

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20134357
OCT 29 2013

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



201310290047
Skagit County Auditor \$73.00
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**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 Douglas L Solbeck

I, (survivor's name) Linda D Solbeck affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) P 124 716

Lt 4 Aspen Lane

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 24th day of OCTOBER, 2013 at BURLINGTON, WA
(month) (year) (city) (state)

Linda A. Solbeck
(Signature of surviving spouse or registered domestic partner)

LINDA D. SOLBECK
(Printed name of surviving spouse or registered domestic partner)

1048 ASPEN LANE BURLINGTON WA 98233
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-005105

DATE ISSUED: 03/21/2013

FEE NUMBER: 000000029

GIVEN NAMES: DOUGLAS LEE
LAST NAME: SOLBECK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 14, 2013

HOUR OF DEATH: UNKNOWN

SEX: MALE

AGE: 69 YEARS

SOCIAL SECURITY NUMBER: 535-42-3975

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 20, 1943
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: LINDA OLSON

OCCUPATION: MACHINIST
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: LINDA SOLBECK
RELATIONSHIP: SPOUSE
ADDRESS: 1048 ASPEN LANE BURLINGTON WA 98233

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1048 ASPEN LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1048 ASPEN LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: DONALD L SOLBECK
MOTHER: OLGA MARTHA WUSCHER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 21, 2013

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. ESOPHAGEAL ADENOCARCINOMA
INTERVAL: TWO YEARS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:



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Skagit County Auditor

\$73.00

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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:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PAUL JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 819 SOUTH 13TH. STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 20, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

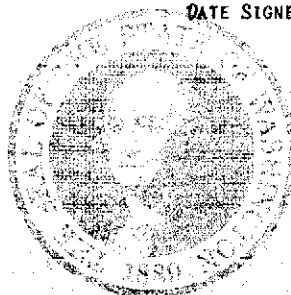
ITEM(S) AMENDED: NONE

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

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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 21, 2013



DOH 01-003 (12/11)