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200809290092

Skagit County Auditor

9/29/2008 Page 1 of 3 11:41AM

46746207-1
Document Title(s): Affidavit of Death

Rec 13+

Reference Number(s) of related documents:

Decedent: William Marshal Clark

Legal Description

LOT 16, EXCEPT THE SOUTH 17.5 FEET THEREOF, AND ALL OF LOTS 17 THROUGH 21, INCLUSIVE, BLOCK 175, MAP OF FIDALGO CITY, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 2 OF PLATS, PAGE 113, RECORDS OF SKAGIT COUNTY, WASHINGTON;

TOGETHER WITH THE VACATED EAST 25 FEET OF ERIE AVENUE ADJACENT TO SAID LOTS;
AND TOGETHER WITH THE VACATED WEST HALF OF THE ALLEY ADJACENT TO LOTS 14 THROUGH 26, INCLUSIVE, IN SAID BLOCK 175;
AND TOGETHER WITH THE SOUTH 25 FEET OF VACATED THIRD STREET ADJACENT TO THE VACATED WEST HALF OF THE ALLEY IN SAID BLOCK 175;
AND ALSO TOGETHER WITH THE VACATED NORTH 25 FEET OF THE SECOND STREET ADJACENT TO THE VACATED WEST HALF OF THE ALLEY IN SAID BLOCK 175.

PARCEL ID: P73248.

The auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

AFFIDAVIT OF FACTS

AP-2008046853

STATE OF Texas
COUNTY OF Denton

§
§

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant, who swore on oath that the following facts are true:

"1. My name is Elizabeth McCool, I am of sound mind, capable of making this affidavit, and fully competent to testify to the matters stated herein, and I have personal knowledge of each of the matters stated herein.

"2. That William Marshal Clark, joint tenant - now deceased, and Charlene M Clark, holders of the following described property, as evidenced by that Deed recorded in instrument # 9206220118, among the land Records of Skagit, Washington, to wit:

"3. That the joint tenant died on August 28, 2006.

"4. That the value of the joint tenant's estate was insufficient to necessitate the filing of an estate tax return and that there are no state or federal estate or inheritance tax due as a result of his or her death.

"5. That Affiant gives this Affidavit for the purpose of inducing Fidelity National Title Insurance Company to issue its policy or policies insuring the title to said property without exceptions(s) to encumbrance(s) or vesting issues; and said Affiant does hereby agree to indemnify and hold Fidelity National Title Insurance Company harmless of and from any and all loss, cost, damage and expense of every kind, including Attorneys' fees, which it may suffer or incur or become liable for under its said policy or policies."

FURTHER THE AFFIANTS SAYETH NAUGHT.

Elizabeth McCool

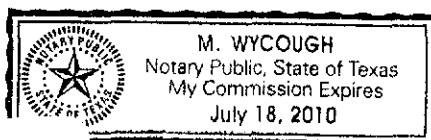
(SEAL)

ELIZABETH McCOOL

Executed, subscribed and sworn to before me the day and year above written.

M. Wycough
Notary Public

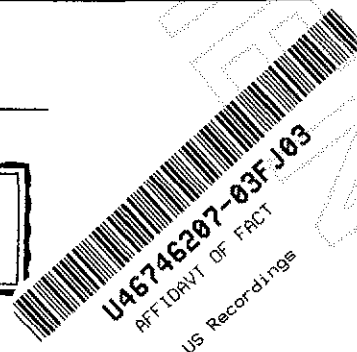
My Commission expires: 7/18/2010



AFFIDAVIT PAGE

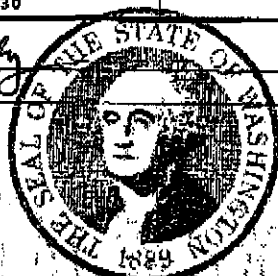


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Skagit County Auditor



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 713-06		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST SUFFIX William Marshal CLARK				2. Death Date Aug 28, 2006	
3. Sex (M/F) M	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 98273-	6. County of Death Skagit
7. Birthplace Marlinton		8a. Birthplace (City, Town, or County) Texas		8. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 3807 E. College Way				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98273-
14. Estimated length of time at residence. 3yr		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Charlene Marie Opitz	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use retired). Electrician			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Virgil (nm) Clark			20. Mother's Name Before First Marriage (First, Middle, Last) Addie Mae		
21. Informant's Name Charlene Marie Clark		22. Relationship to Decedent wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 15063 Erie Street Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Nursing Home					
25. Facility Name (If not a facility, give number & street or location) Ashley Gardens				26a. City, Town, or Location of Death Mount Vernon	26b. State WA
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 & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-				32. Date of Disposition Aug 29, 2006	
33. Funeral Director Signature X <i>Joseph Williams</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): <i>Huntington's chorea</i> Underlying Cause (Disease or injury that initiated the events resulting in death): <i>dementia</i> Other significant conditions contributing to death but not resulting in the underlying cause given above:					
35. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending					
40. 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"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
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. Location of Injury: Number & Street City or Town State Zip Code + 4					
45. Describe how injury occurred					
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
47a. Certifying Physician (Indicate best physician who attended decedent at death, if applicable) <i>T.W. Martin</i>			47b. Medical Examiner/Coroner (Indicate best physician who attended decedent at death, if applicable) <i>T.W. Martin</i>		
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) T. W. Martin, MD 2061 Hospital Drive, Sedro Woolley, WA 98284			49. Hour of Death (24hrs) 06:50 AM		
50. Name and Title of Attending Physician if other than Certifier (Type or Print)			51. Date Signed (mm/dd/yyyy) 08/28/2006		
52. Title of Certifier MD		53. License Number MDD0014430		54. ME/Coroner File Number	
55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. Date Received (mm/dd/yyyy) AUG 29 2006			
57. Registrar Signature <i>Cheryl Larson, Deputy</i>					
58. Amendments					



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