

After recording, return to:
Craig P. Crider, Sr
24756 Chase Road
Sedro Woolley, WA 98284



Skagit County Auditor \$113.00
8/16/2017 Page 1 of 6 3:53PM

CHICAGO TITLE
620031619

Grantor (Name of Decedent): Amelia Torgerson/Crider
Grantee (Heirs): Craig P. Crider Sr, Craig Crider Jr, Michael Crider, Sarah Crider, Anna Ceynar
Abbreviated Legal Description: Lot(s): PTN LOT 4 CHASE ACREAGE Tax/Map ID(s):
Tax Parcel No.(s): P64361 / 3881-000-004-0004

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

STATE OF Washington
COUNTY OF SKAGIT

Death Certificate

The undersigned, Craig P. Crider Sr., executes this affidavit relating to the estate of
Amelia Torgerson/Crider (herein "Decedent"), who died on Dec 9
in the County of SKAGIT, State of Washington, then being a resident of the
City of Sedro Woolley, 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

20173840
AUG 16 2017

Amount Paid \$0
Skagit Co. Treasurer
By MB 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: Craig P Crider / spouse
Name and relationship: Craig Jr / son
Name and relationship: Michael / son
Name and relationship: Sarah / Daughter

Description of the Property ANNA Ceynar / Daughter

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:

All of Lot 4, CHASE ACREAGE, according to the plat thereof recorded in Volume 3 of Plats, page 64, records of Skagit County, Washington;

EXCEPT the East 240 feet thereof;

TOGETHER WITH that portion of the East 240 feet of said Lot 4 described as follows:

Commencing at the Southwest corner of the Southeast Quarter of the Northeast Quarter of Section 19, Township 35 North, Range 5 East of the Willamette Meridian;
Thence North 01°49'24" West, a distance of 645.71 feet, along the West line of said Southeast Quarter of the Northeast Quarter to a point lying North 89°52'24" West from the Northwest corner of Lot 4 of said Chase Acreage;
Thence South 89°52'24" East a distance of 30.00 feet to the Northwest corner of said Lot 4;
Thence South 89°52'24" East, along the North line of said Lot 4, a distance of 254.98 feet to the West line of the East 240.00 feet of said Lot 4;
Thence South 01°48'46" East, along the West line of said East 240.00 feet of said Lot 4, a distance of 159.54 feet to the true point of beginning;
Thence South 01°48'46" East a distance of 127.94 feet;
Thence North 89°42'04" East a distance of 37.61 feet;
Thence North 01°48'46" West a distance of 127.66 feet;
Thence North 89°52'24" West a distance of 37.61 feet to the true point of beginning;

EXCEPT from all of the above described property the following described Tracts 1 and 2;

TRACT 1:

Commencing at the Southwest corner of the Southeast Quarter of the Northeast Quarter of Section 19, Township 35 North, Range 5 East of the Willamette Meridian;
Thence North 01°49'24" West, a distance of 645.71 feet, along the West line of said Southeast Quarter of the Northeast Quarter to a point lying North 89°52'24" West from the Northwest corner of Lot 4 of said Chase Acreage;
Thence South 89°52'24" East a distance of 30.00 feet to the Northwest corner of said Lot 4;
Thence South 89°52'24" East, along the North line of said Lot 4, a distance of 254.98 feet to the West line of the East 240.00 feet of said Lot 4 being the true point of beginning;
Thence South 01°48'46" East, along the West line of said East 240.00 feet of Lot 4, a distance of

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

159.54 feet;
Thence North 89°52'24" West a distance of 31.00 feet;
Thence North 01°48'40" West a distance of 159.54 feet to the North line of said Lot 4;
Thence South 89°52'24" East, along the North line of said Lot 4, a distance of 31.00 feet to the true point of beginning.

Situated in Skagit County, Washington

TRACT 2:

Commencing at the Southwest corner of the Southeast Quarter of the Northeast Quarter of Section 19, Township 35 North, Range 5 East of the Willamette Meridian;
Thence North 01°49'24" West, a distance of 352.38 feet, along the West line of said Southeast Quarter of the Northeast Quarter to a point lying North 89°52'24" West from the Southwest corner of Lot 4 of said Chase Acreage;
Thence South 89°52'24" East a distance of 30.00 feet to the Southwest corner of said Lot 4 being the true point of beginning;
Thence South 89°52'24" East, along said South line of Lot 4, a distance of 254.93 feet;
Thence North 01°48'46" West a distance of 10.28 feet to an existing fence line as it existed on January 1, 1992;
Thence South 89°42'04" West, along said fence line, a distance of 254.87 feet, to the West line of said Lot 4;
Thence South 01°49'24" East, along said West line of said Lot 4, a distance of 8.39 feet, to the true point of beginning.

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.

Craig P. Cridder Sr.
Signature

8-7-17
Date

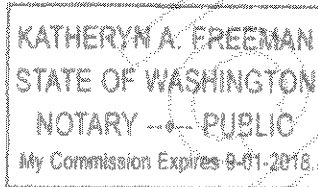
Craig P Cridder Sr
Print Name

INHERITANCE LACK OF PROBATE AFFIDAVIT
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(continued)

State of Washington

County of Snohomish

Signed and sworn to (or affirmed) before me on August 7, 2017 by Craig P. Crider Sr.
(name of person making statement).



Kathryn A. Freeman
Name: Kathryn A. Freeman
Notary Public in and for the State of Washington,
Residing at: Snohomish CO
My appointment expires: 9-01-2018

STATE OF WASHINGTON DEPARTMENT OF HEALTH

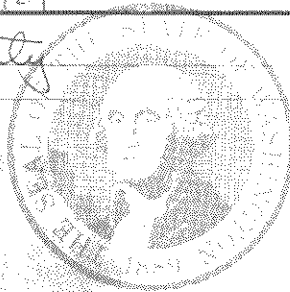
Local File Number **969 07**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): First Amelia Middle Mae LAST CRIDER		2. Death Date Dec 9, 2007	
3. Sex (M/F) F	4a. Age - Last Birthday 54	4b. Under 1 Year Months _____ Days _____	4c. Under 1 Day Hours _____ Minutes _____
5a. Birthplace (City, Town, or County) Sedro Woolley Washington		5b. (State or Foreign Country) Washington	
6. County of Death Skagit		7. Decedent's Education Associate Degree	
8. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		9. Decedent's Race(s) White	
10. Was Decedent ever in U.S. Armed Forces? No		11. City or Town Sedro Woolley	
12. Residence, Number and Street (Include Apt. No.) 24756 Chase Road		13. State or Foreign Country Washington	
14. Residence County Skagit		15. Zip Code + 4 98284-	
16. Estimated length of time at residence 27y		17. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
18. Marital Status at Time of Death Married		19. Surviving Spouse's Name (Give name prior to first marriage) Craig P. Crider, Sr.	
20. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED) Data Entry Clerk		21. Kind of Business/Industry (Do not use Company Name) Employment Security Department	
22. Father's Name (First, Middle, Last, Suffix) Thomas LeRoy Torgerson		23. Mother's Name (Before, First, Middle, Last) Esther	
24. Informant's Name Craig P. Crider, Sr.		25. Relationship to Decedent Husband	
26. Mailing Address: (Include Apt. No. if applicable) 24756 Chase Road		27. City, Town, or Location of Death Sedro Woolley WA 98284-	
28. Place of Death, if Death Occurred in a Hospital Nursing Home		29. Facility Name (If not a facility, give number & street or location) Life Care Center Of Skagit Valley	
30. Method of Disposition Burial		31. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park	
32. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398		33. Location-City/Town, and State Mount Vernon, Washington	
34. Date of Disposition Dec. 15, 2007		35. Funeral Director Signature X <i>[Signature]</i>	

36. Cause of Death (See instructions and examples) Enter the chain of events - disease, 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) → oligodendroglioma		Interval between Onset & Death ~18 months	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		Interval between Onset & Death	
37. Other significant conditions contributing to death but not resulting in the underlying cause given above NIDDM		Interval between Onset & Death	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Date of Injury (if applicable) NIDDM		41. Hour of Injury (if applicable) 0215	
42. Location of Injury: Number & Street City & Town: _____ County: _____ State: _____ Zip Code: _____		43. Describe how injury occurred 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____	
44. Certifying Physician P. Bissell		45. Medical Examiner/Coroner X	
46. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Peggy Bissell, M.D. 1990 Hospital Dr. Sedro Woolley, WA 98284		47. Date of Death (24-hour) 0215	
48. Name and Title of Attending Physician (other than Certifier) (Type or Print)		49. Date, Signed (Type or Print) Dec. 12, 2007	
50. Title of Certifier Dr.		51. License Number MD00043/2.7	
52. ME/Coroner File Number		53. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
54. Registrar Signature Connie Anderson, Deputy		55. Date Received DEC 12	
56. Amendments			



DOH-003 (5/99)

Affidavit for Correction

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.

Record Type: Birth Death Marriage Dissolution
1. Name of Person 2. Date of Event 3. Place of Event (City & County)

4. Father's Full Name (Last, First, Middle) 5. Mother's Full Name (Last, First, Middle)

6. The Record is incorrect or incomplete as follows:
The Record now shows: The True fact is:

8. I requested the person as: Self Parent Guardian Informant Funeral Director Other (Specify)

10. Signature: 11. Date: 12. Address:

14. I requested the person as: Self Parent Guardian Informant Funeral Director Other (Specify)

16. Signature: 17. Date: 18. Address:

19. Signature: 20. Date: 21. Address:

22. Signature: 23. Date: 24. Address:

25. Signature: 26. Date: 27. Address:

28. Signature: 29. Date: 30. Address:

31. Signature: 32. Date: 33. Address:

34. Signature: 35. Date: 36. Address:

37. Signature: 38. Date: 39. Address:

40. Signature: 41. Date: 42. Address:

43. Signature: 44. Date: 45. Address:

46. Signature: 47. Date: 48. Address:

49. Signature: 50. Date: 51. Address:

52. Signature: 53. Date: 54. Address:

55. Signature: 56. Date: 57. Address:

58. Signature: 59. Date: 60. Address:

61. Signature: 62. Date: 63. Address:

64. Signature: 65. Date: 66. Address:

67. Signature: 68. Date: 69. Address:

70. Signature: 71. Date: 72. Address:

73. Signature: 74. Date: 75. Address:

76. Signature: 77. Date: 78. Address:

79. Signature: 80. Date: 81. Address:

CERTIFIED

DEC 12 2007

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

PP00199908