

**Skagit County Auditor** 

\$76.00

7/1/2015 Page

1 of

5 4:16PM

AFTER RECORDING MAIL TO:	//1/2015 Page	1 of	5 4
Name			
Address			
City / State			
Document Title(s): (or transactions contained therein)  1. A FFIDAULT OF SURVING SPOULE  2. Certificate of Death  3.  4.			
Reference Number(s) of Documents assigned or released:			
☐ Additional numbers on pageof document			
Grantor(s): (Last name first, then first name and initials)  1. New fon, Kerrie Lynn  2.  3.  4.  5.   Additional names on page of document			
Grantee(s): (Last name first, then first name and initials)  1. New + 0 N, WARREN T.  2.  3.  4.  5.  Additional names on page of document			
Abbreviated Legal Description as follows: (i.e. lot/plock/plat or sec	ction/township/range/quarter/q	uarter)	
Lots 16-18 1 19-20, "Mrs. W	lary Eubaulis		
151 Additur to City of Anacost			
☐ Complete legal description is on page of docum	nent		N <sub>L</sub>
Assessor's Property Tax Parcel / Account Number(s):			
P57173 P57174			1
		-	I Farm.

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

2015 25 25 skaget county washington real estate excise tax

JUL 0 1 2015

Amount Paid 3.

Skagli Co. Treasurer

By Deputy

REV 84 0015 (9-24-13)

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

State of Washington			
County of 51	- Aller Marie Company	•	
· -	Note the second	· landle	
Name of deceased_	kenne Lynn	Newton	<del>_</del> _
l, (survivor's name	10 m	Newton	affirm
that I am the sole as	nd rightful heir to the prope	rty described as:	
Parcel number(s)	P# 57173		
blic ington ERSON	P# 57174 ×		Notary Public State of Washington MARY E ANDERSON
EXPIRES 017			MY COMMISSION EXPIRES March 13, 2017
foregoing is true an			
Signed this 15+	day of JULY (month)	, 2015 at MA	(city) (state)
	signature of surviving spous	e or registered domestic	partner)
- Upr	inted name of surviving spo	<b>A</b> 4	ic partner
1110 36th	-54/ect ng spouse or domestic partr	- Anacortes	<u> </u>
(Address of survivi	ng spouse or domestic partr	ier) (city)	(state) (zip)
Note:	See Senate Bill (SB) 6851	on page 2 for statutory	requirements.

## **NOTARIZATION**

STATE OF WASHINGTON

COUNTY OF SKAGA

On this day personally appeared before me WARREN T. NEWTON, to me known (or satisfactorily proven) to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this

May E. andusin

Residing at: SkagiT

My commission expires: March 13, 2017

**Notary Public** State of Washington MARY E ANDERSON COMMISSION EXPIRES

March 13, 2017

Notary I State of Wa MARY E AN MY COMMISSIC March 13.

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-807954

DATE 1SSUED: 03/23/2015

FEE NUMBER: 0000000029

GIVEN NAMES: KERRIE LYNN LAST NAME: NEWTON

COUNTY OF DEATH: SKAGIT DATE OF DEATH: NARCH 15,2013

SEX: FEMALE

AGE: 54 YEARS SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO. NOT HISPANIC

RACE: WHITE

BIRTHPLACE: EVERETT, SNOHOMISH CNTV. WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: WARREN TAYLOR NEWTON

OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES? NO

INFORMANT: WARREN T. NEWTON

RELATIONSHIP: HUSBAND

ADDRESS: 1110 36TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH: A. SUBARACHNOID HEMORRHAGE INTERVAL: 23.5 HOURS

B. RUPTURED CEREBRAL ARTERIAL ANEURYSM INTERVAL: 23.5 HOURS

C٠ INTERVAL:

D. INTERVAL:

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S): NONE PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1110 36TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

INSIDE CITY LIMITS? YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: FRANK RICHARD ENGSTROM MOTHER: JEAN ANN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WA DISPOSITION DATE: MARCH 22,2015

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES NA 98221 FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO CONPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATHS NO.

PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: PAUL MILLER, MD.

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 1400 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON WA 98274.

DATE SIGNED: MARCH 20,2015

CASE REFERRED TO ME/CORONER! NO FILE NUMBER: NJA 170

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: MARCH 20,2015

## Center for Health Statistics ARTHURN FOR CONTROLLUS P.O. Box 47814 Olympia, WA 98504-7814 This is a logal decimant. Occupant in oil and do not alter. 360-236-4300 vog.sw.dob.wavw STATE OFFICE USE ONLY Affidavit Number Considera we the section fectors for those orthogony changes on the record Dissolution [] Marriage TI Deavis Place of Event: Date of Event 15. Mather/Farent Full Birth Name This accord is bicomest or incomplete as follows: The true four is: M Georgian Tillinformant Telephone Number: is of leto-chapton that the lunuolog is true and correct. 45 Sending A Same Aller Register of the Aller Country of the Aller Country of the Aller Country of the Aller Register Grant Country of the Aller Register Grant Country of the Aller Register Grant Country of the Aller Register of the Aller Register Grant Country of the Aller Register School Transcripts (Official) Aller, Recustration (front and back) Horanial/Medical Record rá Basa na Anga 139 gazin (1711) Barton Car laye De Congresione. .. igal arby changs the bath certificate. single larger of the organization and extend the extending positive decision in fields That you street course in social course, by the courses out from her that it can be or coupled by William. to the manue is false. Ama Doe, then the proof must show the name on Salany ha na la el Mary Al Depote All Al Dest Boes not object the some B additional grant for ie a let incuration can change the birth certificate. Corporations come a conservability of contraction of configurations and configurations Allegame is absent, three pieces of documentary proof and ordered. Plantage and Report a read of the class and be dispersed at the exand an appear of the Brakensey Consistence of high rights force of Consist on the golds, and/artiest manie is misspelled, or date of birth is is an explicated a complytument of the open many team out in cased ordinary Claud gamena) deconsentary croof are required Carried Barrier of Mighins reging him place of birth, or name, one documentary ray dis radio of scarles) we are planning. It is called in first to constitutions are log-connectioning that ro) years old or have been established within five abbeilt committee the to the mostleitimat raun€o€ five (or \$1¢ recovered percents, inflammation, care resolutionality proof is required. Proceedable Was of Bill to the period of the second conservation and the second stable of within the years of birth But a control of the property was a second give regard agreeming general records a birde perhitipate (time the palarace reduced administration 22.632) Replie to consequence cody the Informaci, the funeral thereon or executive fadrance terminates (if reference continuing such position's presented may change the non-medical service the organization is not a change temperated by a tability or note and island as the informant on the contract (family members are spouse or

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DSH 422-034 June 2014



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