

201705030038

After recording, return to:
Mary Crawley

Skagit County Auditor
5/3/2017 Page

1 of \$109.00
4 12:03PM

CHICAGO TITLE
620030290-TV

Grantor (Name of Decedent): James Crawley
Grantee (Heirs): Mary Crawley
Abbreviated Legal Description: Lot(s): 31 Unit(S): SKAGIT HIGHLANDS DIV. 1 PUD
Tax Parcel No.(s): P123171/4867-000-031-0000

**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 Skagit

The undersigned, Mary Crawley, executes this affidavit relating to the estate of James Crawley (herein "Decedent"), who died on 7/23/2014, 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
20171887
MAY 03 2017

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

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: Mary Crawley, Wife.
Name and relationship: _____
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:

Lot 31, SKAGIT HIGHLANDS, DIVISION 1, A PLANNED UNIT DEVELOPMENT, recorded on August 16, 2005, under Auditor's File No. 200508160182, records of Skagit County, Washington.

Situated in Skagit County, Washington

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

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

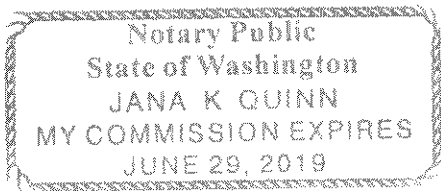
IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Mary Crawley
Signature
MARY CRAWLEY
Print Name

4/28/17
Date

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on April 28, 2017 by Mary Crawley
(name of person making statement)



Jana K Quinn
Name: Jana K Quinn
Notary Public in and for the State of Washington,
Residing at: Granite Falls
My appointment expires: 6/29/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-016533

LOCAL FILE NUMBER: 645

DATE ISSUED: 07/28/2014

FEE NUMBER: 000000029

GIVEN NAMES: JAMES
LAST NAME: CRAWLEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 23, 2014
HOUR OF DEATH: 04:20 P.M.
SEX: MALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: GLASGOW, SCOTLAND

MARITAL STATUS: MARRIED
SPOUSE: MARY WATSON

OCCUPATION: ENGINEER
INDUSTRY: STRUCTURES
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: MARY CRAWLEY
RELATIONSHIP: WIFE
ADDRESS: 4700 HIDDEN LAKE LOOP, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 4700 HIDDEN LAKE LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: JOHN MCPHERSON CRAWLEY
MOTHER: LILIAS [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JULY 27, 2014

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JAMES C. HADDON

- CAUSE OF DEATH:
- A. RECURRENT ACUTE PULMONARY EMBOLISM
INTERVAL: 7 DAYS
 - B. COMPLICATION FOLLOWING L4/5 SPINAL SURGERY
INTERVAL: 7 DAYS
 - C. POSSIBLE UNDIAGNOSED HYPERCOAGULABLE SYNDROME
INTERVAL: 7 DAYS
 - 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: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DAVID H. BROWN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: JULY 25, 2014



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 123-14
ATTENDING PHYSICIAN:
DAVID BROWN MD

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: JULY 25, 2014

Affidavit for Correction

page for Death Statistics

This is a legal document - complete in ink and do not alter
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

Divorce Marriage Dissolution

UNOFFICIAL DOCUMENT

CERTIFIED

JUL 28 2014

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

ZZ00275485