



201307170005

Skagit County Auditor

\$75.00

7/17/2013 Page

1 of

4 9:08AM

Document Title:

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

Grantor(s):

additional grantor names on page \_\_\_

1. Judith Packard, deceased

2.

LAND TITLE OF SKAGIT COUNTY

146968-05

Grantee(s):

additional grantee names on page \_\_\_

1. Kenneth J. Packard

2.

Abbreviated legal description:

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

ptn SE 1/4 of SE 1/4 17-33-4 E W.M.

Assessor Parcel / Tax ID Number:

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

P#16749

UNOFFICIAL DOCUMENT

146968-05



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 Judith Packard

I, (survivor's name) Kenneth J Packard affirm that I am the  
sole and rightful heir to the property described as:

Parcel number(s) 16749

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20132796  
JUL 17 2013

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

Date:  
7/12/13

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 12<sup>th</sup> day of July, 2013 at Mt. Vernon, WA  
(month) (year) (city) (state)

Kenneth J. Packard  
(Signature of surviving spouse or registered domestic partner)

Kenneth J Packard  
(Printed name of surviving spouse or registered domestic partner)

20776 Bulson Rd Mount Vernon WA 98274  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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



201307170005

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>229-04</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any)				2. Death Date	
JUDY HELEN PACKARD				March 18, 2004	
3. Sex (M/F)		4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number
Female		46	Months Days	Hours Minutes	[REDACTED]
7. Birthdate		8a. Birthplace (City, Town, or County)		9. Decedent's Education	
[REDACTED]		Seattle Washington		Bachelor's degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No
No			Caucasian		No
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
20776 Bulson Road				Mount Vernon	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit			Washington	98274	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)		
9 years		Married	Kenneth Packard		
17. Usual Occupation (Indicate type of work done during most of working life. Do not use company names)			18. Kind of Business/Industry (Do not use company names)		
Manufacturer's Sales Representative			Aircraft Industry		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
Hal Bramwell Williams			[REDACTED]		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: (Household Street or RFD No., City or Town, State, Zip)		
Ken Packard		Spouse	20776 Bulson Rd Mount Vernon, WA 98274		
24. Place of Death, if Death Occurred in a Hospital: <span style="float: right;">Place of Death, if Death Occurred Somewhere Other than a Hospital:</span>					
Decedent's home					
25. Facility Name (if not a facility, give number & street)			25a. City, Town, or Location of Death	25b. State	25c. Zip Code
20776 Bulson Road			Mount Vernon	WA	98274
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Mount Vernon Crematory		Mount Vernon, WA	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Lemley Chapel 1008 Third St. Sedro-Woolleys WA 98284				Mar 18, 2004	
33. Funeral Director Signature: <i>Rich Lemley</i>					
34. Enter the <u>chain of events</u> - 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Metastatic carcinoma of lung</i>			Interval between Onset & Death: <i>4 hrs</i>
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. _____ Due to (or as a consequence of):			Interval between Onset & Death:
		c. _____ Due to (or as a consequence of):			Interval between Onset & Death:
		d. _____			Interval between Onset & Death:
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year			
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				47. If transportation injury, specify:	
City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian	
46. Describe how injury occurred				<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.				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.	
[Signature]				[Signature]	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Robert Raish, MD 1415 E Kincaid Mount Vernon, WA 98273				0200 hrs	
51. Name and Title of Attending Physician (other than Certifier) (Type or Print)				52. Date Certified (mm/dd/yyyy)	
				March 18, 2004	
53. Title of Certifier		54. License Number	55. MEC/Coroner File Number	56. Was case referred to medical examiner?	
Physician			NJA-081	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature X		58. Date Received (mm/dd/yyyy)	59. Record Amendment		
<i>Dorothy Epps, deputy</i>		MAR 18 2004			



File Number

cord Type:  Birth

Name on record:

(County)

-ather's Full Name (For Birth) (Husband)

The Record

I represent the person as:  Self  Father

Signature: \_\_\_\_\_  
I declare under penalty of perjury that I am the

Birth records are registered as received. All records must be returned within one year of the date of registration.

changes must be established by documentary proof. Hospital records, Certificates of Live Birth, Insurance records, and other records may be used to establish changes must be established by documentary proof.

Only a parent, legal guardian (if the child is under 18 years of age), or the child (if 18 years of age or older) may change their child's name. The proof(s) must match exactly the original name to be Mary Ann Doe. Mary Ann Doe. Proof must be five (or more) years old. Up to age one, the parent(s) or legal guardian(s) may change the name. This is a one time only change. After age one, last name changes only. Parent(s) may change their child's first or middle name. This affidavit cannot be used to change the name of a child.

Birth Certificates: Only the informant, the funeral director, or the medical information (cause of death) if it is less than sixty days from the date of death. Divorce/Dissolution (Divorce) Certificate: Personal fact(s) (minor spelling changes) To change the date of birth (minor spelling changes) -

1/CHS 025 (Rev. 9/2002)



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\*CERTIFIED\*

MAR 22 2004

Skagit County Health Department

TRIMBLE