

UNOFFICIAL DOCUMENT



**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 Lloyd J. Mosher

I, (survivor's name) Patricia May Mosher affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) P77252

Lt 13 State Street Add to Sedro

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 April, 2014 at Sedro-Woolley, WA
(month) (year) (city) (state)

Patricia M Mosher
(Signature of surviving spouse or registered domestic partner)

Patricia May Mosher
(Printed name of surviving spouse or registered domestic partner)

1304 Talcott Street Sedro-Woolley WA 98284
(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

Local File Number **644-11** **Washington State Certificate of Death** State File Number

1. Legal Name (include suffix if any) First Middle LAST Suffix LOYD JAMES MOSHER				2. Death Date Oct 18, 2011		State File Number 2011 70931	
3. Sex (M/F) Male	4a. Age - Last Birthday 85	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number		6. County of Death Skagit	
7. Birthdate Sep 11, 1926		8a. Birthplace (City, Town, or County) Anacortes		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College, No degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian			12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1304 Talcott				13b. City or Town Sedro-Woolley			
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 34 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Patricia Osborne			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIREE)) Supervisor				18. Kind of Business/Industry (Do not use Company Name) Dept of Transportation			
19. Father's Name (First, Middle, Last, Suffix) William James Mosher				20. Mother's Name Before First Marriage (First, Middle, Last) Myrtle			
21. Informant's Name Patricia Mosher		22. Relationship to Decedent wife		23. Mailing Address: Number and Street or R.F.D. No. City or Town State Zip 1304 Talcott Sedro-woolley, WA 98284			
24. Place of Death, if Death Occurred in a Hospital: Life Care Center of Skagit Valley				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Long Term Care Facility			
25. Facility Name (if not a facility, give number & street or location) Life Care Center of Skagit Valley				26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location-City/Town, and State Mount Vernon, WA			
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc, 1008 Third St Sedro-Woolley, WA 98284						32. Date of Disposition Oct 19, 2011	
33. Funeral Director Signature <i>Charles S. Ruhl</i> Charles S. Ruhl #1179							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - 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. CVA - ischemic						Interval between Onset & Death 3 days	
Sequently 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						Interval between Onset & Death	
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. _____ Due to (or as a consequence of):						Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above aFb, CAD, hypertension, hyperlipidemia,						36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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: City or Town: _____ County: _____ State: _____ Zip Code: _____				46. Describe how injury occurred			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <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) and manner stated. P Bissell MD				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. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Peggy Bissell MD 1990 Hospital Dr #200 Sedro-Woolley, WA 98284						50. Hour of Death (24hrs) 0500	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (mm/dd/yyyy) 10/18/11	
53. Title of Certifier Physician		54. License Number 43127		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>Rebecca Register</i>						58. Date Received (mm/dd/yyyy) OCT 19 2011	
59. Amendments							



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UNOFFICIAL DOCUMENT

State of Washington Department of Health
Certificate of Birth
Name: _____ Sex: _____ Date of Birth: _____
Place of Birth: _____ Hospital: _____
Mother's Name: _____ Father's Name: _____
Maiden Name: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

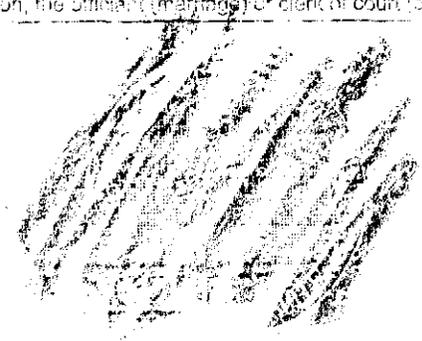
Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____

Signature of Registrar: _____
Signature of Mother: _____
Signature of Father: _____
Signature of Person: _____
Signature of Official: _____
Signature of Clerk: _____



COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT Made and entered into this 1st day of June, 1967, by and between LLOYD J. MOSHER and PATRICIA MAY MOSHER, husband and wife, of 930 Bennett, Sedro-Woolley, Washington,

WITNESSETH: That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties thereto, it is hereby agreed, covenanted and promised:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wheresoever situated, now owned or hereafter acquired by them or either of them shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties, title to all community property as herein defined shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said LLOYD J. MOSHER and PATRICIA MAY MOSHER, have hereunto set their hands and seal this 1st day of June, 1967.

Lloyd J. Mosher

Patricia May Mosher

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

On this day personally appeared before me LLOYD J. MOSHER and PATRICIA MAY MOSHER, his wife, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 1st day of June, 1967.

Robert Landry
Notary Public in and for the State of Washington, residing at Sedro-Woolley



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