



201404030075

Skagit County Auditor
4/3/2014 Page

\$77.00
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ACCOMMODATION RECORDING

LAND TITLE OF SKAGIT COUNTY

**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 DONALD R. MOCK

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

Parcel number(s) P79360

Lt 35 Country
Club No. 5

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20141062
APR 03 2014**

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

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 3 day of April, 2014 at Mount Vernon, WA
(month) (year) (city) (state)

J. Patricia Mock
(Signature of surviving spouse or registered domestic partner)
J. PATRICIA MOCK

(Printed name of surviving spouse or registered domestic partner)

12482 Eagle Drive 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.

fact which may be relied upon by all persons dealing with the following described property:

Lot 35, "COUNTRY CLUB ADD. NO. 5", as per plat recorded in Volume 11 of Plats, Pages 32 and 33, records of Skagit County, Washington.

2. That affiant is the surviving spouse of DONALD R. MOCK, who died at Mount Vernon, Skagit County, Washington, on February 27, 2014. That at that time they were residents of Burlington, Skagit County, Washington. That certified copy of Certificate of Death issued by the Washington State Department of Health is attached hereto, marked Exhibit "A" and by reference made a part hereof.

3. The said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor of said County, except as follows: None

4. The Estate of the Decedent at the date of death was of the approximate value of \$550,000.00, including real property above described, which had an approximate market value of \$350,000.

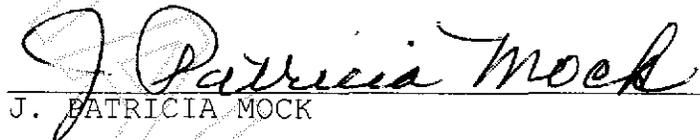
5. That all obligations of the Estate owing at the date of death of said Decedent have been paid in full and all expenses of last sickness and for funeral services have been paid.

6. That the Decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS) and/or Medicaid including nursing facility services, home or community-based services, hospital, prescription drugs or any other services.

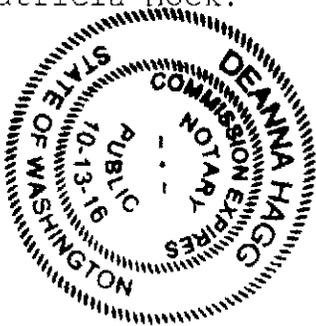


7. That the following list comprises all of the heirs at law whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
J. PATRICIA MOCK	Wife	L
GORDON D. MOCK	Son	L
SANDY L. ZIELKE	Daughter	L
LARRY R. MOCK	Son	L
THERESA LE JOHNSON	Step-Daughter	L
LAURA LE O'NEIL	Step-Daughter	L


J. PATRICIA MOCK

SIGNED AND SWORN to before me April 3, 2014, by J. Patricia Mock.




Printed name: Deanna Hagg
Notary Public in and for the State of Washington, residing at Anacortes.
My appointment expires: 10-13-2016.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-004557

DATE ISSUED: 03/03/2014

FEE NUMBER: 0000000029

GIVEN NAMES: DONALD RAYMOND
LAST NAME: MOCK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 27, 2014
HOUR OF DEATH: 02:27 P.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JULY 20, 1928
BIRTHPLACE: LEBAM, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: PATRICIA STUEMPGES

OCCUPATION: FOREMAN
INDUSTRY: STEEL BUILDING CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: PATRICIA MOCK
RELATIONSHIP: WIFE
ADDRESS: 12482 EAGLE DR BURLINGTON WA 98233

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

RESIDENCE STREET: 12482 EAGLE DR
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: RAYMOND MOCK
MOTHER: [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BURLINGTON CEMETERY
CITY, STATE: BURLINGTON, WA
DISPOSITION DATE: MARCH 06, 2014

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. RESPIRATORY FAILURE
INTERVAL: 1 WEEK
 - B. PROGRESSIVE MUSCULAR ATROPHY, VARIANT OF AMYOTROPHIC LATERAL SCLEROSIS
INTERVAL: 2 MONTHS
 - C. INTERVAL:
 - D. INTERVAL:



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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: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CHARLES V. KOTAL
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: FEBRUARY 28, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:
MEE PEDROSA
DATE RECEIVED: MARCH 03, 2014

EXHIBIT "A"

DOH 01-003 (1/13)

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-3300

This is a legal document. Complete in ink and the original.

STATE OFFICE USE ONLY

State File Number | Fee Number | Edition | Type | Affidavit Number

What you would like to correct or change on the record

1. Birth Date | 2. Date of Birth | 3. Date of Death | 4. Place of Event

4. Last Name | 5. First Name | 6. Middle/Parent Full Name

7. The record is incorrect or incomplete because: | 8. The true fact is:

9. | 10. | 11. | 12.

13. | 14. | 15. | 16. | 17. | 18. | 19. | 20. | 21. | 22. | 23. | 24. | 25. | 26. | 27. | 28. | 29. | 30.

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231. | 232. | 233. | 234. | 235. | 236. | 237. | 238. | 239. | 240.

CERTIFIED

MAR 03 2014

Howard Leibrand

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

ZZ00025127

