After recording, return to:
Raymond R Smith
14512 Avon Allen Rd.
Mt Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20175292
NOV 09 2017
Amount Paid $ -0-
Skagit Co. Treasurer
By Mgm Deputy

201711090072
Skagit County Auditor $111.00
11/9/2017 Page 1 of 4 2:15PM

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
Death Certificate
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WA
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 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 NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 9-09-21

Jeannine R Ballard

Name: Jeannine R Ballard

Notary Public in and for the State of Washington,

Residing at: Snohomish 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:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
Karen	Lee	Smith		May 5, 2011

3. Sex	4a. Age - Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
Female	68					[redacted]	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Spokane	Washington	9th-12th grade: no diploma

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify	11. Decedent's Race(s)	12. Was Decedent ever in U.S. Armed Forces?
No	White	No

13a. Residence: Number and Street (e.g. 674 SE 5th St.) (Include Apt. No.)	13b. City or Town
14512 Avon Allen Road	Mount Vernon

13c. Residence: County	13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit	--	Washington	98273	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
6 Months	Married	Raymond R. Smith

17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	18. Kind of Business/Industry (Do not use Company Name)
Homemaker	Own Home

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
William Joseph Hunn, Jr.	Grethe Marie Karen [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address (Number and Street or RFD No.)	City or Town	State	Zip
Kevin R. Smith	Son	POB 1023	Burlington,	WA	98233

24. Place of Death, if Death Occurred in a Hospital	Place of Death, if Death Occurred Somewhere Other than a Hospital
	Decedent's Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
14512 Avon Allen Road	Mount Vernon	WA	98273

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Wallin Funeral Home & Cremation LLC	Oak Harbor, WA

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273	May 9, 2011

33. Funeral Director Signature X: Rex E Watt — Rex E. Watt

Cause of Death (See instructions and examples)

Part 2 completed by Certifier

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Acute Respiratory Failure	- hours
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. Obesity Hypoventilation Syndrome (Due to (or as a consequence of))	- years
	c. (Due to (or as a consequence of))	
	d. (Due to (or as a consequence of))	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Atrial Fibrillation, Hypertension, Obesity

36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
☐ Yes ☒ No	☐ Yes ☐ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ 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	☐ Yes ☐ Probably ☐ No ☒ 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?
			☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt No.

City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred	47. If transportation injury, specify:
	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician	48b. Medical Examiner/Coroner
X	X

49. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Jhoanna M. Santos, MD 1400 E Kincaid St, Mount Vernon, WA 98274	0300

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
	05/06/2011

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
Physician	MD00047840	065-11	☒ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
x [signature], Deputy Registrar	MAY -9 2011

59. Amendments

DOH/CHS 003 Rev 07/2007

DOH 01-003 (6/10)

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 on

4. Father's/Co-Par

The Record Now Shows

The Record Shou

6

8

10

12

14. Relationship to person Self Guardian Informant

Funeral Director Other

I declare under penalty of perjury

15. Signature

All changes must be established by documentation

This affidavit

CERTIFIED

JUN 22 2011

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

UU00303253