



201201230042

Skagit County Auditor

1/23/2012 Page

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4 11:08AM

Document Title:

AFFIDAVIT OF HEIRSHIP

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. WENZINGER, GEORGE

2. ELLIS, JUDITH LYNN WERREN

Grantee(s):

additional grantee names on page ____.

1. PUBLIC

2. WERREN, STEPHEN ROBERT ESTATE OF

Abbreviated legal description:

full legal on page(s) ____.

28/35/09 SE NE

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P44868

Affidavit of Heirship

I George Wenzinger, residing at PO Box 921, Concrete, Washington 98237, duly sworn, and states:

1. I am over the age of eighteen years and have personal knowledge of the following facts.
2. Stephen Robert Werren, who died on January 11, 2011 left the following items of real property and did not leave a Last Will and Testament.

50875 Hornbeck Lane, Concrete, Washington, 98237, located in Skagit County and legally described as:

That portion of the Southeast Quarter of the Northeast Quarter of Section 28, Township 35 North, Range 9 East of the Willamette Meridian, lying North of the highway right-of-way as conveyed to the State of Washington by deed recorded November 1, 1957, under Auditor's File No. 558000, records of Skagit County, Washington;

Except the following described tract:

Beginning at a point on the fence and section line 178.5 feet North of the Quarter corner of Sections 27 and 28;

thence North 57° 30' West along the North right-of-way line of State Highway 17-A, 441 feet;

thence North 52°37' East 445 feet to the south gate post on fence and section line;

thence South along the fence and section line 510 feet to the point of beginning;

and EXCEPT that portion conveyed to Skagit County for road by deed recorded September 10, 1925, under Auditor's File No. 187213, records of Skagit County, Washington;

TOGETHER WITH water rights as confirmed by the Washington State Supervisor of Water Resources in Certificate of Surface Water Right recorded February 11, 1955, under Auditor's File NO. 513050, records of Skagit County, Washington.

3. At the time of death Stephen Robert Werren's sole surviving heirs were as follows:

Judith Lynn Werren Ellis, PO Box 415, Nevada City, California 95959, a Sister, born October 14, 1942.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete as of 1/23/12, the date I affixed my signature to this Affidavit.

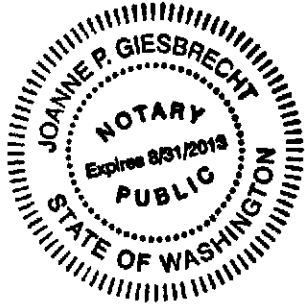




201201230042
Skagit County Auditor

STATE OF WASHINGTON, COUNTY OF SKAGIT, ss:

On this 23rd day of January, 2012, before me personally appeared George Wenzinger to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Joanne P. Giesbrecht
Notary Public

Notary Public
Title (and Rank)

My commission expires 08/31/13

Notary Address:

205 W Kincaid # 104
Mount Vernon, WA 98273



201201230042
Skagit County Auditor

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052011006810

CERTIFICATE OF DEATH

3201134000298

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENTRIES, WRITEDITS OR ALTERATIONS (P-1) (REV. 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) STEPHEN		2. MIDDLE ROBERT		3. LAST (Family) WERREN	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs. 61	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRD* (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 01/11/2011		8. HOUR (24 Hour) 2335	
13. EDUCATION - Highest Level/Degree (see worksheet on back) ASSOCIATE		14/15. WAS DECEDENT HISPANIC/LATINO(SPANISH)? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED OWNER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) DIESEL TRUCK REPAIR SERVICE		19. YEARS IN OCCUPATION 25	
20. DECEDENT'S RESIDENCE (Street and number, or location) 12689 ROUGH & READY HIGHWAY					
21. CITY GRASS VALLEY		22. COUNTY/PROVINCE NEVADA		23. ZIP CODE 95945	
24. YEARS IN COUNTY 10		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP JUDITH ELLIS, SISTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) P.O. BOX 415, NEVADA CITY, CA 95959			
28. NAME OF SURVIVING SPOUSE/SRD* - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
31. NAME OF FATHER/PARENT - FIRST ROBERT		32. MIDDLE ERNEST		33. LAST WERREN	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST ANNA		36. LAST (BIRTH NAME)	
37. BIRTH STATE CA		38. DISPOSITION DATE mm/dd/yyyy 01/18/2011		39. PLACE OF FINAL DISPOSITION RES. OF JUDY ELLIS 16763 SELBY LANE, NEVADA CITY, CA 95959	
40. TYPE OF DISPOSITION(S) CR/RES		41. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT CHAPEL OF THE ANGELS MORTUARY		45. LICENSE NUMBER FD1588		46. SIGNATURE OF LOCAL REGISTRAR GLENNAH I. TROCHET, MD	
47. DATE mm/dd/yyyy 01/18/2011					
101. PLACE OF DEATH METHODIST HOSPITAL OF SACRAMENTO					
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> P <input type="checkbox"/> EP <input type="checkbox"/> OP <input type="checkbox"/> PCA		103. IS OTHER THAN HOSPITAL, SPECIFY ONE Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>			
104. COUNTY SACRAMENTO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 7500 HOSPITAL DRIVE		106. CITY SACRAMENTO	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOPULMONARY ARREST		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) ACUTE RESPIRATORY FAILURE		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
(C) SEVERE SEPSIS					
(D) PNEUMONIA					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 HYPERNATREMIA, ALCOHOLISM, END STAGE RENAL FAILURE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION (by ITEM 107 OR 112)? (if yes, list type of operation and date) NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER RICHARD D. DEFELICE M.D.		116. LICENSE NUMBER G47183	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RICHARD D. DEFELICE M.D.		118. DATE mm/dd/yyyy 01/14/2011			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH# CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **February 1, 2011**



* 001193120 *

Glennah I. Trochet M.D.
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

