

Skagit County Auditor 11/6/2017 Page \$80.00

1 of

7 9:27AM

After Recording Return to:

Paula D. Smith 20409 Curran Place Mt. Vernon, WA 98274

AFFIDAVIT (LACK OF PROBATE)

Grantor:

Paula D. Smith for the Estate of James N. Smith and Roberta J. Smith

Grantee:

Paula D. Smith, a married woman as her separate estate

The undersigned affidavit/grantee, Paula D. Smith, 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 on Exhibit "A", and is the daughter of James N. Smith, who died on INUCLES at Mt. Vernon, Skagit County, Washington.

REAL PROPRETY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 19 AND THAT PORTION OF LOT 13, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON,

Assessor's Tax Parcel ID#: 3924-000-019-0006, P65667, 3924-000-026-0007, P65674

Physical Address: 20409 Curran Place, Mt. Vernon, WA 98274

[x] Decedent Roberta J. Smith left a Last Will and Testament which HAS NOT been Probated or Revoked. Said document bequeaths the subject real property solely to her daughter, Paula D. Smith.

"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:

Paula Danelle Smith, age 41 20409 Curran Place Mt. Vernon, WA 98274 Daughter Timothy.) 4 MM Smith, age 5 3416 16415 PLSE 311-1111-98 012 Son

Dated: October 23, 2017.

Paula Danelle Smith (360) 630-1148

STATE OF WASHINGTON) ss.

COUNTY OF SNOHOMISH

I certify that I know or have satisfactory evidence that Paula D. Smith appeared before me, signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 23rd day of October, 2017.

A COLOR OF THE PROPERTY OF THE

NOTARY PUBLIC in and for the State of Washington
Printed name Peggy M. Jankovic
My commission expires 3-19-2020

EXHIBIT "A" – LEGAL DESCRIPTION FOR 20409 CURRAN PLACE, MT. VERNON

PARCEL "A":

LOT 19 AND THAT PORTION OF LOT 13, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 13; THENCE NORTH 6°22'25" WEST, ALONG THE EAST LINE OF SAID LOT 13, A DISTANCE OF 40.06 FEET, THENCE WEST A DISTANCE OF 80 FEET, MORE OR LESS, TO AN INTERSECTION WITH THE NORTHERLY EXTENSION OF THE WESTERLY LINE OF LOT 26 OF SAID "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", THENCE SOUTHERLY ALONG SAID NORTHERLY EXTENSION OF THE WESTERLY LINE OF SAID LOT 26, A DISTANCE OF 40 FEET, MORE OR LESS, TO THE SOUTHERLY LINE OF SAID LOT 13; THENCE EAST ALONG SAID SOUTHERLY LINE, TO THE POINT OF BEGINNING.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

PARCEL "B":

LOT 26, "ASSESSOR'S PLAT OF HERMWAY HEIGHTS", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGE 47, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Abbreviated Legal: Lot 19, 26 & ptn. Of 13, Hermway Heights

Tax Parcel Number(s): 3924-000-019-0006, P65667, 3924-000-026-0007, P65674

STATEOF WASHINGTON departivent of health.

CERTIFICATE OF DEATH



DATE ISSUED: 05/05/2017 FEE NUMBER

CERTIFICATE NUMBER 2017-019825

FIRST AND MIDDLE NAME IS I. ROBERTA JUNE LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT DATE OF DEATH: APRIL 30, 2017. HOUR OF DEATH: 01:45 AM

SEX: FEMALE

AGE: 68 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: PORT ANGELES, CLALLAM COUNTY, WASHINGTON

MARITAL STATUS: WIDOWED SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER INDUSTRY: EDUCATION EDUCATION MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: PAULA SMITH RELATIONSHIP: DAUGHTER

ADDRESS: 20409 CURRAN PLACE, MT. VERNON, WA. 98274

CAUSE OF DEATH:

A: B CELL LYMPHOMA INTERVAL: 10 MONTHS

B. INTERVAL

0

INTERVAL

INTERVAL

D:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY:

DESCRIBE HOW INJURY OCCURRED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH HOME FACILITY OR ADDRESS: 20409 CURRAN PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20409 CURRAN PLACE CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274 INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT. ERVIN ROBERT BRAUN MOTHER/PARENT: MYRTLE DOROTHY

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY STATE: BLAINE WASHINGTON DISPOSITION DATE: MAY 04, 2017

FUNERAL FACILITY. WHATCOM CREMATION & FUNERAL

ADDRESS 4202 GUIDE MERIDIAN #106 CITY STATE ZIP BELLINGHAM, WASHINGTON 98226 EUNERAL DIRECTOR: TIM D. POWELL

MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH NO PREGNANCY STATUS IF FEMALE. NO RESPONSE

CERTIFIER NAME LESLIE A. ESTEP, MO TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: MAY 01, 2017

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

LOCAL DEPUTY REGISTRAR CHERYL PETERSON DATE RECEIVED: MAY 02, 2017



Affidavit for Correction

Mail to: Center for Health Statistics

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| Driv | er's license. Social Security ca | rd of hospital dec | orative birth ce | rtificate cannot be u | sed as proof |
| Required documentary proof mu | ist be submitted with the affidavir | | | Examples of docum | sentary proof include |
| | ord - Military record (DO-214 | | oi tr anŝu riots | | inty Numident Report |
| Certificate of Naturalization Birth Certificates | ne Hospital/medical record | * Pass | | Green/Perr | nanent Resident card (I-551) |
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| | e five or more years old or establ | | | | |
| Child under 18 | | | ult (18/yglars or | | |
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Death Certificates

Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the caringete (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof spantal status requires a certified copy of a court order if someone other than the informant is requesting the change.

The medical information (cause of death) may be changed only by the certifying physician or the coronormedical examples. Marriage/Dissolution (Divorce) Certificates

Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with goe piech of documentary proof To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete sind submit the affidavit.



MAY 0 5 2017

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



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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-008762

DATE ISSUED: 03/31/2015

FEE NUMBER: 0000000029

GIVEN NAMES: JAMES N LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 22,2015 HOUR OF DEATH: 05:30 A.M.

SEX: MALE

AGE: 71 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

RIPTHDATE:

BIRTHPLACE: AURORA, ARAPAHOE CNTY, COLORADO

MARITAL STATUS: MARRIED

SPOUSE: ROBERTA J. BRAUN

OCCUPATION: SALES

INDUSTRY: AUTOMOBILE INSURANCE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES? VES

INFORMANT: ROBERTA SMITH

RELATIONSHIP: WIFE

ADDRESS: 20409 CURRAN PLACE, MT. VERNON, WA. 98274

CAUSE OF DEATH:

A. PULMONARY EMBOLISM INTERVAL: HOURS

B. MALIGNANT MELANOMA

INTERVAL: MONTHS

INTERVAL:

12.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEALTH CARE ASSOCIATED PNEUMONIA

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

NUMBERIST: NONE

DATE(S): NONE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 20409 CURRAN PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS? NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: DANIEL CALVIN SMITH

MOTHER: MILDRED BERNICE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMA

CITY, STATE: FERNDALE, WA DISPOSITION DATE: MARCH 31,2015

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL ADDRESS: 4202 GUIDE MERIDIAN #106

CITY, STATE, ZIP: BELLINGHAM WA 98226

FUNERAL DIRECTOR: TIM D. POWELL

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATHS NO

PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PAUL MILLER, MD

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 1400 E. KINCAID STREET.

CITY, STATE, ZIP: MOUNT VERNON WA 98274

DATE SIGNED: MARCH 30,2015

CASE REFERRED TO ME/CORONER NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN:

NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:

MEL PEDROSA

DATE RECEIVED: MARCH 30,2015

Affidavit for Correction

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

Mail in Center for Health Statistics (11) #60x 47814

Olympia, VVA 98504-7814 950-235-4300 www.dob.wa.gov

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MAR 3 1 2015

Skagit County Public Health Department Loward Leibrand M.D. Health Officer