



201702090100

Return Address:

George J. SAAD
466A N. 9th Street
Mount Vernon, Wa
98273

Skagit County Auditor

\$80.00

2/9/2017 Page

1 of

8 3:20PM

Order Number: 05-160738-E

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017533

FEB 09 2017

State of Washington

County of SKAGIT

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

LACK OF PROBATE AFFIDAVIT

BEFORE ME, this undersigned authority, on this day personally appeared GEORGE J. SAAD,
Affiant(s), being by me first duly sworn upon his/her oath, did depose and say:

1. This affidavit is made pursuant to RCW 82.45.197.
2. The full name of the decedent is: PATRICIA A. SAAD
3. The decedent died on 9-3-07 (date) at Stamwood (City), Snohomish (County), Washington (State).
4. My/ Our relationship to the decedent is as follows:
Spouse
Land Title and Escrow
#05-160738-
fe
5. I am/ We are the rightful heirs to the property described herein.
6. Decedent left no last Will; or X Decedent left a Will that is not being probated.
7. The property subject to this affidavit is described as (see Exhibit A attached hereto)

Abbreviated legal:

Lot 1, Skagit County Short Plat No. MV-5-92, approved June 19, 1992 and recorded June 30, 1992, under Auditor's File No. 9206300155 in Volume D of Short Plats, page 94, records of Skagit County, Washington, being a portion of the North 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 20, Township 34 North, Range 4 East, W.M.

Situate in the County of Skagit, State of Washington.

Tax ID Number: P117235 Lot 1SPMV5-92

8. The Affiant acknowledges that a certified copy of the deceased Death Certificate will be attached to this document prior to recording if required by the County.
9. The deceased is survived by the following heirs:

Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	
Full Name	Age	Relationship	

George Saad
Affiant's Signature

GEORGE J. SAAD
Printed Name of Affiant

Address

State of: Washington

County of: King

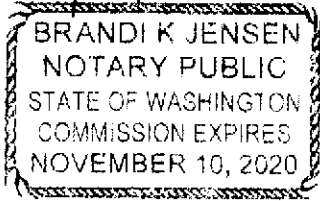
I certify that I know or have satisfactory evidence that George J. Saad is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 2/3/17

[Signature]
Signature

Title

My appointment expires: 11-10-20



Seal or Stamp

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 2564

Washington State Certificate of Death

State File Number

COPY

1. Legal Name (Include ALL if any): First: PATRICIA Middle: ANN Last: SAAD Suffix:		2. Death Date: SEPT. 3 2007	
3. Sex (M/F): FEMALE	4a. Age - Last Birthday: 39	4b. Under 1 Year: Months: 0 Days: 0	4c. Under 1 Day: Hours: 0 Minutes: 0
7. Birthdate: [Redacted]	8a. Birthplace (City, Town, or County): NORFOLK	8b. (State of Foreign Country): VIRGINIA	5. Social Security Number: [Redacted]
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: NO		11. Decedent's Race(s): WHITE	
12. Was Decedent ever in U.S. Armed Forces? NO		9. Decedent's Education: SOME COLLEGE NO DEGREE	
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.): 19320 32ND AVE NW		13b. City or Town: STANWOOD	
13c. Residence: County: SNOHOMISH		13d. Tribal Reservation Name (if applicable):	
13e. State or Foreign Country: WASHINGTON		13f. Zip Code + 4: 98292	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: 30 YEARS	
15. Marital Status at Time of Death: MARRIED		16. Surviving Spouse's Name (Give name prior to first marriage): GEORGE J. SAAD	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): APPRAISER		18. Kind of Business/Industry (Do not use Company Name): REAL ESTATE	
19. Father's Name (First, Middle, Last, Suffix): GEORGE SWEARINGEN		20. Mother's Name Before First Marriage (First, Middle, Last): MARY	
21. Informant's Name: GEORGE J. SAAD		22. Relationship to Decedent: SPOUSE	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 19320 32ND AVE NW STANWOOD, WA. 98292		24. Place of Death, if Death Occurred in a Hospital: PLACE OF RESIDENCE	
25. Facility Name (If not a facility, give number & street or location): 19320 32ND AVE. NW.		26a. City, Town, or Location of Death: STANWOOD	
26b. State: WA		27. Zip Code: 98292	
28. Method of Disposition: CREMATION		29. Place of Final Disposition (Name of cemetery, crematory, other place): FIRST CREMATION SERVICES	
30. Location-City/Town, and State: KENT, WASHINGTON		31. Name and Complete Address of Funeral Facility: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY 1321 STATE AVE MARYSVILLE, WA	
32. Date of Disposition: SEPT. 7 2007		33. General Director's Signature: <i>Vaughan Conant</i>	

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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. Metastatic Breast Cancer Interval between Onset & Death: 15 months
Due to (or as a consequence of)

b. Early Stage Breast Cancer Interval between Onset & Death: 10 years
Due to (or as a consequence of)

c. _____ Interval between Onset & Death: _____
Due to (or as a consequence of)

d. _____ Interval between Onset & Death: _____
Due to (or as a consequence of)

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending

39. If female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No Unk

45. Location of Injury: Number & Street: _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____ Apt No. _____

46. Describe how injury occurred: _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify): _____

48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as hereinafter stated: *[Signature]*

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) as hereinafter stated: _____

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **PETER JIANG 1717 13TH ST. EVERETT, WA. 98201**

50. Hour of Death (24hrs): **0722**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print): _____ 52. Date Signed (mm/dd/yyyy): **9-5-07**

53. Title of Certifier: **MD** 54. License Number: _____ 55. Medical Examiner File Number: **2536** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: *[Signature]* 58. Date Received (mm/dd/yyyy): **SEP - 7 2007**

59. Amendments: _____



I hereby certify that this is a true and exact copy of the original.

By [Signature]
Land Title Company of Island County

COPY



Affidavit for Correction

Mail to: 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 File Number, Fee Number, Initials, Date, Affidavit Number

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce); 1. Name on Record; 2. Date of Event; 3. Place of Event; 4. Father/Parent Full Legal Name; 5. Mother/Parent Full Birth Name; 6. Name of Person Requesting Correction; Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address; Telephone Number; Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8. The record now shows; 9. The true fact is; 10.; 11.; 12.; 13.; 14.; 15.

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

16a. Signature; 16b. Signature of 2nd parent (if required); Printed name; Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Passport, Green/Permanent Resident card (I-551)

Birth Certificates: 1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe. 3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18: If legal guardian(s), include certified court order proving guardianship; Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*; After age one, a court order is required to change the last name; No proof is required to change the first or middle name*; To correct parent's information, one documentary proof is required; To correct the sex of the child, one documentary proof from a medical provider is required. Adult (18 years or older): Only the adult can change his or her birth certificate; If the first or middle name is missing, three pieces of documentary proof are required; If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required; To correct parent's birth date, place of birth, or name, one documentary proof is required.

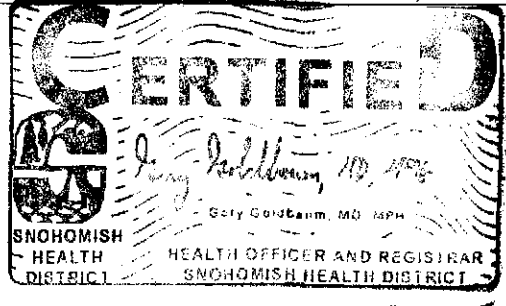
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates: 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates: 1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015





200712070073

Skagit County Auditor

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4 1:27PM

PLEASE RECORD AND RETURN TO:

Mr. George J. Saad
19320 32nd Ave. NW
Stanwood, WA 98292

COPY

AFFIDAVIT OF HEIRSHIP RE: COMMUNITY PROPERTY AGREEMENT

In the Matter of the Estate)

of)

PATRICIA A. SAAD,)

Deceased.)

AFFIDAVIT OF GEORGE J.
SAAD

STATE OF WASHINGTON)
) SS.
COUNTY OF SNOHOMISH)

GEORGE J. SAAD, being first duly sworn upon oath, deposes and says:

1.) That I am the surviving spouse of PATRICIA A. SAAD, deceased, who passed away at Stanwood, Snohomish County, State of Washington, on September 3, 2007.

2.) At the time of her death, PATRICIA A. SAAD, deceased, was a resident of Stanwood, Snohomish County, State of Washington.

3.) This declarant, GEORGE J. SAAD, and the decedent, PATRICIA A. SAAD, were husband and wife on the date of

Affidavit of Heirship -1-

ORIGINAL

UNOFFICIAL DOCUMENT

decedent's death.

4.) On July 19, 2007, GEORGE J. SAAD and PATRICIA A. SAAD entered into an "Agreement As To Status Of Community Property", which, among other terms, provided that all property owned by either of them, whether separate or community, would vest immediately in the survivor of them. The foregoing Agreement was recorded with the Snohomish County Auditor's Office on November 13, 2007, under Auditor's File No. 200711130434.

5.) The decedent, PATRICIA A. SAAD, passed away testate, having previously executed a Last Will and Testament, dated July 19, 2007. Under the terms of decedent's Will, the declarant, GEORGE J. SAAD, was named as the sole heir and beneficiary of decedent's estate. The Last Will and Testament of the decedent, PATRICIA A. SAAD, was filed with the Snohomish County Clerk's Office on November 13, 2007, under Cause No. 07-4-01356-9.

6.) All property in which the decedent, PATRICIA A. SAAD, had an interest was community property, and owned jointly with this declarant. This declarant has not, and does not, intend to commence a probate administration of the decedent's estate.

7.) That there are no creditors and no unpaid bills or obligations of the decedent or of the marital community, nor unpaid Real Estate Contract, Mortgages, Deed of Trusts.

Affidavit of Heirship -2-



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8.) All funeral expense and all expenses of the last illness of said decedent have been fully paid, or provided for.

9.) GOERGE J. SAAD and PATRICIA A. SAAD were the owners of the following the real property, and appurtenant improvements situated in Snohomish and Skagit Counties, State of Washington, and described as follows:

PARCEL 1:

Re: Property Located @: 19320 32nd Ave. NW
Stanwood, WA

Lot 38, Snohomish County Farms, less the West 647 feet thereof, and Less the East 5 feet to Snohomish County Per Quitclaim Deed, recorded in Volume 1454, at page 194, under Snohomish County Auditor's File No. 7901230149.

Snohomish County Tax Parcel No. 00579100003800.

PARCEL 2:

Re: Property Located @: 1630 Grove Street
Marysville, Washington

That portion of the Southeast 1/4, of the Northwest 1/4, of Section 28, Township 30 North, Range 5 E.W.M., described as follows: Beginning at the Northeast corner of said Southeast 1/4 of the Northwest 1/4, thence South 20 feet, thence West 20 feet to the True Point of Beginning. Thence South 100 feet, thence West 83 feet, 4 inches, thence North 100 feet, thence East 83 feet, 4 inches to the True Point of Beginning, LESS the South 5 feet of the North 25 feet of the West 83.3 feet of the East 103.3 feet of the Southeast 1/4 of the Northwest 1/4, AND LESS the West 10 feet of the East 30 feet of the South 95 feet of the North 120 feet of the Southeast 1/4, of the Northwest 1/4. Situate in Snohomish County, Washington.

Snohomish County Tax Parcel No. 3005280212300.

Affidavit of Heirship -3-



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Skagit County Auditor

PARCEL 3:

Re: Property located @: 406 North 9th Street
Mount Vernon, WA 98273

Lot 1, of Skagit County Short Plat MV-5-92, Approved
June 19, 1992, and recorded on June 30, 1992, under
Auditor's File No. 920630000155, in Volume 10 of
Short Plats, page 94, records of Skagit County,
Washington, being a portion of the North half of the
Southeast quarter of the Northwest quarter of
Section 10, Township 34 North, Range 4 E.W.M.
Situate in Skagit County, Washington.



George J. Skad
GEORGE J. SKAD

SUBSCRIBED and SWORN to before me this 30th day of
November, 2007



Cheryl D. Younger
NOTARY PUBLIC in and for the State of
Washington, residing at Arlington.
My commission expires: 04/27/08.

