

When recorded return to:

Brenda S. Green
1633 Grand Ave
Mt Vernon WA 98273



Skagit County Auditor
11/8/2017 Page

1 of

\$112.00
5 11:49AM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620032476

CHICAGO TITLE
620032476

DOCUMENT TITLE(S)

Inheritance Lack of Probate Affidavit and Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

Brenda S. Green, State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Public, Clyde E. Green

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 58 MADDOX CREEK PUD PHASE I

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P109352 / 4681-000-058-0000

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.48.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

After recording, return to:
Brian T. Nicol and Carly A. Nicol
3412 Junco Place
Mount Vernon, WA 98274

Grantor (Name of Decedent): Clyde E. Green
Grantee (Heirs): Brenda S. Green
Abbreviated Legal Description: Lot(s): 58 MADDOX CREEK PUD PHASE I
Tax Parcel No.(s): P109352 / 4681-000-058-0000

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

STATE OF WA

COUNTY OF Skagit

The undersigned, Brenda S. Green, executes this affidavit relating to the estate of Clyde E. Green (herein "Decedent"), who died on Aug. 8, 2006, in the County of Skagit, State of WA, then being a resident of the City of Mt. Vernon, County of Skagit, State of WA.

(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 _____ in [mm/dd/yyyy], under Recording No. _____ in _____ County, Washington.
☐ other (identify:)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175266
NOV 08 2017

Amount Paid \$
Skagit Co. Treasurer
By Mon 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: Brenda S. Green, spouse
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 58, MADDOX CREEK P.U.D. PHASE 1, according to the plat thereof, recorded in Volume 161 of Plats, pages 121 through 130, 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.

Brenda S. Green
Signature

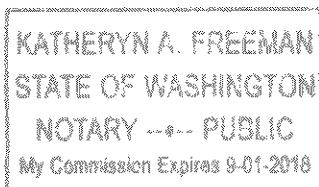
11/3/17
Date

Brenda Green
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 11.3.17 by _____
Brenda S. Green (name of person making statement)



Kathryn A. Freeman
Name: Kathryn A. Freeman
Notary Public in and for the State of Washington,
Residing at: Snidercrest Rd
My appointment expires: 9.01.2018

STATE OF WASHINGTON DEPARTMENT OF HEALTH

| | | | | | |
|---|---|---|--|---|--|
| Local File Number 316-06 | | Washington State Certificate of Death | | State File Number | |
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix Clyde Emmett Green | | | | 2. Death Date Apr 8, 2006 | |
| 3. Sex (M/F) Male | 4a. Age - Last Birthday 46 | 4b. Under 1 Year Months Days 0 0 | 4c. Under 1 Day Hours Minutes 0 0 | 5. Social Security Number [REDACTED] | 6. County of Death Skagit |
| 7. Birthdate [REDACTED] | 8a. Birthplace (City, Town, or County) Tacoma | 8b. (State or Foreign Country) Washington | | 8c. Decedent's Education High school graduate | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No | | | 11. Decedent's Race(s) Caucasian | | 12. Was Decedent ever in U.S. Armed Forces? No |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (include Apt. No.) 3412 Junco Place | | | | 13b. City or Town Mount Vernon | |
| 13c. Residence: County Skagit | | 13d. Tribal Reservation Name (if applicable) --- | 13e. State or Foreign Country Washington | | 13f. Zip Code + 4 98274 |
| 14. Estimated length of time at residence 2 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Brenda Sue Lewellen | |
| 17. Usual Occupation (indicate type of work during most of working life (DO NOT USE RETIRED)) Glazer | | | 18. Kind of Business/Industry (Do not use Company Name) Class Works | | |
| 19. Father's Name (First, Middle, Last, Suffix) Clyde Emmett Green, Sr. | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Janet Faye [REDACTED] | | |
| 21. Informant's Name Brenda Sue Green | | 22. Relationship to Decedent Wife | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3412 Junco Place Mount Vernon, WA 98274 | | |
| 24. Place of Death: If Death Occurred in a Hospital Place of Death: If Death Occurred Somewhere Other than a Hospital Decedent's home | | | | | |
| 25. Facility Name (If not a facility, give number & street location) 3412 Junco Place | | | 26a. City, Town, or Location of Death Mount Vernon | 26b. State WA | 27. Zip Code 98274 |
| 28. Method of Disposition Cremation | | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Crematory | | 30. Location-City/Town, and State Mount Vernon, WA |
| 31. Name and Complete Address of Funeral Facility Skagit Cremation Services, LLC POB 2411 Mount Vernon, WA 98273 | | | | | 32. Date of Disposition Apr 11, 2006 |
| 33. Funeral Director Signature X <i>Robert Raish</i> | | | | | |
| Cause of Death (See instructions and examples) | | | | | |
| 34. Enter the chain of events - diseases, 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) → | | a. Brain tumor | | Interval between Onset & Death 2 yr | |
| 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 | | b. _____ | | Interval between Onset & Death | |
| | | c. _____ | | Interval between Onset & Death | |
| | | d. _____ | | Interval between Onset & Death | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 41. Date of Injury (mm/dd/yyyy) | 42. Hour of Injury (24hrs) | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 45. Location of Injury: Number & Street City or Town County State Zip Code + 4 | | | | | |
| 46. Describe how injury occurred | | | | 47. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other (Specify) | |
| 48a. Certifying Physician (Type or Print) <i>Robert Raish</i> | | | | 48b. Medical Examiner/Coroner (Type or Print) X | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert Raish MD 1415 E. Kincaid St. Mount Vernon, WA 98274 | | | | 50. Hour of Death (24hrs) 1455 | |
| 51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) | | | | 52. Date Signed (mm/dd/yyyy) Apr 11, 2006 | |
| 53. Title of Certifier Physician | | 54. License Number MD 26289 | 55. ME/Coroner File Number NJA-112 | | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 57. Registrar Signature <i>Connie Andersson Deputy</i> | | | | 58. Date Received (mm/dd/yyyy) APR 11 2006 | |
| 59. Amendments | | | | | |

DOH/CHS 003 Rev 2/06/2004

Center for Health Statistics
1111 19th Avenue
Berkeley, CA 94704-9775
Tel: 415/863-1300

STATE OFFICE USE ONLY

Language Number

| Birth | Death | Marriage | <input type="checkbox"/> Dissolution |
|------------------|------------------|------------------|--------------------------------------|
| 1. Date of Event | 2. Date of Event | 2. Date of Event | 3. Place of Event: (City or County) |

The Researcher's Role

The True fact is:

1.4 Represent the person as: Self ☒ Parent ☐ Guardian ☐ Informant ☐
Funeral Director ☐ Other (Specify) ☐ Telephone Number:

Signature _____ Date _____

... and Registration Card III it bears an

A.100 Registration Card (front and back)

CERTIFIED

1820

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

MN00945081