



Skagit County Auditor
3/16/2017 Page

1 of

\$76.00
4 12:38PM

**Recording Requested By &
When Recorded Mail To:**

Keith W. Reid
502 Marshall Ave
Sedro Woolley, WA 98284

Property Tax ID#: P113966
Order #: 8846984n
Ref#: 0408361582

AFFIDAVIT OF DEATH
(DELLA S. REID, Deceased)

STATE OF WASHINGTON
COUNTY OF SKAGIT

Comes now, KEITH W. REID, Affiant herein, being of lawful age and having been duly sworn upon their oath and do state:

That he was personally well acquainted with DELLA S. REID, the Decedent herein, having known her for a great many years and further, that Affiant owned certain real property with the Decedent as husband and wife, said property being described further as:

Lot 8 Metcalf Meadows

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

502 Marshall Ave, Sedro Woolley, WA 98284

Affiant states further that she obtained her interest in the above described property by deed from Buffalo Federal Saving Bank to KEITH W. REID AND DELLA S. REID, HUSBAND AND WIFE, said instrument being dated August 6, 2007 and recorded on August 14, 2007 as Instrument No. 200708140129 of the land records located in the Office of the County Recorder of Skagit County, State of Washington.

Affiant states further that the Decedent departed this life at her residence, State of Washington, on or about 08/23/2012, being 51 years of age at the date of death.

IN WITNESS WHEREOF, first party has hereunto set a hand and seals the day and year first written above

Keith W. Reid
KEITH W. REID

STATE OF Washington

COUNTY OF Snohomish

The foregoing instrument was hereby acknowledged before me this 15th day of February, 2017, by KEITH W. REID, whose name is personally known to me or who has produced Driver's license as identification, and who has signed this instrument willingly.

Jennie L. Andrews
Notary Public For the State of WA
My commission expires: 03/08/2020
Resides in: Island County

No title search was performed on the subject property by the preparer. The preparer of this deed makes no representation as to the status of the title nor property use or any zoning regulations concerning described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantee and /or their agents, no boundary survey was made at the time of this conveyance.

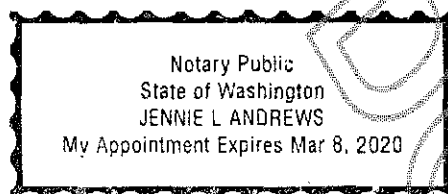


EXHIBIT "A"

REAL PROPERTY IN THE CITY OF SEDRO WOOLLEY, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

LOT 8, "PLAT OF METCALFE MEADOWS," AS PER PLAT RECORDED IN VOLUME 16 OF PLATS, PAGE 204, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF SEDRO-WOOLLEY, COUNTY OF SKAGIT, STATE OF WASHINGTON.

FOR INFORMATION ONLY:

LOT 8, PLAT OF METCALFE MEADOWS, VOL 16, PG 204, SKAGIT COUNTY, WA.

APN #: P113066

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-010517

DATE ISSUED: 09/05/2012

FEE NUMBER: 0000000029

GIVEN NAMES: DELLA SUE
LAST NAME: REID

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 25, 2012
HOUR OF DEATH: 02:00 A.M.
SEX: FEMALE
AGE: 51 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PORTLAND, OREGON

MARITAL STATUS: MARRIED
SPOUSE: KEITH REID

OCCUPATION: RECEPTIONIST
INDUSTRY: HEALTH CARE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: KEITH REID
RELATIONSHIP: HUSBAND
ADDRESS: 502 MARSHALL SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 502 MARSHALL AVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 502 MARSHALL AVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: PAUL BUCKMASTER
MOTHER: FREDA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE CREMATORY
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: AUGUST 28, 2012

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION
ADDRESS: PO BOX 898
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. METASTATIC OVARIAN ADENOCARCINOMA
INTERVAL: 1 YEAR
B. OVARIAN ADENOCARCINOMA
INTERVAL: 3 YEARS
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: ERIC STARK, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 329
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: AUGUST 24, 2012

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 1486
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: AUGUST 27, 2012



DOH 01-008 (8/10)