



201712080077

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Land Title & Escrow of Skagit & Island County  
111 E George Hopper Rd.  
Burlington, WA 98233

Skagit County Auditor

\$76.00

12/8/2017 Page

1 of

3 3:32PM

Land Title and Escrow

02-164137-0E

Recording Cover Page

<b>Document Title(s) (for transactions contained therein):</b>	
1.	LETTERS TESTAMENTARY
2.	
3.	
4.	
<b>Reference Number(s) of Documents assigned or released:</b> (on page ____ of document(s))	
<b>Grantor(s)</b>	
1.	ESTATE OF LINDA RENNE
2.	
3.	
4.	
<b>Additional Names on page</b>	<b>of document.</b>
<b>Grantee(s)</b>	
1.	CHRISTOPHER RENNE
2.	
3.	
4.	
<b>Additional Names on page</b>	<b>of document.</b>
<b>Abbreviated Legal</b>	
LOT 89, SHELTER BAY DIV. #2.	
<b>Assessor's Property Tax Parcel/Account Number</b>	
S3402360012, 5100-002-089-0000, P128966	
<b>The Auditor/Recorder will rely on information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.</b>	

SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR SKAGIT COUNTY

MAVIS E. BETZ, CO. CLERK  
DEPUTY  
AUG 19 2016  
SKAGIT COUNTY, WASH  
FILED

ESTATE OF:  LINDA RENNE  Deceased	CASE NO. 16-4-00321-4  LETTERS TESTAMENTARY
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- 1.1 The last will of LINDA RENNE late of Skagit County was duly exhibited proven and recorded in this court on AUGUST 19, 2016.
- 1.2 In that will CHRISTOPHER RENNE named personal representative.
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT CHRISTOPHER RENNE is authorized by this court to execute the will of the above decedent according to law.

DATED AUGUST 19, 2016

MAVIS E. BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT  
BY Kristen A. Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON) ) ss  
COUNTY OF SKAGIT ) )

I, MAVIS E. BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on AUGUST 19, 2016.

I further certify that these letters are now in full force and effect.

DATED \_\_\_\_\_ MAVIS E. BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY \_\_\_\_\_ Deputy Clerk

I, MAVIS E. BETZ, Clerk of the Superior Court of the State of Washington, for Skagit County, do hereby certify that this is a true copy of the original now on file in my office. Dated 11-29-17



MAVIS E. BETZ, County Clerk  
By: \_\_\_\_\_  
Deputy Clerk

COPY

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

16 4 00321 4

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-030980

DATE ISSUED: 08/04/2016

FEE NUMBER: 0001756448

GIVEN NAMES: LINDA LILLIAN CLARICE  
LAST NAME: RENNE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: July 27, 2016  
HOUR OF DEATH: 05:10 P.M.  
SEX: FEMALE  
AGE: 71 YEARS

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]  
HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

RESIDENCE STREET: 89 CHINOOK PLACE  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 22 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: BERKELEY, ALAMEDA CNTY, CALIFORNIA

FATHER/PARENT: JOHN EDGAR SKOGLIND  
MOTHER/PARENT: DAISSY WINIFRED [REDACTED]

MARITAL STATUS: DIVORCED  
SPOUSE:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FLINTOFT'S ISSAQUAH CREMATORY  
CITY, STATE: ISSAQUAH, WA  
DISPOSITION DATE: AUGUST 02, 2016

OCCUPATION: DUAL LANGUAGE TEACHER  
INDUSTRY: KINDERGARTEN EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCEST NO

FUNERAL FACILITY: FLINTOFT'S FUNERAL HOME AND CREMATORY  
ADDRESS: 540 E SUNSET WAY  
CITY, STATE, ZIP: ISSAQUAH WA 98027  
FUNERAL DIRECTOR: ELIZABETH BATY

INFORMANT: CHRISTOPHER RENNE  
RELATIONSHIP: SON  
ADDRESS: 3522 WETMORE AVE S, SEATTLE, WA 98144

2016 AUG 1 9 PM 33  
SKAGIT COUNTY CLERK  
SKAGIT COUNTY WA

- CAUSE OF DEATH:
- A. ACUTE RESPIRATORY DISTRESS SYNDROME  
INTERVAL: 3 DAYS
  - B. PNEUMONIA STAPHYLOCOCCUS AUREUS  
INTERVAL: 20 DAYS
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
ACUTE HYPOXIC RESPIRATORY FAILURE, ACUTE KIDNEY INJURY, HEPATIC CIRRHOSIS, VOLUME OVERLOAD ANASARCA, ENCEPHALOPATHY, ATRIAL FIBRILLATION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: LARRY SONIA MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: July 29, 2016

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: AUGUST 02, 2016

NUMBER(S): NONE  
DATE(S): NONE



5-23-2016  
BCH 01-203 (10/16)