



201507010097

Skagit County Auditor

7/1/2015 Page

1 of

5 4:16PM

\$76.00

AFTER RECORDING MAIL TO:

Name _____

Address _____

City / State _____

Document Title(s): (or transactions contained therein)

1. AFFIDAVIT OF SURVIVING SPOUSE
2. Certificate of Death
- 3.
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

Grantor(s): (Last name first, then first name and initials)

1. Newton, Kerrie LYNN
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. Newton, WARREN T.
- 2.
- 3.
- 4.

5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 16-18, 19-20, ^{Block 3} "Mrs. Mary Eubank's
1st Addition to City of Anacortes".

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s):

P 5 7173
P 5 7174

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 2525
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUL 01 2015

Amount Paid \$ 0
By Skagit Co. Treasurer
MF Deputy

**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 Kerrie Lynn Newton

I, (survivor's name) Warren T. Newton affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) P# 57173

P# 57174

Public
hington
PERSON
EXPIRES
2017

Notary Public
State of Washington
MARY E ANDERSON
MY COMMISSION EXPIRES
March 13, 2017

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 1st day of July, 2015 at Mt. Vernon, Wa
(month) (year) (city) (state)

Warren T. Newton
(Signature of surviving spouse or registered domestic partner)

Warren T. Newton
(Printed name of surviving spouse or registered domestic partner)

1110 36th street Anacortes Wa 98221
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

NOTARIZATION

STATE OF WASHINGTON

COUNTY OF SKagit

On this day personally appeared before me WARDEN 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.

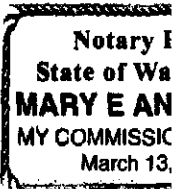
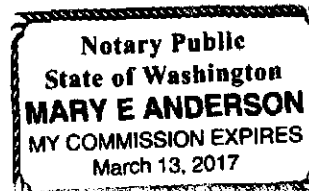
Given under my hand and official seal this

Mary E. Anderson

Notary Public

Residing at: Skagit Co

My commission expires: March 13, 2017



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-007954

DATE ISSUED: 03/23/2015

FEE NUMBER: 0000000029

GIVEN NAMES: KERRIE LYNN
LAST NAME: NEWTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 15, 2015
HOUR OF DEATH: 04:31 P.M.
SEX: FEMALE
AGE: 54 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: EVERETT, SNOHOMISH CNTY, 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

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 [REDACTED]

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 WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. SUBARACHNOID HEMORRHAGE
INTERVAL: 23.5 HOURS
B. RUPTURED CEREBRAL ARTERIAL ANEURYSM
INTERVAL: 23.5 HOURS
C.
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

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 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: NIA1170
ATTENDING PHYSICIAN:
NOT APPLICABLE

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

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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

STATE OFFICE USE ONLY

1. Date of Birth: _____ 2. Gender: _____ 3. Date: _____ Affidavit Number: _____

Use the section below for requesting any changes on the record.

4. Reason for change: ☐ Death ☐ Marriage ☐ Dissolution
5. Date of Event: _____ 6. Place of Event: _____

7. Father's Full Birth Name: _____ 8. Mother/Parent Full Birth Name: _____

The record is incorrect or incomplete as follows:

9. The record incorrectly states: _____ The true fact is: _____
10. _____
11. _____
12. _____

13. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Other (specify): _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14. Signature: _____ 15. Date: _____ 16. Address: _____

17. _____

Additional notes: _____

18. Examples of acceptable documentary proof: Birth Records, Full Hospital Record (front and back), Admitted to, School Transcripts (Official), Alien Registration (front and back), Hospital/Medical Record.

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

CERTIFIED

MAR 23 2015

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

BB00184001