When recorded return to

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



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:

7525**4** 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.

- That on July 21, 2008, Anne King, also known as Edith Anne King, died, then a resident of Reno, Washoe County, Nevada. That attached to this affidavit marked as exhibit A is a true copy of her certificate of death.
- 4. That although Albert James King subsequently died on June 8, 2012, he was surviving on the date of death of Anne King.
- That the purpose of this affidavit is to indicate the termination of the Joint Tenancy as to the subject real estate and its survivorship to Albert James King.
- I have personal knowledge as to the statements I make in this affidavit.

DATED: December $\mathcal{O}/_{-}$, 2012.

STATE OF WASHINGTON)

: 88

COUNTY OF THURSTON)

On this day personally appeared before me CHARLES W. HOPLEY, JR., to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 21 day of December, 2012.



otary Public in and for the State of Washington, residing

DIUMDIA Appointment expires OCA 29,2016 Print Name Jessica I Madrical

Skagit County Auditor

WASHOE COUNTY DISTRICT HEALTH D VITAL STATISTICS

CERTIFICATE OF DEATH

| • | | | _ | | |
|---|---|----|----|--------|--|
| | R | en | 0, | Nevada | |

| | | | _ | _ | _ | |
|---|----|----|---|---|---|----|
| 2 | 00 | 80 | и | 1 | 3 | 69 |

| | | | | | | | | | | E NUMBER | | | |
|----------------------------|---|--|----------------------------|----------------------|--|--|--|---|---|----------------------------------|---|----------------------|--|
| TYPE OR PRINT IN | 1a DECEASED-NAME (FIRST,MI | DDLE,LAST,SUFFIX) | | | | 2. DATE | OF DEATH | (Mo/Day/Y | ear) | a. COUNTY | OF DEATH | ¹ | |
| PRIMANENT | A Section of the Section Assessment | 1 | July 21, 2008 Washoe | | | | | | | | | | |
| | Edith Anne KING 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, g | | | | | | 3e.lf Hosp. | or Inst Ind | Inst. Indicate OOA, OP/Emer. Rm. | | | EX | |
| | Reno St Mary's Regional Medical Center | | | | | | Inpatient(Specify) Inpatient Fem. | | | | | | |
| DECEDENT | 5. RACE White | i S | . Hispanic Origi | | 7a. AGE-Last | 75. UND | ER 1 YEAR | 7c. UNDE | R 1 DAY | 8. DATE OF | BIRTH (M | o/Day/Yr) | |
| | (Specify) | | No - Non-Hispa | | birthday (Year | 76 MOS | DAYS | HOURS | MENS | | | | |
| | S OTHER OF MOTHER AND U.S.A. | TOP CITIZEN OF | WHAT COUNT | RY 10.EDUCATIO | ONE 1 MARRI | | RRIED. WID | OWED. | H2. SU | RVIVING SPO | DUSE (if w | fe, give | |
| IF DEATH OCCURRED IN | 9a. STATE OF BIRTH (Minot U.S.A name country) California | | d States | 17 | DIVORCE | (Specify) | Never M | arried | meider | name) | | | |
| MOTITUTION SEE HANDBOOK | 13. SOCIAL SECURITY NUMBER | | | ve Kind of Work D | one During Mk | ost of 14b. K | IND OF BU | SINESS O | RINDUST | RY | Ever in U | | |
| REGARDING | 13. GOODLE GEGORAT PROMEEN | Working Life, E | | School Te | | | | Educati | on | [| Forces?_ | | |
| COMPLETION OF RESIDENCE | 15a. RESIDENCE - STATE 15 | b. COUNTY | 15c. CIT | Y, TOWN OR LO | CATION | 15d. STREET A | ND NUMB | R | | | 15e. INSID LIMITS (Sp | E CITY ectiv Yes | |
| ITEMS | Nevada | Washoe | 1 | Reno | | 1480 The 5 | Strand | | | | or No) | Yes | |
| | 16. FATHER - NAME (First Middle | | | | 17. MOT | HER NAME (| First Middle | Last Su | ffoc) | | | | |
| PARENTS | | neuncey Latte F | ang | | | سندن المتحدد المتحدد | Ck | rice M | ABBO: | T | ر. معامد مساوری | eggerman () | |
| | 188. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) | | | | | | | | | | | | |
| | | nes KING | | | | 1480 The Str | and Ren | o, Nevad | la 8950 | | | | |
| | 198. BURIAL, CREMATION, REM | OVAL, OTHER (Specif) |) 19b. CEMETE | RY OR CREMATO | ORY - NAME | | | 19c. LO | CATION | - | | | |
| DISPOSITION | | ************************************** | J., | Moustai | in Vigur Cry | | | | | Reno Nevada 89503 | | | |
| | 208. FUNERAL DIRECTOR - SIGN | ATURE (Or Person A | ting as Buch | TO FUNERAL | | A LANE ME | ODRESS C | FFACILIT | Ÿ | | | | |
| | BLAK | E HOWE | A. | DIRECTOR LIC | and the same of th | 4 4 | | | | me, Reno | -00 | | |
| | | RE AUTHENTICAT | 20 | 622 | حليت | · | 875 We | n Second | St Ker | o NV 89 | 503 | | |
| TRADE CALL | TRADE CALL - NAME AND ADDR | ESS | | / Se | and the same of th | | | | | North Satur | والمستداد الما | an word of | |
| | 공 및 21a. To the best of my know | wiedge, death occurred | at the time, day | and place and | | e. On the basis of time, date and p | f examinatio Jace and du | e to the car | vesugamo Jse(s) stal | n, ın my opini ted. (Signatur | on qeann. e& Trtle} | ACCEPTED ON | |
| | due to the cause(s) stated. CHAN 21b. DATE SIGNED (Mo/D | WIT ROONS | RITONG N | | | | | | | | | | |
| CERTIFIER | | | HOUR OF DEA | TH" | | DATE SIGNE | (Mo/Day/Y | ή) | 22c. | HOUR OF DE | EATH | | |
| | [응물 July 24, 2008 | | 155 | | _ [2] 2 | 7 | | <u></u> | | | | AT (1) 1 | |
| | 21d. NAME OF ATTENDIN | G PHYSICIAN IF OTH | ER THAN DER | HER | 94 2 | d. PROWOUNCE | DEAD (N | lo/Day/Yr) | 220 | PRONOUNC | EU DEAD A | A I (MOUT) | |
| | 프를 21d. NAME OF ATTENDIN | | | | | # - L | | | | 3b. LICENSE | MILIOCO | | |
| | 23a. NAME AND ADDRESS OF C | ERTIFIER (PHYSICIA) CHANWIT ROOM | i, ATTENDING F CODITÀNÀ | 100 32 | CACEBANN | ER, OR GOROM *NN# 89503 | ER) (Type o | r Print) | ۴ | | 2355 | | |
| | | | | ING SHEET | | ECEIVED BY RE | GISTRAR | 24c. (| EATH OL | E TO COM | | DISEASE | |
| REGISTRAR | 24a. REGISTRAR (Signature) | | es sandi | "The specific second | (METOBy/Yr) | July 29, | | | YES | _ | W X | | |
| | | SIGNATURE A | | | in to Common the Common to the | <i>y</i> 300,5 20, | | | | | | t end death | |
| CAUSE OF | 25. IMMEDIATE CAUSE PART 1 ACUTE INTE | rior wall myoc | ardial i nta : | rction | MD (6)-1 | is to the safe | | | | 1 Week | | | |
| DEATH | | A CONSEQUENCE O | | | الم فيهم الم | XI | | | | | ween ones | and death | |
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| CAUSE -> | | A CONSEQUENCE O | | <u>-</u> | | | <u> </u> | 3127 | | interval be | ween onse | and death | |
| UNDERLYING | | A CONSEQUENCE O | | | | e la | Disk. | | 1 | e dae in die ee de de | Toronto War | ora sale side | |
| CAUSE LAST. | (d) | | | | | | 7 7 | | 6. AUTO | | | E REFERRED | |
| | PART II | | | | | | $-$ (\cdot | | Specify Y | esor No) | O CORONEI r No) | R (Specify Yes No | |
| | - 422 PHONY I MAN I WORK | 286. DATE OF INJURY (N | h-Dardya . | 28c, HOUR OF INJU | 1284 D€ | SCRIBE HOW INJU | RY OCCURR | | <i>J</i> 5 | 110 | | 140 | |
| | 28a. ACC., SUICEDE, HOM., UNDET. OR PENDING INVEST. (Specify) | 200. DATE OF INDORT (N | icroay, 117 | 200, 110011 01 1100 | | | W. Same | | | | | | |
| | 28e. INJURY AT WORK (Specify | 28f. PLACE OF INJUR | V. At home far | m street factory (| office 28c L | OCATION | STREET O | RRFD N | o. C11 | Y OR TOWN | _ | STATE | |
| | Yes or No) | building, etc. (Specify) | | ., 20004 10007, | | | | | Carrier S. | | | | |
| <u>ي</u> | | | | | | | | | | | | | |
| 55. | | | | STATE | REGISTR | AR | | Stanting at | and the same of | | | | |
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201212280013 Skagit County Auditor

12/28/2012 Page

3 of

310:30AM

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.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

