

Skagit County Auditor 12/11/2013 Page

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\$74.00 1:37PM

Filed for Record at request of and return to:

STILES & STILES INC. P.S.

P.O. Box 228 / 925 Metcalf Street Sedro Woolley, WA 98284 SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2013444

DEC 11 2013

Amount Paid \$ Skapit Co. Treasurer
Deputy

Legal:

LIVERMORE'S AC W OF RLY LESS N 20FT & S 322.5 FT LT 9

Tax Parcel #

3947-000-009-0308

P67285

QUIT CLAIM DEED

THE GRANTOR, RICHARD L. CLARK, as sole heir of the Estate of DORIS J. CLARK, conveys and quit claims to RICHARD L. CLARK, as his separate property, in accordance with the attached Affidavit of Surviving Spouse, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) therein:

That part of Tract 9, "Livermore's Hamilton Acreage", according to the plat recorded in Volume 3 of plats, page 87, records of Skagit County, Washington, lying West of Lyman Timber Company Railroad right of way, as shown on plat, EXCEPT the North 20 feet and the South 322.5 feet.

DATED 12-11-13

Richard L. Clark

(individual)

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me Richard L. Clark, 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 14h day of December, 2013.



NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley

Commission Expires: 12-19-14

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 Doris JoEllen Clark			
I, (survivor's name) Richard L. Clark			affirm
that I am the sole and rightful heir to the property d	lescribed as:		
Parcel number(s) <u>P67285 / 3947-000-009-03</u>	08		
I certify (or declare) under penalty of perjury under	the laws of the State	of Washington	that the
foregoing is true and correct.	the laws of the State	Of washington	mat me
Signed this,		Woolley , (city)	<u>WA</u> (state)
Dr. 1 1 1 2 2 2	(yeur)		(state)
Kichard Z. Clark	7.7		
(Signature of surviving spouse or	registered domestic p	artner)	
Richard L. Clark (Printed name of surviving spouse)	or registered domestic	nartner)	
(1 timed name by surviving spouse t	or register ou domestic	, pa,	
7765 Ensley Road	Sedro-Woolley	WA ^N	9828 <u>4</u>
(Address of surviving spouse or domestic partner)	(city)	(state)	(zip)
Note: See Senate Bill (SB) 6851 on p	page 2 for statutory re	quirements.	
REV 84 0015 (9-24-13)		•	
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STATE OF WASH	HINGTON DEPARTMENT O	F SOCIAL AND HEALT	H SERVICES		
T 142 7	VITAL REÇO	RDS			
LOCAL FILE NUMBER	CERTIFICATE O	OF DEATH			
1 NAME - FIRST, MIDDLE, LAST	2. SEX 3.	DEATH DAITE (MO DAY YR)	146-8		
DORIS JOELLEN CLARK		JUNE 24,1980	140-0	STATE FILE NUMBER	
PRACE WHITE, BLACK, AM. IND. 5. AGE - LAST BIRTH- 6. UNDER ETC SPECIFY). DAY (YRS) MOS.	1 YEAR 7. UNDER 1 DAY 8. DAYS HOURS MINS.	BIRTHDATE (MO DAY YR)	g. COUNTY OF DEATH		
WHITE 39			SKAGIT		
10 CITY TOWN OR LOCATION OF DEATH	11. PLACE OF DEATH - CHECK TYPE 1 AT SCENE 2 IN TRANSPORT	OF PLACE THEN GIVE ADDRE 3 EMERG ROOM 4 HOSPITA	SS OR INST NAME L 5. NURSING HOME	12. RECEIVED EMERGENCY (AMBULANCE FIREFTR. PARAM	
SEDRO WOOLLEY	UNITED GENERAL	HOSPITAL		NO YES/	'n
13 BIRTH STATE (IF NOT IN 14. CITIZEN OF WHAT COUNTRY USA GIVE COUNTRY)	15. MARRIED, NEVER MARRIED, . 16. WIDOWED, DIVORCED	6. SPOUSE (IF WIFE GIVE MA	IDEN NAME)	17. WAS DECEDENT EVER I U.S. ARMED FORCES? (YES)	
NO. CAROLINA U.S.A.	MARRIED	RICHARD L. C	LARK	NO	
18. SOCIAL SECURITY NO.	19. USUAL OCCUPATION (GIVE KII DURING MOST OF WORKING LIFE		20. KIND OF BUSINESS OR I	NDUSTRY	
	BEAUTICIAN	EVEN IF HE HALD.	BEAUTY CULT	प्रसार	
A RESIDENCE - NUMBER AND STREET	22. CITY/TOWN, OR LOCATION -23	. INSIDE CITY LIMITS?(YES/NO.		25. STATE	_
AND THE PARTY OF T	COROLA MACATERIA	37.0	CIL LOTTO	III GUTUGOOT	
774 HAMILTON CEMETERY RD.	SEDRO WOOLLEY	NO MOTHER - MAIDEN NAME FIL	SKAGIT	WASHINGTON	_
TE FATHER - NAME FIRST MIDDLE LAST	. 24	MOTHER - MAIDEN NAME FI	ns), Middle, LAS		
GORDON DILLS		IRMA			
38 INFOHMANT - NAME	29. MAILING ADDRESS STE	REET OR RED NO. CIT	Y OR TOWN STATE	ZIP	_
RICHARD L. CLARK		METERY RD. SE			
30 BURIAL CREMATION, 31. DATE (MO DAY YR) REMOVAL, OTHER (SPECIFY)	32. CEMETERY/CHEMATORY - NAME	Ē	33. LOCATION - CITY/TOWN	i, STATE	
BURIAL JUNE 27,1980	HAMILTON CEMET	ERY		ASHINGTON	
34 FUNERAL DIRECTOR	35 NAME OF FACILITY		36. ADDRESS OF FACILITY		
X richan hamley	LEMLEY CHAPEL	1008 3RD SED	RO WOOLLEY, W	A. 98284	
	34 40				

x recon transless	LEMLEY CHAPEL	1008 3RD	SEDRO WOOLLEY,	WA. 98284
TO BE COMPLETED ONLY BY CE	TIFYING PHÝSICIÁN		APLETED ONLY BY MEDICAL	
JI TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED OUT TO THE CAUSE(S) STATED.	D AT THE TIME DATE, AND PLACE AND	41. ON THE BASIS OF EX	(AMINATION AND/OR INVESTIGA) ID PLACE AND DUE TO THE CAU	TION, IN MY OPINION DEATH OCCURRED. SE(S) STATED.
SIGNATURE)	TITLE	SIGNATURE		TITLE
Danier Thu	MD	x		E
TO DATE SIGNED (MO DAY YR)	39, HOUR OF DEATH (24 HRS)	42. DATE SIGNED (MO	DAY YRJ	43. HOUR OF DEATH (24 HRS
7-15-80	0600 HRS.	į.	•	
10 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CE		44. PRONOUNCED DEAD	(MO DAY YR)	45. HOUR PRONOUNCED DEAL
ROBERT K. LANG M.D.				·
16 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEI	DICAL EXAMINER OR CORONER (TYPE OR	PRINT)		
LAURENCE R. PETERSON 131	O E. DIVISION MOU	NT VERNON	WA 98273	
	NE CAUSE PER LINE FOR (A), (B) and (C))	The second secon	W.M.	INTERVAL BETWEEN ONSET

INTERVAL BI

49. AUTOPSY? (YES-NO)

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES:NO)

T ACC SUICIDE HOM, UNDET, OR SZINJUHY DATE (MO DAY YR)

YES

SS. INJURY AT WORK? (YES:NO) S6 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY OFFICE BLDG, ETC. (SPECIFY)

59. DATE RECEIVED (MO DAY YR)

FOR STATE

REGISTRAR USE ONLY

CONDITIONS IF ANY WHICH GAVE PISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST

WED BY: Plate in 15 Ma and 16 Ma 201312110043

MENTARY EVIDENCE:

Skagit County Auditor

\$74.00

DSHS 9-150 (REV. 1-80)

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This is to certify the above is a true copy (photostatic) of the original document (TEMPORARILY) on file with the Skagit County Health Department.



GATIGIS MD.

Julius K. Nejls, M.D. Health Officer and Registrar

Signed

Deputy Registyar

JUL 2 1 1980 Date