When recorded return to:
Brenda S. Green

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Skagit County Auditor 11/8/2017 Page

\$112.00 1 of 511:49AM

Filed for record at the request of:



425 Commercial St Mount Vernon, WA 98273

Escrow No.: 620032476

CHICAGO TITLE 62003 2476

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 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 36.18.010 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 & Green
Grantee (Heirs): 6 Cercles S. Creen
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 Skaget
The undersigned, S. C. See executes this affidavit relating to the estate of
in the County of Skaat, State of the horizontal transfer of the state
City of Mt. V 25 non, County of Skagt 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. SKAGIT COUNTY WASHINGTON.
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 Registered domestic partner of the Decedent
☐ Surviving child of the Decedent By North Deputy
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.
County, Washington.
□ other (identify:)

Affidavit (Lack of Probate) WA0000080 doc / Updated: 11 14.16 Printed: 10.06.17 @ 01:15 PM by KM WA-CT-FNRV-02150.620019-620032476

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

(continued)

Na	mes c	of A	W b	eirs	Of 1	the	De	ced	ent
3.	That	all	the	heirs	at	law	of	the	dec

3. T.I	hat all the heirs at law of the decedent Use the reverse side or attach a list if r	t that were living at the time decedent's death are listed below. necessary]
N.	lame and relationship: BYEVIdu	S. Exern spouse
N	lame and relationship.	
N	lame and relationship:	
N	lame and relationship:	
Desci	ription of the Property	
		owned by the Decedent at the time of death was real estate f Washington, and described as follows:
		PHASE 1, according to the plat thereof, recorded in Volume 161 cords of Skagit County, Washington.
	Situated in Skagit County, Washing	nton)
5. S	tatus of the Will (if any)	
	The decedent left a Will that devise	s, real property.
X	🌠 The decedent left no Will that devis	es real property.
IN WI	ITNESS WHEREOF, the undersigned	have executed this document on the date(s) set forth below.
	Brenda Schen Signature Brenda Green	13/17
	Signature	Date
	brenda Green	-
Print f	Name	
State	of Washington	
	ty of SK wait	
Signe	ed and sworn to (or affirmed) before m मार्चक डि. जिल्ह्यो	e on _\\
		Hatty- A Marine
	gamentalia inventari mentuu mentuuri morrikisi seriin kalimenteen seen oo	Name: Latherm A Treetway
	KATHERYN A. FREEMAN	Notary Public in and for the State of Washington, Residing at: Sy\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	STATE OF WASHINGTON	My appointment expires:
	NOTARY PUBLIC	<u> </u>
	Like Commission Evnicas CA1, 201A	

Affidavit (Lack of Probate) WA0000080 doc / Updated: 11.14.16 Printed: 10.06.17 @ 01:15 PM by KM WA-CT-FNRV-02150 620019-620032476

-STATE OF WASHINGTON-Department Joy Health

ari ki	Fire Number 3/6	:04	Washingto	n State Certificat		State File Numb	©F
e de la companya della companya della companya de la companya della companya dell		*A 2 2 80y) PESC				th Date	
	Marconno compressor de la compressor de	Clyde	Komett day Ab. Under 1 Year	Green No. Under 1 Day	5. Social Securit	r 8, 2006	
	Male	46	Wonths Days	Hours Minu		/ number	6. County of Death Skagit
	7. Birthdate	Sa Birth Tac	DIAGE (City, Yown, or County) Years	&b. (State or Foreign Co Washingtor		school grad	
	10. Was Decedentel F			11. Decedent's	Race(s)	302007A 8A40	R2. Was Decedent ever in U.S.
%+1	No Transfer	me and Charles D	(624 SE 5 [®] St.) (Include Apt. 5	Caucas	ian	WAL 20	Armed Forces? No
8	3412 Junco		Appropriate of Octobrounds where	0)		13b. City o Mou s	nt Vernon
à	13c. Residence: Count Skagit	y 134	d. Tribal Reservation Name		e or Foreign Country hington	13f. Zip Code 98274	
Functo	14. Estimated length of	time at readence	15 Marital Status at Tin	e of Death 16, Survi	ring Spouse's Name (Give)	name prior to first marriag	
Ž.	2 Years	ndicale Not of work	Married		nda Sue Level:		Strana'
30	Glazer		"	>	Class Works		
Pode	19. Father's Name (Firs Clyde Romet				10. Mother's Name Before	First Marriage (First. M	lidde, Last)
8	21. Informant's Name		22 Relationship to O	ecedent 23 . Mailing /	Janet Faye	RED No Cay or Lown	
100	Brenda Sue 24. Place of Death William	200000000000000000000000000000000000000	Wife	3412	Junco Place Place of Death If Death Occurr	Mount Vern	on, wa 98274
S.	A. A. c amonous		A Angelog	73 :	Decedent's h		rer er vinningereer
	25. Facility Name (It not 3412 Junco		er & street tinkocations		26a, City, Town, oi Mount V	r Location of Death	265. State 27. Zip Gode 98274
	28. Method of Dispositi		29. Place of Final Dispo				City/Town, and State
	Cremation 31. Name and Complet	te Artriness of Fon-	Mount Verno	on Crematory		Mount	Vernon, WA 32. Date of Disposition
	Skagit Cres	ation Ser		в 2411 Монт	nt Vernon, WA	98273	Apr 11, 2006
	33. Funeral Director S	iignature X	- CROWS	2/4/			
classics				Cause of Death (See inst	ructions and examples)	*** **********************************	
	34. Enter the chain of ventricular fibrillation w	<u>events</u> – diseases ithout showing the	, injuries, or complications etiology DO NOT ABBR	 Hat*dire¢tly caused ti EVIATE's Add additiona 	re death. DO NOT enter to Himes if necessary	erminal events such a	s cardiac arrest, respiratory arrest, or
	 MMEDIATE CAUSE (F	inal disease or	3 France				Interval between Onset & Death
	condition resulting in de	eath) 🗦	a Drawr		r as a conspetient of		2016 From the special Consect & Chestra
Ŷ	Sequentially list condition		9 <u>b.</u>				:
	UNDERLYING CAUSE	disease or injury		One losto	CMS a consequence of		Jotennal between Onset & Death :
	that initiated the events death)LAST	reservară ai	£.	fam to a	r sites, consequently and	**************************************	ViteOar hetzeller Onset & Death
٠.	\$ 1		d				
	35. Other <u>significant co</u>	aditia <u>ns contributi</u>	ng to death but not resultin	g in the underlying caus	ie given above /	36. Autopoy?	37. Were sutopsy findings available to complete the Gause of Death?
Certifie	200					T Yes KO No	□Yes □No
3	38, Manner of Death Natural Ho	micide	39. If female □ Not pregnant within par	il vear 🔲 Not preq	nent, but pregnant within 4.	2 days before death	40. Did tobacco use contribute to death?
Day	☐ Accident ☐ Ur ☐ Suicide ☐ Pe	determined nutire	Pregnant at time of dea		nant, but pregnant 43 dayy if pregnant within the page		h Yes Probably
Ď	41. Date of Injury IMMES	(VYYYY) 42.	Hour of Injury (24lvs)	3. Place of Injury (e.g.,	Эменения в технин сольтивствою	slay, reotaurant, wisoded	area) 44. Injury at Work?
8	45. Location of Injury.	Number & Street				tag terminating garden. Terminating	o" } ☐ Yes ☐ Nio ☐ Unik Japanso
10	Pito or Trues			kunty	Scale		Zip CodeF4:
	46. Describe how injury	r occurred				47. II transportati DhyenOpera	ion injury, specify tor - [2] Pedastrian
	gen Poliment					☐ Passenger	☐ Other (Specify)
à	48a. Certifying Physid	lan)	The second secon	Maria de Carlos	8b. Medical Examiner/Co	oroner	and the first of a constant and a second
	X	4-1-5	Guman	b	C	· · · · · · · · · · · · · · · · · · ·	
7			sidan, Medical Examiner o			7 &	50. Hour of Dearth (24ms) 1455
- 1			15 E. Kincaid n∯obberBhan CedBer(Ty		ernon, WA 9827		52. Date Signed wasporryn
	53. Title of Certifier	·//******	Est tropped to the contract	* * ***	55. ME/Coroner File Nur		Apr 11, 2006
	Physician		54, License Number MD 26289		NJA-112	1100 3%, Yi	/as case referred to NE/Corbner? ☑ Yes ☐ Ne
	57. Registrar Signatu				and the state of t	58. Date Receive	"APR 1 1 2006
	x Janeseu U 59. Amendments	ulesson	2 Napedy				
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Affidavit for Correction

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	7. j Veneza posta esta fatar para esta fatato	naka da Arabiya.	n fish Name is	: ··· Betty - (V/to for Marnage or Dissolution)	
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Howard Cobract N. P. Health Officer