

After recording, return to:

Mary A. Skipton

1804 4th St  
Bellingham WA 98229



201704180044

Skagit County Auditor

\$110.00

4/18/2017 Page

1 of

5 1:46PM

CHICAGO TITLE  
620029145

Grantor (Name of Decedent): Jerry Basil Skipton

Grantee (Heirs): Mary A. Skipton

Abbreviated Legal Description: Lot 68, Maddox Creek P.U.D. Phase 1

Tax Parcel No.(s): P109362

**INHERITANCE LACK OF PROBATE AFFIDAVIT AND**

**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

**DEATH CERTIFICATE**

STATE OF Washington

COUNTY OF Whatcom

The undersigned, Mary A. Skipton, executes this affidavit relating to the estate of Jerry Basil Skipton herein "Decedent", who died on 9/21/2016 in the County of Skagit, State of Washington then being a resident of the City of Mount Vernon, County of Skagit, State of Washington

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

- 1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

- 2. The undersigned is (check one):
  - the lawful surviving spouse of the Decedent
  - Registered domestic partner of the Decedent
  - Surviving child of the Decedent
  - One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_ in \_\_\_\_\_ County, Washington.
  - other (identify): \_\_\_\_\_

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20171596  
APR 18 2017

Amount Paid \$  
Skagit Co. Treasurer  
[Signature]

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Andrew T. Skipton, son  
Name and relationship: Andra Audra K. Pritchett  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

5. See attached legal description

**Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

M. A. Skipton  
Signature

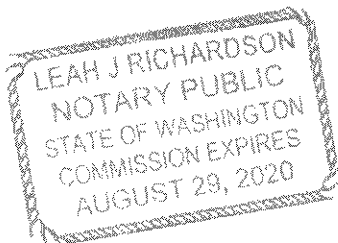
04/17/17  
Date

Mary A. Skipton  
Print Name

State of Washington  
County of Whatcom

Signed and sworn to (or affirmed) before me on 4/17/17 by Mary Skipton  
(name of person making statement)

Name: Leah J. Richardson  
Notary Public in and for the State of Washington,  
Residing at: Bellingham  
My appointment expires: 8-29-2020



Lot 68; Maddox Creek P.U.D. Phase 1, according to the plat thereof, recorded in Volume 16 of  
plats, pages 121 to 130, inclusive, records of Skagit county, Washington.

Situate in Skagit County, Washington

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-098353

DATE ISSUED: 09/23/2016

FEE NUMBER: 000000029

GIVEN NAMES: JERRY BASIL  
LAST NAME: SKIPTON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 21, 2016  
HOUR OF DEATH: 05:45 A.M.  
SEX: MALE  
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ATLANTIC, IOWA

MARITAL STATUS: MARRIED  
SPOUSE: MARY BIRNEY

OCCUPATION: ACCOUNTANT  
INDUSTRY: ACCOUNTING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? YES

INFORMANT: MARY SKIPTON  
RELATIONSHIP: WIFE  
ADDRESS: 2020 LINDSAY LOOP MOUNT VERNON, WA 98274

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 2020 LINDSAY LOOP  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: CECIL MARCELLUS SKIPTON  
MOTHER/PARENT: VERONICA MADELINE [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: SEPTEMBER 25, 2016

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. RESPIRATORY FAILURE  
INTERVAL: 4 DAYS  
B. SEPSIS DUE TO BOWEL OBSTRUCTION  
INTERVAL: 4 DAYS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK? NO  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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 APPLICABLE

CERTIFIER NAME: DAVID ROCHELIN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: SEPTEMBER 22, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER? NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
DAVID ROCHELIN MD

LOCAL DEPUTY REGISTRAR:  
MARIA UVANCO  
DATE RECEIVED: SEPTEMBER 22, 2016

# Affidavit for Correction

Form 10-01-0001 (Rev. 12/15) State of Health Statistics

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

STATE OFFICE USE ONLY

Required information must match current information on record				
Required	Birth	Death	Marriage	Divorce (if divorced)
1. Name				
2. Address				
3. Sex				

7 Return to: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Use the section below for describing any changes on the record. The record is incorrect or incomplete as follows:

8 \_\_\_\_\_  
 10 \_\_\_\_\_  
 12 \_\_\_\_\_  
 14 \_\_\_\_\_

I declare under penalty of perjury that the facts from state of Washington that the foregoing is true and correct.  
 16a Signature \_\_\_\_\_

Printed name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Date of death \_\_\_\_\_  
 Date of marriage \_\_\_\_\_  
 Date of divorce \_\_\_\_\_

Required Documents: \_\_\_\_\_  
 • Birth Certificate \_\_\_\_\_  
 • Marriage Certificate \_\_\_\_\_

Birth Certificate:  
 1 Original or certified copy of birth certificate  
 2 The proof (transcript) of birth certificate  
 3 The proof of birth certificate

Child: \_\_\_\_\_  
 • If illegitimate \_\_\_\_\_  
 • If adopted \_\_\_\_\_  
 • If altered \_\_\_\_\_  
 • If naturalized \_\_\_\_\_  
 • If terminated \_\_\_\_\_  
 • If terminated \_\_\_\_\_

For foreign: \_\_\_\_\_  
 This affidavit must be accompanied by a letter from a consular or diplomatic official of the country of origin (Form DOH 422-032)

Death Certificate:  
 1 Original or certified copy of death certificate  
 2 The proof of death certificate

Marriage/Divorce (Domestic or Foreign):  
 1 Proof of marriage or divorce  
 2 The proof of marriage or divorce

**\*CERTIFIED\***

SEP 23 2016

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

GG00095772