



201110070084

Skagit County Auditor

10/7/2011 Page

1 of

4 2:44PM

When recorded return to:

Michael A. Winslow
Attorney at Law
1204 Cleveland Avenue
Mount Vernon, Washington 98273

***AFFIDAVIT OF SURVIVING SPOUSE OR DOMESTIC PARTNER
FOR CLAIMING AN EXEMPTION BASED ON INHERITANCE OF REAL ESTATE***

Grantors: Robert G. Smith, surviving spouse of Phyllis L. Smith, deceased.

Grantee: The Public

Instrument Name: Affidavit of Surviving Spouse or Domestic Partner for Claiming
an Exemption Based on Inheritance of Real Estate

Legal Description:

That portion of the East half of the Northeast 1/4 of the Northeast 1/4 of Section 30,
Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point on the East line of Third Street as established in the City of
Mount Vernon 716 feet South of the North line of said subdivision; thence East to the
West line of the Great Northern Railway Company's right of way; thence Southerly
along the West line of said right of way to a point 766 feet South of the North line of
said Northeast 1/4 of the Northeast 1/4; thence West 214 feet, more or less, to the East
line of Third Street; thence North along the East line of Third Street 50 feet, more or
less, to the point of beginning.

Assessor's Property Tax

Parcel or Account No.: P28931 / 340430-0-113-0004

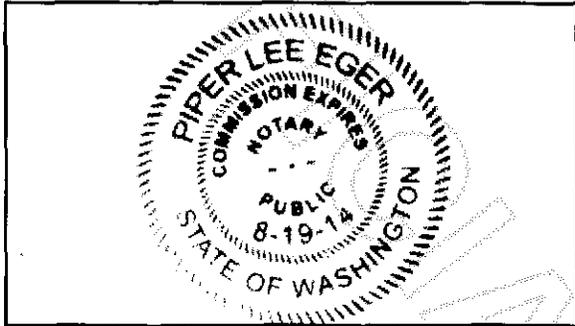
Reference Nos. of Documents

Assigned or Released: 728589

State of Washington)
) :ss
County of Skagit)

I certify that I know or have satisfactory evidence that Robert G. Smith is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes in the instrument.

Dated: September 27, 2011.



PLACE NOTARY SEAL IN THIS BOX

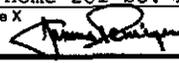
Piper Lee Eger
Printed Name Piper Lee Eger
My appointment expires: 8/19/14



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **159-11** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Phyllis Lenore Smith				2. Death Date 02/22/2011	
3. Sex (MF) F	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 538-26-4436	6. County of Death Skagit
7. Birthdate 02/11/1930	8a. Birthplace (City, Town, or County) Burlington	8b. (State or Foreign Country) WA		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) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) 1402 South Third Street				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98273
14. Estimated length of time at residence. 50 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Robert George Smith	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Seamstress			18. Kind of Business/Industry (Do not use Company Name) Clothing		
19. Father's Name (First, Middle, Last, Suffix) Charles Raymond Mercereau			20. Mother's Name Before First Marriage (First, Middle, Last) Teresa Mae Cressell		
21. Informant's Name Robert G. Smith		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1402 South Third Street, Mount Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Nursing Home			25. Facility Name (If not a facility, give number & street or location) Life Care Center of Mount Vernon		
26a. City, Town, or Location of Death Mount Vernon		26b. State WA		27. Zip Code 98273	
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Burlington Cemetery		30. Location-City/Town, and State Burlington, WA	
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home 281 So. Burlington Blvd., Burlington, WA 98233				32. Date of Disposition 03/02/2011	
33. Funeral Director Signature X 					
Cause of Death (See Instructions and examples)					
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. Metastatic cancer of unknown primary				Interval between Onset & Death 2 months	
Due to (or as a consequence of):				Interval between Onset & Death	
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				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
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 type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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:				Apt No.	
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, death occurred at the time, date, and place and due to the cause(s) and manner stated. Bruce Mathey				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.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Bruce Mathey 2000 Hospital Drive, Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 1815	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 02/25/2011	
53. Title of Certifier M.D.		54. License Number 29773		55. ME/Coroner File Number NJA 101	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature Theresa Marshall, Deputy				58. Date Received (mm/dd/yyyy) 2011	
58. Amendments					



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