

Return address:

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201211290084

Skagit County Auditor

11/29/2012 Page 1 of 3 3:30PM

Document Title: Affidavit

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_\_.

1. Heidi Georgette marier
- 2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. Public
- 2.

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

Wagners Hope Island Add Lt 6 Blk 1

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.

P70210

Estate of Michael Stephen marier



Washington State  
 Department of Revenue  
 Special Programs Division  
 PO Box 47477  
 Olympia, WA 98504-7477

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

State of Washington

County of SKAGIT

Name of deceased MICHAEL STEPHEN MARIER

I, (survivor's name) HEIDI GEORGETTE MARIER affirm that I am the  
 sole and rightful heir to the property described as:

Parcel number(s) P70210

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
 REAL ESTATE EXCISE TAX

20123801

NOV 29 2012

Amount Paid \$ 0  
 Skagit Co. Treasurer  
 By Indm Deputy

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 5 day of Nov., 2012 at Mt. Vernon, WASH  
(month) (year) (city) (state)

Heidi Georgette Marier  
(Signature of surviving spouse or registered domestic partner)

HEIDI GEORGETTE MARIER  
(Printed name of surviving spouse or registered domestic partner)

17420 MADRE LANE LACUNNER Wa 98257  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.



201211290084  
 Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1031-10**

## Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle Suffix <b>Michael Stephen Marier</b>			2. Death Date <b>Nov 29, 2010</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday Months <b>69</b>	4b. Under 1 Year Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death <b>Skagit</b>
7. Birthdate	8a. Birthplace (City, Town, or County) <b>Seattle</b>	8b. (State or Foreign Country) <b>Washington</b>		9. Decedent's Education <b>Bachelor's Degree</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 524 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>17420 Maple Lane</b>			13b. City or Town <b>La Conner</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98257</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence <b>5 Years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Heidi Georgette Deller</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Teacher</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Public School</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Francis Joseph Marier</b>			20. Mother's Name Before First Marriage (First, Middle, Last)		
21. Informant's Name <b>Heidi G. Marier</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>17420 Maple Lane La Conner WA 98257</b>		
24. Place of Death, if Death Occurred in a Hospital <b>Inpatient</b>			Place of Death, if Death Occurred Somewhere Other than a Hospital		
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>			26a. City, Town, or Location of Death <b>Mount Vernon</b>	26b. State <b>WA</b>	27. Zip Code <b>98274</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd Street Anacortes Washington 98221</b>			32. Date of Disposition <b>December 3, 2010</b>		
33. Funeral Director Signature X <i>Joseph J. Johnson</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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. V-Fibrillation Cardiac Arrest</b> Interval between Onset & Death: <b>Immediate</b> <b>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> <b>b. Sepsis</b> Due to (or as a consequence of): Interval between Onset & Death: <b>2 Hours</b> <b>c. Pneumonia</b> Due to (or as a consequence of): Interval between Onset & Death: <b>6 Days</b> <b>d.</b> Interval between Onset & Death:					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Chronic Lymphocytic Leukemia, End Stage Renal Disease, Atrial Fibrillation, C. Difficile Enterocolitis</b>			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"/> 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 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:			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 - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <i>David Hoelt</i>			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) <b>David Hoelt, M.D. Hospitalist Office, 1400 E Kincaid Street Mount Vernon, WA 98274</b>			50. Hour of Death (24hrs) <b>0500</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) <b>Dec 1, 2010</b>		
53. Title of Certifier <b>M.D.</b>		54. License Number <b>MD00044293</b>	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Marie Marshall</i>			58. Date Received (MM/DD/YYYY) <b>DEC 1 2010</b>		
59. Amendments					



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DOH/CHS 003 Rev 07/09/07