



201411250075

Skagit County Auditor

\$74.00

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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 SkagitName of deceased Barbara BlymyerI, (survivor's name) Eugene B Blymyer affirm

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

Parcel number(s) P# 129137

Lot No. 303, Survey of
Shelter Bay Division No 2
AS recorded June 27, 1969
in official records of Skagit County
Washington under Auditors File
No. 728258

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

20144469
NOV 25 2014

Amount Paid \$ 0
Skagit Co. Treasurer
By H B 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 25 day of November, 2014 at Mount Vernon, WA
(month) (year) (city) (state)

Eugene B Blymyer, Jr
(Signature of surviving spouse or registered domestic partner)

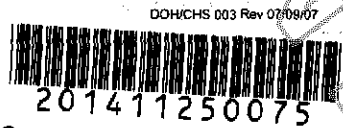
Eugene B Blymyer, Jr
(Printed name of surviving spouse or registered domestic partner)

303 Snodgrass Dr La Conner WA 98257
(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 47009		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date					
Barbara Jean BLYMYER		May 28, 2009					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
	60	Months	Days	531-50-2589	Skagit		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education				
Sep 30, 1948	Seattle	Washington	Associate of Arts Degree				
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				Caucasian		No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town			
303 Snohomish Drive				La Conner			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skagit				Washington		98257-	
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
5 years		Married		Eugene Bradley Blymyer, Jr.			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
James Charles Houch				Mary Margaret Booke			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Brad E. Blymyer		Husband		303 Snohomish Drive La Conner WA 98257-			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
303 Snohomish Drive				La Conner		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		27. Zip Code	
Cremation		Northwest Crematory		Anacortes, Washington		98257-	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Evans Funeral Chapel & Crematory, Inc. 1165 32nd St. Anacortes, WA 98221-				May 30, 2009			
33. Funeral Director Signature X <i>Joseph D. Houch</i>							
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. Breast Cancer Interval between Onset & Death 4.5 years							
Due to (or as a consequence of):							
Sequentially 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 b. Interval between Onset & Death							
Due to (or as a consequence of): c. Interval between Onset & Death							
Due to (or as a consequence of): d. Interval between Onset & Death							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
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		39. If female		40. Did tobacco use contribute to 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		<input checked="" 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		<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				Apt No.			
City or Town				County			
				State			
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 causes stated.				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.			
<i>[Signature]</i>				<i>[Signature]</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
V. K. Gadi, M.D. 825 Eastlake Ave, E. G3-303, PO Box 19023, Seattle, WA 98109				11:00 AM		Hannah Linden, MD	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		MD00041517		NJA # 268		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy)			
				5/30/09			
59. Amendments							
1812 - CIDOE SPRINGS, LA							



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