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Document Title: Afficiality	- of Survivin	g 50	misc	,
Reference Number (if applicable):	<u> </u>			
Grantor(s):	additional grantor	names o	n page _	
11 Donald Harbe	ston			
2)				
<u>Grantee(s):</u>	[_] additional grantor	names o	n page _	•
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Estate of Eliza	weth Harbe	stor	\mathcal{F}	
Abbreviated Legal Description:	[_] full legal on page(s)		
Lot 23 Sauk n	nth Ulew Esta	HOS		<u> </u>
		À.		

Assessor Parcel /Tax ID Number: [_] additional parcel numbers on page

P120684



REV 84 0015 (5/29/08)

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

State of Washington	V.				
County of 5KAG	M.				
Name of deceased	ELIZABETH BAIKE) HAKE	i, Stav		
I, (survivor's name)_	DONALO LEE HA to the property described as:			affirm	that I am the
_	120 684			EIOG WYTNUOS STATE EXC	
-			_	EP 23 20 Amount Paid Sagit Co. Treass	ϕ
and correct.	under penalty of perjury under				
	day of SEPT (month) (month) (ce Workset: (Signature of surviving sp			er _{linger}	(state)
	(Signature of surviving sp LLE HARBESTON) (Printed name of surviving)			and the second s	4
					<u> </u>
1273 ARBE	ZO DR. g spouse or domestic partner)	JEDRO	WOOLLEY	WA	98284
Note: A certified cop	g spouse or domestic partner) py of the death certificate must he Real Estate Excise Tax Affid	be presented		15.00	rring real



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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-017092

DATE ISSUED: 09/19/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ELIZABETH BAIRD LAST NAME: HARBESTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 05,2013
HOUR OF DEATH: 12:55 A.M.

SEX: FEMALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: 003-34-8623

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: MARCH 25,1940

BIRTHPLACE: EDINBURGH, SCOTLAND

MARITAL STATUS: MARRIED

SPOUSE: DONALD LEE HARBESTON

OCCUPATION: SOLDERER

INDUSTRY: ELECTRONIC

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES? NO

INFORMANT: DONALD L. HARBESTON

RELATIONSHIP: SPOUSE

ADDRESS: 1273 ARREZO DRIVE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1273 ARREZO DRIVE

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

INSIDE CITY LIMITS? YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: WILLIAM KINLOCH MOTHER: JEAN MCMANNIS BAIRD

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: SEATTLE SERV. GROUP CREMATORY

CITY, STATE: SEATTLE, WA

DISPOSITION DATE: SEPTEMBER 19,2013

FUNERAL FACILITY: NEPTUNE SOCIETY

ADDRESS: 19324 - 40TH AVE W, STE A

CITY, STATE, ZIP: LYNNWOOD WA 98036 FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:

A. VENTRICULAR FIBRILLATION

INTERVAL: 1 HOUR

В. INTERVAL:

c.

INTERVAL: D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

Hour of Injury:

INJURY AT WORK? PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

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MANNER OF DEATH: NATURAL

AUTOPSV: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MATTHEW RUSSELL MD

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 1415 E. KINCAID ST. CITY, STATE, ZIP: MOUNT VERNON WA 98274

DATE SIGNED: SEPTEMBER 18,2013

CASE REFERRED TO ME/CORONER: NO. FILE NUMBER: 491 ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA DATE RECEIVED: SEPTEMBER 19,2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S): NONE





Affidavit for Correction

Genter for Elackii Starii RC Ber 47817 Olympia Www 98524 715 J 6864 Juni 1900

This is a legal Document. Complete in link and do not give.

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Skagit County Health Department
Howard Leibrand M.D., Health Officer

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