

When recorded return to

THE TILLER LAW FIRM
Laurel L. Tiller
P.O. Box 58
CENTRALIA, WA 98531



201212280013
Skagit County Auditor

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**AFFIDAVIT TERMINATING
JOINT TENANCY**

REFERENCE NUMBER: 855465, Vol. 263,
Page 494

GRANTOR(S) /BORROWER: KING, ANNE

GRANTEE(S) /ASSIGNEE(S) /BENEFICIARY: KING, ALBERT JAMES

LEGAL DESCRIPTION: Samish Lot 10 Blk.14

TX1B PTN GOV LT3, Des Bot
C LT5 BLK12, TWN of Samish

Samish Lots 5 to 9 BLK 12

ASSESSOR'S TAX PARCEL NUMBERS: 75254
47226
75250

STATE OF WASHINGTON)
:ss
COUNTY OF THURSTON)

I, Charles W. Hopley, Jr., the undersigned being first duly sworn on oath, depose and say that:

1. That I am the second cousin of Anne King and I make this Affidavit for the purpose of indicating of record Title that a Joint Tenancy previously created between Anne King and Albert James King was terminated upon the death of Anne King, all as follows:

2. On April 27, 1977, by deed recorded on April 27, 1977, at Volume 263, Page 494, Auditor's File No. 855465, records of Skagit County, Anne King and Albert James King received the real estate described therein in Joint Tenancy. The real estate is described at length in that deed.

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

EXHIBIT A

CERTIFICATE OF DEATH

2008011369

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Edith Anne KING		2. DATE OF DEATH (Mo/Day/Year) July 21, 2008		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) St Mary's Regional Medical Center		3d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 76	
	9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 17	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (If wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) [REDACTED]	
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
	15d. STREET AND NUMBER 1480 The Strand		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Chauncey Latta KING	
DISPOSITION	17. MOTHER - NAME (First Middle Last Suffix) Clarice MABBOTT		18a. INFORMANT - NAME (Type or Print) Albert James KING		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1480 The Strand Reno, Nevada 89503	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Watson's Funeral Home, Reno 875 West Second St Reno NV 89503	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHANWIT ROONGSRITONG MD SIGNATURE AUTHENTICATED					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) July 24, 2008		21c. HOUR OF DEATH 15:30		22a. 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) stated. (Signature & Title)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CHANWIT ROONGSRITONG MD 3435 W. 2nd St Reno, NV 89503		23b. LICENSE NUMBER 12355		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
CAUSE OF DEATH	(a) Acute inferior wall myocardial infarction		(b) Recurrent esophageal cancer		(c) Severe pulmonary hypertension	
	(d) DUE TO, OR AS A CONSEQUENCE OF:		(e) DUE TO, OR AS A CONSEQUENCE OF:		(f) DUE TO, OR AS A CONSEQUENCE OF:	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
	26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION		26h. STREET OR R.F.D. No.		26i. CITY OR TOWN		26j. STATE

STATE REGISTRAR



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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

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

DATE ISSUED: 08/01/2008

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

