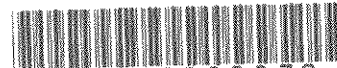


After recording, return to:
Raymond R Smith

14512 AVON ALLEN RD.
MT VERNON, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017529.2
NOV 09 2017



201711090072

Skagit County Auditor

\$111.00

11/9/2017 Page

1 of

4 2:15PM

Amount Paid \$
Skagit Co. Treasurer
By ~~main~~ Deputy

Grantor (Name of Decedent): Karen L. Smith

Grantee (Heirs): Raymond R. Smith

Abbreviated Legal Description: Lot(s) 1 AVON ACRES

Tax Parcel No.(s): P61898 / 3860-000-001-0010

CHICAGO TITLE
620032841

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

STATE OF WA

Death Certificate

COUNTY OF Skagit

The undersigned, Raymond R Smith, executes this affidavit relating to the estate of Karen L Smith (herein "Decedent"), who died on _____, 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 _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
☐ other (identify): _____

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: SON - RICKY R. SMITH
Name and relationship: SON - KEVIN SMITH
Name and relationship: SON - JERRY R. SMITH
Name and relationship: SPOUSE - RAYMOND R. SMITH

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 1, "Avon Acres First Addition", as per plat recorded in Volume 7 of plats, page 93, records of Skagit County, Washington.

Situate 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.

R R Smith
Signature

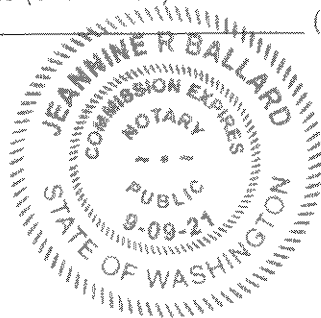
10/31-17
Date

Raymond R Smith
Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on 10/31/2017 by Raymond R. Smith
(name of person making statement)



Jeannine R. Ballard
Name: JEANNINE R. BALLARD
Notary Public in and for the State of Washington,
Residing at: SKAGIT COUNTY
My appointment expires: 9/9/2021

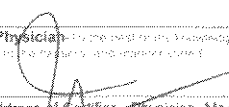
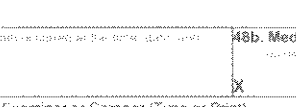
STATE OF WASHINGTON DEPARTMENT OF HEALTH

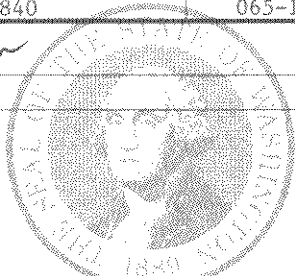
Local File Number

377-11

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Karen Lee Smith		2. Death Date May 5, 2011	
3. Sex (M/F) Female	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number [REDACTED]		6. County of Death Skagit	
7. Birthplace (City, Town, or County) Spokane		8b. (State or Foreign Country) Washington	
9. Decedent's Education 9th-12th grade: no diploma		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No	
11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence Number and Street (Include Apt. No.) 14512 Avon Allen Road		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 98273	
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk			
14. Estimated length of time at residence 6 Months		15. Marital Status at Time of Death Married	
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Raymond R. Smith			
17. Usual Occupation (Include type of work done during most of working life. DO NOT USE RETIRED) Homemaker		18. Kind of Business/Industry (Do not use Company Name) Own Home	
19. Father's Name (First, Middle, Last, Suffix) William Joseph Hunn, Jr.		20. Mother's Name Before First Marriage (First, Middle, Last) Grethe Maria Karen [REDACTED]	
21. Informant's Name Kevin R. Smith		22. Relationship to Decedent Son	
23. Mailing Address (Number and Street or RFD No. City or Town, State, Zip) POB 1023 Burlington, WA 98233			
24. Place of Death, if Death Occurred in a Hospital Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location) 14512 Avon Allen Road		26a. City, Town, or Location of Death Mount Vernon	
26b. State WA		27. Zip Code 98273	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wallin Funeral Home & Cremation LLC	
30. Location-City/Town, and State Oak Harbor, WA			
31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273		32. Date of Disposition May 9, 2011	
33. Funeral Director Signature X  Rex E. Watt			
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. Acute Respiratory Failure Due to (or as a consequence of) b. Obesity Hypoventilation Syndrome Due to (or as a consequence of) c. Atrial Fibrillation, Hypertension, Obesity Due to (or as a consequence of) d. --- 35. Other significant conditions contributing to death but not resulting in the underlying cause given above Atrial Fibrillation, Hypertension, Obesity			
36. Autopsy? ☐ Yes ☒ No		37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No	
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending		39. If female: ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? ☐ Yes ☒ No ☐ Probably ☐ Unknown		41. Injury at Work? ☐ Yes ☒ No ☐ Unk	
42. Date of Injury (mm/dd/yyyy) ---		43. Hour of Injury (24hrs) ---	
44. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area) ---		45. Location of Injury: Number & Street: ---	
46. City or Town: ---		47. State: ---	
48. Describe how injury occurred: ---		49. Zip Code + 4: ---	
50. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) ---			
51. Certifying Physician (Type and print or knowledge, dates, and signature as the time, date, and place of death were ascertained)  Jhoanna M. Santos, MD		52. Medical Examiner/Coroner (Type and print or knowledge, dates, and signature as the time, date, and place of death were ascertained)  Rex E. Watt	
53. Name and Address of Certifying Physician, Medical Examiner or Coroner (Type or Print) Jhoanna M. Santos, MD 1400 E Kincaid St, Mount Vernon, WA 98274		54. Hour of Death (24hrs) 0300	
55. Name and Title of Attending Physician (if other than Certifier) (Type or Print) ---		56. Date Signed (mm/dd/yyyy) 05/06/2011	
57. Title of Certifier Physician		58. License Number MD00047840	
59. ME/Coroner File Number 065-11		60. Was case referred to ME/Coroner? ☒ Yes ☐ No	
61. Registrar Signature  Deputy Registrar		62. Date Received (mm/dd/yyyy) MAY -9-2011	
63. Amendments ---			



DOH/CHS 003 Rev 07/06/07

DOH 01-003 (8/10)

Affidavit for Correction

This is a legal Document. Complete it as one 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 on

4. Father's Full Name

6

8

10

12

14. I prepared this document

Self

Spouse

Guardian

Informant

Other (Specify)

Federal District

Other (Specify)

I declare under penalty of perjury that the foregoing is true and correct.

15. Signature

All changes must be established by documentary proof other than

1. Any other document that would establish the change.

2. If the change is

3. If the change is

4. If the change is

5. If the change is

6. If the change is

7. If the change is

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16. If the change is

17. If the change is

18. If the change is

CERTIFIED

JUN 22 2011

Skagit County Public Health Department
Howard Leibbrand M.D. Health Officer

UU00303253