

3/21/2013 Page

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LAND TITLE OF SK	AGIT COUNTY	
m .19860	ACCOMMODATION	RECORDING

m.19860 ACCOMMODATION RECORDING
Document Title: Affadvit of Surviving Spouse
Reference Number:
Grantor(s): additional grantor names on page
1. Richard Grant McKechnie 2.
Grantee(s): additional grantee names on page
1. Bertha H. McKechnie 2.
Abbreviated legal description: full legal on page(s) Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page
P59890
I Land Title and Escrow, am hereby requesting an emergency non-standard
recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$62.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.
3.20.13
SignedDated



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

State of Washington				
County of Ska	git			
				
Name of deceased	Richard Grant McKecl	n nie		
				
I, (survivor's name)	Bertha H. McKechnie			officer that I am tha
	r to the property described as:			affirm that I am the
Parcel number(s)	P59890		,	1013952
			SKAGIT COUNTY REAL ESTATE	WASHINGTON
•		<u> </u>	MAR 2	1 2013
			∆mount	Paid \$ Ø
			Skagit Co.	Treasurer
			By M	Deputy
I certify (or declare)	under penalty of perjury unde	r the laws of the S	State of Washington	n that the foregoing is true
and correct.				
Signed this 5th	day of March	2013	at Anacortes	. WA
	(month)	(year)	(city)	, <u>wa</u> (state)
	, ,	· · · · · · · · · · · · · · · · · · ·		, ,
	fla Il. Mak	ediné.		
	(Signature of surviving sp	ouse or registere	d domestic partnei) ^
	Bertha H. McKechnie			
				/////////////////////////////////////
	(Printed name of surviving	spouse or register	reu aomestic parth	er)
4803 Glasgow	Way	Anacorte	s	WA 98221
(Address of surviving	g spouse or domestic partner)	(City)		$\frac{50221}{\text{(State)}}$

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

DEPARTMENT OF HEALTH

		Certificate of Death	State File Num	ber
1, tegál Name ((aciode AKA sir añy) First Richard G	Middle (AST	Suffix	2. Déath-Date 2. Oct 16, 2010	
3. Sex (M/F) 4a, Age – Last Bi		Under 1 Day " 5. Soc	al Security Number	6. County of Death
M 84 7. Birthdate 8a. Bir			. Decedent's Education	Skagit
Ly	nn Mass	sachusetts	Bachelor's Dec	
10. Was Decedent of Hispanic Origin?	' (Yes or No) If yes, specify.	Decedent's Race(s) Caucasian		12. Was Décedent ever in U. Armed Forces? Yes
5 13a. Residence: Number and Street (e	i.g., 624 SE 5 th St.) (Include Apt. No.)	Caucasian	13b. City	
4803 Glasgow Way	13d, Tribal Reservation Name (if applicat	blet 113e. State or Foreign Cou		ortes e + 4 13g. Inside City Limits?
Skaqit		Washington	98221	#Yes □ No □ Ur
Silver commenced for gen of annie de l'esiden	nce. 15. Marital Status at Time of Deat		Domestic Partner's Name (Giv	e name prior to first marriage)
17. Usual Occupation (Indicate type of wo	Married ork doine during most of working life. (DO NOT	Bertha Helene ruse Retireoj 18. Kind of Busin	MULLEY ess/Industry (Do not use Compar	y Name)
Consultant 19. Father's Name (First, Middle, Last, Su		Manageme		
19. Father's Name (First, Middle, Last, Su D. Edward (NMN) McKechn	and the second	ZO. Mother's Nan Helen (N)	ne Before First Marriage (First, I	viiddle Last)
8 21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number	and Street or RFD No. City or Tow	
Bertha Helene McKechn 24. Place of Death, if Death Occurred in a Ho		4803 Glasgow Way	Anacos eath Occurred Somewhere Other th	
Inpatient				
25. Facility Name (if not a facility, give num	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Town, or Location of Death	26b. State 27. Zip Code
Skagit Valley Hospita 28. Method of Disposition	29. Place of Final Disposition (Nam		nt Vernon nce) 30. Location	WA 98274 City/Town, and State
Cremation	Northwest Cremator	у	Anacorte	es, Washington
31. Name and Complete Address of Fu	uneral Facility Prematory, Inc. 1105 32nd	Otrost Apparetor Wa	thington 98721	32. Date of Disposition October 21, 2010
33. Funeral Director Signature X			shington 30221	OCCUPATION TO THE PROPERTY OF
the state of the s	Lenne	Death (See Instructions and exam) Wasan nganggangan pangganggan	and the second second
condition resulting in death) →	_a Cardiac Arrest			Minutes
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