAGE 399

8/31/2007 Page

200708310144
Skagit County Auditor

5 of 6 11:48AM



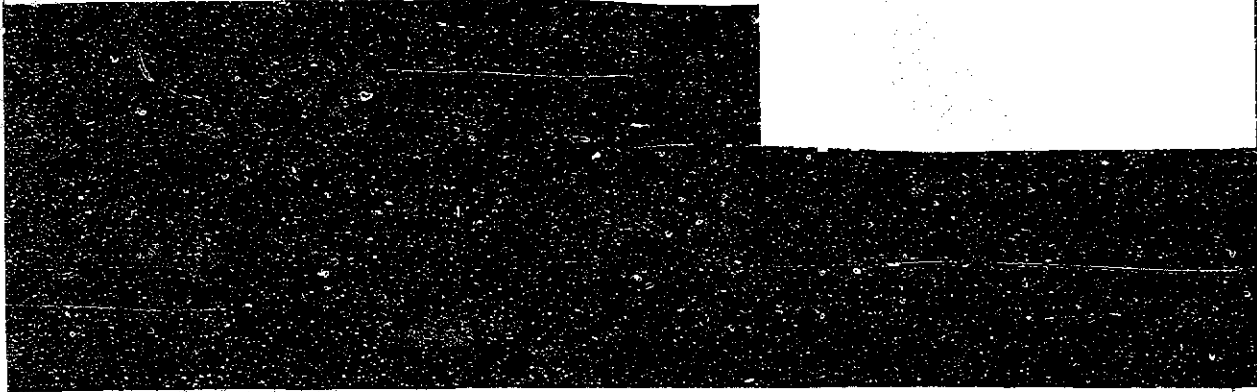


EXHIBIT "A"

That portion of the NE 1/4 of the NE 1/4 of Sec. 23, Township 35 N, Range 4 E.W.M., more particularly described as follows:
 Commencing at the NE corner of said Sec. 23; thence N 88°20'47" W along the N. line of said Sec. 23 a distance of 850.00 ft. to a point which is S. 88°20'47" E. 463.00 ft. from the NW corner of said NE 1/4 of the NE 1/4 of said Sec. 23; thence S. 1°39'13" W. at right angle to said N. line a distance of 447.38 ft. to the true point of beginning; thence N. 51°54'00" W. parallel to the F & S Grade Road, a distance of 21.56 ft., thence S. 35°53'23" W. 140.11 ft to the Northeasterly margin of said F & S Grade Road; thence South 51°54'00" East along said Northeasterly margin a distance of 119.55 feet to a point which is S. 1°39'13" W. from the true point of beginning; thence N. 1°39'13" East 174.00 feet to the true point of beginning.

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200708310144
Skagit County Auditor