



201409180054

Skagit County Auditor

\$77.00

9/18/2014 Page

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6 12:30PM

When Recorded Please Return To:

LAWRENCE A. PIRKLE  
1220 Memorial Hwy., Suite A  
Mount Vernon, WA 98273  
(360) 336-6587

**DOCUMENT TITLE:** Affidavit of Surviving Spouse

**REFERENCE NUMBER(S):**

**GRANTOR(S):** VITOMIR R. RUZICH

**GRANTEE(S):** PUBLIC

**ABBREVIATED LEGAL DESCRIPTION:**

LOTS 21 AND 22, BLOCK 706, "NORTHERN PACIFIC ADDITION TO ANACORTES", AS PER PLAT RECORDED IN VOLUME 2 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

**ASSESSOR PARCEL / TAX ID NUMBER:**

**TPN: 3809-706-022-0003 (P58503)**



SIXTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
VITOMIR R. RUZICH 3319 W. 3rd Street Anacortes, WA 98221	Spouse	Legal
RANDOLPH RUZICH 2016 H Avenue Anacortes, WA 98221	Son	Legal
VICTORIA M. PRIMOZICH 3319 W. 3rd Street Anacortes, WA 98221	Daughter	Legal

SEVENTH, I VITOMIR R. RUZICH, affirm that I am the sole and rightful heir to the property legally described above.

EIGHTH, that the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(4).

DATED this 16<sup>th</sup> day of September 2014.

20143458  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

SEP 18 2014

Amount Paid \$ 0  
Skagit Co. Treasurer  
By [Signature] Deputy

[Signature]  
VITOMIR R. RUZICH



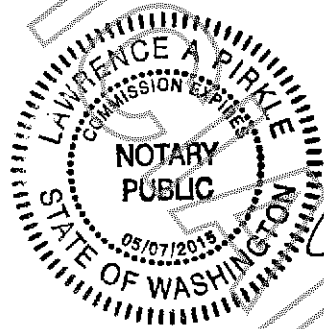
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STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that VITOMIR R. RUZICH (aka Vito Ruzich) is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

SUBSCRIBED AND SWORN TO before me this 16<sup>th</sup> day of September, 2014.

LAWRENCE A. PIRKLE



[Signature]  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My appointment expires: 5/7/15

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-010767

DATE ISSUED: 05/15/2014

FEE NUMBER: 000000029

GIVEN NAMES: MARIA JAKICA  
LAST NAME: RUZICH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 11, 2014  
HOUR OF DEATH: 08:10 A.M.  
SEX: FEMALE  
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: 531-54-9414

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: APRIL 15, 1938  
BIRTHPLACE: DUBROVNIK, CROATIA

MARITAL STATUS: MARRIED  
SPOUSE: VITOMIR RUZICH

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: VICKY PRIMOZICH  
RELATIONSHIP: DAUGHTER  
ADDRESS: 3319 WEST 3RD STREET, ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3319 WEST 3RD STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 982211218  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: JAKOV ZUVELA  
MOTHER: FRANA MIROSEVIC

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE, ZIP: ANACORTES, WA  
DISPOSITION DATE: MAY 20, 2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JAMES C. HADDON

CAUSE OF DEATH:

- A. CONGESTIVE HEART FAILURE  
INTERVAL: 2 DAYS
- B. TOTAL AORTIC VALVE INSUFFICIENCY  
INTERVAL: 2 DAYS
- C. AORTIC VALVE ENDOCARDITIS  
INTERVAL: 2 DAYS
- D. SEPSIS  
INTERVAL: 2 DAYS



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OTHER CONDITIONS CONTRIBUTING TO DEATH:

PNEUMONIA, MYOCARDIAL INFARCTION, URINARY TRACT INFECTION, OLD HEMORRHAGIC STROKES WITH LEFT HEMIPARESIS, DEMENTIA

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: KAREN M. BOLTON, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1220 22ND STREET, SUITE A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: MAY 14, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: HJAN008

ATTENDING PHYSICIAN:  
KAREN BOLTON MD

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MAY 14, 2014

ITEM(S) AMENDED: NONE

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



Department of Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236 4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State: \_\_\_\_\_ Registrar: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Affidavit Number: \_\_\_\_\_

Action requested by declarant:  Adding any charges on the record

Birth  Marriage  Dissolution

1. Date of Event: \_\_\_\_\_ 2. Place of Event: \_\_\_\_\_

3. Mother/Parent Full Birth Name: \_\_\_\_\_

The declarant is interested in/ responsible as follows:

1. \_\_\_\_\_ The true fact is: \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. Parent: \_\_\_\_\_ Guardian: \_\_\_\_\_ Informant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I, the undersigned, do hereby certify that the foregoing is true and correct.

17. Address: \_\_\_\_\_

- 1. Birth certificate (front and back)
- 2. Marriage license (front and back)
- 3. Divorce decree (front and back)
- 4. Voter's Registration Card (if it bears an effective date)
- 5. School Transcripts (Official)
- 6. Alien Registration (front and back)

1. A parent or guardian (18 or older) may change the birth certificate.  
 2. If the name is Mary Ann Doe, then the proof must show the name.  
 3. A birth certificate can change the birth certificate.  
 4. The name of the child is correct. Three pieces of documentary proof are required.  
 5. If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.  
 6. To correct an error in birth date, place of birth, or name, one documentary proof is required.  
 7. If proof is not available for a minimum of five years or have been established within five years of birth.

1. A parent or guardian (18 or older) may change the non-medical information on the birth certificate by completing and submitting a certified informant letter on the certificate. Marital status requires a certified informant letter.  
 2. The declarant must be the carrying provider or the original medical provider.  
 3. A person of birth or resident of this state may be changed in this office (if not proper) by the person or their legal representative. In cases of death or dissolution must sign the affidavit.

DCS 422-034 August 2013

**\*CERTIFIED\***

MAY 15 2014

*Howard Leibrand*

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



ZZ00273483