



Skagit County Auditor 11/25/2014 Page

\$74.00

Page 1 of 311:15AM

Affidavit of Surviving Spouse or Domestic Partner for Claiming an Exemption Based on Inheritance of Real Estate

State of Washington	
County of <u>Skagit</u>	
Name of deceased Barbara Blymyer	
1, (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	SKAGIT COUNTY WASHINGTON
Taicer name (s)	REAL ESTATE EXCISE TAX
Lot No. 303, Survey of	20144469
Shelter Bry Division No 2	NOV 2 5 2014
As recorded Lune 27, 1969	
in official records of Skapit County	Amount Paid \$&
	Skagit Co. Treasurer
WAShington under Auditors File	Bytte Deputy
NO. 128258	
I certify (or declare) under penalty of perjury under the laws of th	e State of Washington that the
foregoing is true and correct.	
DC , a November 2014 at	WOUNT MERKON WA
Signed this 25 day of November, 2014 at 1	Acity) (state)
(monun) (yeur)	
Followy !-	
(Signature of surviving spouse or registered dor	nestic partner)
(0.8	
Frank B Blumsleh.	dr ()
(Printed name of surviving spouse or registered of	lomestic partner)
(1 timed hance of surviving species 2.7.8.	
303 Snohomsh Dr Lale	nner WA 25257
(Address of surviving spouse or domestic partner) (ci	ity) (state) (zip)
Note: See Senate Bill (SB) 6851 on page 2 for state	utory requirements.
REV 84 0015 (9-24-13)	

v al	Mile Number 47009		Ng Ng umaman an Serma				
	1. Legal Matthe unclude AKA's if any First	Washington State Cel	rtificate of E	eath S uffix 2. Death Dat	tate File Numb e	er 1	
September 1		The same				1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
ř.,	Barbara Jean	BLYMYER	and the	May 21	3, 2009	8000	
N. Se	3 Sex (WIF) 4a. Age – Last Birthday	4b. Under 1 Year 4c. Under Months Days Hours		5. Social Security Num	ber .	6. County o	f Death
1997		(City, Town, or County) 8b. (State or F	Minutes	531-50-2589		Skag	/it
	Sep 30, 1548 Seattl			9. Decedent's Ed			
	10. Was Decedent of Hispanic Origin? (Yes or	No) If yes, specify 11, De	cedent's Race(s	ASSOCIAT	e of Arts	Degree	12. Was Decedent ever in U.S.
	No		Caucasian	,			Armed Forces? No
흾	13a. Residence: Nuriber and Street (e.g., 624	SE 5 th St.) (Include Apt. No.)			13b. City or	Town	
eral Director	303 Sachomish Drdve 13c Residence County 13d Tri	bal Reservation Name (if applicable)	la Chil			Conner	
딞	Skagit	Obi Neser valour Harrie (ii appicable)		=	13f. Zip Code		13g, Inside City Limits? ☐ Yes X No ☐ Unk
힐	14. Estimated length of time at residence. 15	Marital Status at Time of Death	Washing 6. Surviving Spa	ouse's or Domestic Partne	98257 er's Name (Give	name prior to	first marriage)
핀	5 years	Married	Eugene	Bradley Blymye	r. Jr		,
ē,	17. Usual Occupation (Indicate type of work done	during most of working life. (DO NOT USE R			not use Company	Name)	···
	Homemaker 19. Father's Name (First, Middle, Last, Suffice)			wn Home			
흍	James Charles Houck		i	er's Name Before First M		ddle, Łasi)	
ខ	21. Informant's Name	22. Relationship to Decedent 23.	Mailing Address	Y Margaret Boo Number and Street or RFO No	City or Town	State	Zip
Ę	Brad E. Blymyer	Husband		omish Drive	La Conn	er	WA 98257-
Q	24. Place of Death, if Death Occurred in a Hospital:			Death, if Death Occurred Som		n a Hospital;	· · · · · · · · · · · · · · · · · · ·
	25. Facility Name (If not a fecility, give number &	(real or Province)		edent's Resider		661 C: .	Em Si E
	303 Snohomish Drive			26a. City, Town, or Locat La Conner	OU OL DRB(II	26b. State WA	27. Zip Code 98257 -
	28. Method of Disposition 29	. Place of Final Disposition (Name of c	cemetery, cremator		30. Location-C		
	Cremation	Northwest Crematory				•	shington
٠.	31. Name and Complete Address of Funeral F Evans Funeral Chapel & Cre					32. Date of	Disposition
	33. Funeral Director Signature X	macory, Inc. 1105 321	IG SE. ADS	COTTES, WA 9822	21-	_May 3	0,2009
	1	mach Duch	ر ممد				
	71	Cause of Swath	(See instructions	and examples)			
	 Enter the <u>chain of events</u> – diseases, would be diseases, which without showing the etiol 	ries or complications without directly o	the about	DO NOT optos terminal	events such as	cardiac arre	ast, respiratory arrest, or
- 1		-ay. 50110111501111111111111111111111111111	ruumorkai mies ii	necessary.		à	nterval between Onset & Death
MMEDIATE CAUSE (Final disease or condition resulting in death) → a. Breast Cancer						1	4.5 years
ı	• ,		Due to (or es a co	sequence of):		-	nterval between Onset & Death
	Sequentially list conditions, if any, leading b. to the cause listed on line a. Enter the		- A Second Str.				_
	UNDERLYING CAUSE (disease or injury		Due to for as a cor	isequence of):		,1:	nterval between Onset & Death
	that initiated the events resulting in <u>c.</u> death)LAST		Due to (or as a cor				
-			Date to 10 as a Cu	inadociato pil		ļ.	nterval between Onset & Death
ŀ	35. Other significant conditions contributing to	death but not resulting in the underly	ing cause given	above 36	Autopsy?	Were aid	topsy findings available to
뺅			, and an analysis	Regg Stem	· , k	complete the	Cause of Death?
텏	00 10 10				Yes 🌠 No	ı	∐ Yes 🔀 No
		female of pregnant within past year	lot pregnant but	pregnant within 42 days	aefore door		tobacco use contribute death?
βľ	Accident Undetermined Pr	egnant at time of death 💢 N	ot pregnant, but	pregnant 43 days to 1 ye	ar before death	□ Ye	
	Suicide Pending 41. Date of Injury (MM/DD/YYYY) 42. Hour	of Injury (24hrs) 43. Place of Injury	nknown if pregn	ant within the past year s home, construction sile, res		. No	
5[ar injury (2 may)	y tag., Decedent	o nonte, construción site, resi	aurant, wooded ar	rea) 44 .	Injury at Work? es ☐ No ☐ Unk
2 /	45. Location of Injury: Number & Street:				. /	apt No.	
	Dity or Town.	County:	·	Slate:		ip Çede+ 4:	
ľ	16. Describe how injury occurred				. If transportatio	injuly, spe	
,	·				Driver/Operato		estrian er (Specify)
ļ	ISa. Certifying Physiciap-₹o ₄ the best of my know	viedge, death occurred at the time, date ar	nd 48b. Med	ical Examiner/Coroner -			
١	place and due to the value (s) and manner stated	L.		n, death occurred at the time,	daic, and plage	agentive to the	cause(s) and manner stated
2	(/-> /col		×			Lance of the same	
۲	Name and Address of Certifier - Physician.			981	09	0. Hour of C	leath (Z4hrs)
-	V. K. Gadi, M.D. 825 Eastlake Ave, E, G3-303, PO Box 19023, Seattle, WA 11:00 MM						9" M" %
	Hannah Linden,MD				5	* # T	ned (minupominy)
5		54. License Number	55. ME	/Coroner File Number	56. Wa		29,2009
Ļ	MD	MD00041517	l l	NJA # 268		pa ye	W. E. W. W. W.
5	Represtrar Signature	1 350 8	TALLY.	58.	Date Received	(умиралтт)	
₾	Old april N M	m, de man	OFFICE OF		5/30,	109	<u> </u>
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15. Signature.			
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AP vital records are regimened as ranging certificate must be received which one ver-		windaly especific or sold Talegor compositions are re-	in vergyen er ek form in vink et onder, arden filter indomerati George
All changes must be established by our	and the procedure of Anna	· p Triavit	
Examples of documentary proof Certification	oution and course features and the second of		araide, flocal Voters Beldivirklion Pard (fiblioscalad
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2. The proof(s) must match estable agments by Mary Agr. Prog. 1489.	et invelva esponet, ordio activida Europeodinas facile. Emarceda A. Deplar M.A. Dos dassina presid		 Explored the anti-matthe proof mum show the
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4. Up to age ons, the pallocate' hallo This is a one time only one ass.	get graduationay no age the childr Repeate on interest a respirency	207 (1) (6-0) (7-0)	Milestone
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decrimenta, y neper		I I	1 1
 5. Parent(s) may because the ricilitation. 6. This affidavit capacit be resent. 	e in some mercie normal, you cample image species in the him of minds exemition item.	ither the enterpity of income	inch Copynitational of Vide 19th Sinth day) political Science (2016)
Death Certificates.			
Only the information as forces, i.e., information.	, rom, pris lovujus sistemusija. Orbidi	sylcance continuing auch po	Court of 25th may conside that open motival
2. The medical irrormetion (cause)	. Casilin may be changed only by Li	e ogrhlyng på ystolon er tile o	Noer ongeles a kambines on was oppered by make diastoes
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Skagit County Auditor 11/25/2014 Page \$74.00 3 of 3.11:15AM



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

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