

Skagit County Auditor 7/24/2017 Page

1 of

\$129.00 3:13PM

Quit claim deed Document Title: Reference Number Madditional grantor names on page 2. Grantor(s): Doug Cassid Grantee(s): [] additional grantee names on page___. 1. Doug Cassid [V full legal on page(s) 2. Abbreviated legal description: 19 Kelloga + Fords Lts 647 Wa Lt8 Assessor Parcel / Tax ID Number: [_] additional tax parcel number(s) on page ___. P57797 _____, am hereby requesting an emergency nonstandard recording for an additional fee provided in RCW 36.18.010. Junderstand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$74.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

When recorded, return to: Doug Cassidy 2209 33rd st. Anacortes, WA 98221

QUIT CLAIM DEED

THE GRANTORS Angelita Cassidy, Doug Cassidy GRANTOR Paul Cassidy-deceased. Death Certificate copy attached.

For and in consideration of love and affection In hand paid, conveys and quit claims to Doug Cassidy

The following described real estate, situated in the County of Skagit, State of Washington

Together with all after acquired title of the grantor herein:

bloc coco

2209 33' ^a st.						
KELLOGG'S & FORD 7 recorded in Volume 1 o	# # # # # # # # # # # # # # # # # # #					nton
recorded in volume 10	i i iaus, page 7	i, records of Oke	agit CC	urity,	v v a Si iii i (JUIT
Tax parcel Number:						
Parcel Number	XrefID		Quarter	Section	Township	Range
P57797	3800-019-008-0008	at Phy.	NW	25	35	01
<i>f</i> ,						
Dated: <u>(0/30/2017</u>						
angelita Carridy		SKAGIT COUNTY V REAL ESTATE E)	VASHINGT	ON		
Angelita Cassidy	A	JUL 24	2017 2017			
Doug Cassidy		Amount Po Skagit Co. Tre By	aid s dsurer Deputy			
State of Washington, County of Sk	cagit	. ,	MINE TEST		h.	
I certify that I know or have receive	red evidence of the per	son that appeared befor	MAKA BABTE		sons acknov	vledged
That they signed this instrument ar	nd was their free and v	oluntary act.	PEB. 1, 2021			_
Date June 30, 201	7		•	. (O ii)
Notary Public in and for the state of	Xaven B	intelin "min	TE OF WAS	HILLIIII.		X
Residing at ANACOCHES	· · · · · · · · · · · · · · · · · · ·					
My appointment expires $\frac{2}{1}$	<u>الا</u>	_				

CERTIFICATE OF DEATH

CERTIFICATE NUMBERS 2016-046048

DATE ISSUED: 11/16/2016

FEE NUMBER: 0000000029

GIVEN NAMES: PAUL MICHAEL LAST NAME: CASSIDY

COUNTY OF DEATH: SKAGIT DATE OF DEATH: NOVERBER 12,2016 Hour of Death: 01:50 P.N.

SEX: MALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO. NOT HISPANIC

RACE: WHITE

RIGINDATE: BIRTHPLACE: YAKIMA, YAKIMA CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: ANGELITA LARGO MARIBAO

OCCUPATION: BIOLOGIST INDUSTRY: MARINE SCIENCE EDUCATION: MASTER'S DEGREE US ARMED FORCES? YES

INFORMANT: ANGELITA CASSIDY

RELATIONSHIP: WIFE

ADDRESS: 1510 - 15TH STREET, ANACORTES, WA 98221

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

RESIDENCE STREET: 1510 - 15TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 INSIDE CITY LINITS? YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: PAUL CHRISTOPHER CASSIDY NOTHER/PARENT: IRIS ESTELLE

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WA DISPOSITION DATE: NOVEMBER 15,2016

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. PNEUMONIA

INTERVAL: DAYS

INTERVAL:

c.

R.

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: MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY PREGNANCY STATUS. IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHAEL JAMES, MD TITLE: PHYSICIAN CERTIFIER

ADDRESS: 2511 M AVENUE, SUITE A

CITY, STATE, 21P: ANACORTES WA 98221 DATE SIGNED: NOVEMBER 15,2016

CASE REFERRED TO ME/CORONER NO FILE NUMBER: NJA 4538 ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: NOVEMBER 15,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

Return Address: 2004 Cassidy 2004 33,207 5t
AFFIDAVIT (LACK OF PROBATE)
(Exortal TrobATE)
The undersigned afriant/grantee Angelita Cassidy, being first duly sworn
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is
of Paul Cassidy Relationship to decedent who died on 11/12/16 Decedent Grantor Date
at Avacortes Skagit WA City State
REAL PROPERTY SUBJECT TO THE AFFIDAVITY
Abbreviated Legal Description: Lots 6 and the west 12 of lot 8,
Block 19, "Kellog & Ford's Add from to Anacortes, Was
as per plat recorded in Volume Lot Plats, page 41
records of Skag: + County, Washington.
Situate in the city of Anaesr tes Contgol Skagit, WA
Assessor's Property Tax Parcel/Account Number: P 5 77 97 (Attach full legal description of the property) 3800 - 019 - 008 - 0008
Decedent left no Last Will and Testament.
Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.
"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary) (Page 1 of
REV 84 0017 (1/3/17)

The state of the s	Angelita Cassidy 53 year old wife
	15-10 15th Street Anavortesun 48221
	Full name, age, relationship, address
	Davos Cassidy, 48, Son
	2209 335 St., Anacortes, WA
	Full name, age, relationship, address
	Laura Cassidy, 45, Doughter
	222 SW 177 Seutle, WA
	Full name, age, relationship, address Maca & Gracko Man bac 30-500
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	1510 15th Street Anacor Fes, WA 98211
	Full name, age, relationship, address Ancelo Maurice 29 500
	
	1510 15th Street Amazortes JUA 9821
	Full name, age, relationship, address
	Full name, age, relationship, address
	Tail hane, age, retailouship, address
	Full name, age, relationship, address
	Full name, age, relationship, address

Bated: 6(30)17	
Assolita Cassidy	
Afficient's full name	
760-855-6511	
Telephone number 9+.	
Anacortes Street	21
City State Zip Code	
ancelità Carridy 6/30/2017	
O Signature // Date	
State of Washington County of Skacit	•
I know or have satisfactory evidence that Angelita Chessia	
(name of person)	
is the person who appeared before me, and said person acknowledged that (he/she) signe affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purpo	
mentioned in this affidavit.	
Dated: 6 /30 /17	
(SEAL OR	
STAMP Residing at: AVICOV	
Notary Public in and for the State of Will	ก็พิเปลเก
COMM. EXPIRES FEB. 1, 2021 My appointment expires: 02 / 2024	
(SEAL OR STAMP) NOTARY PUBLIC COMM. EXPRES FEB. 1, 2021 My appointment expires: D2 / 2021	
Co washer think	