

When recorded return to:

Robert B. Peterson
12838 Avon Allen
Burlington, WA 98233



201801230059

Skagit County Auditor

\$112.00

1/23/2018 Page

1 of

5 3:22PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620033173

CHICAGO TITLE
020033173

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)

Norma Jean Harlow, State of Washington

☐ Additional names on page _____ of document

GRANTEE(S)

Public , Maurice Loren Harlow

☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

Lot(s): 10 and 11 Block: 3 SIMILK BEACH

Complete legal description is on page 3 of document

TAX PARCEL NUMBER(S)

P69239 / 4001-003-011-0002

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:
The heirs and devisees of Maurice L. Harlow,
deceased
13380 North Green Street
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018.262
JAN 23 2018

Amount Paid \$ 0
By Skagit Co. Treasurer *nom*
Deputy

Grantor (Name of Decedent): Maurice Loren Harlow
Grantee (Heirs): Norma Jean Harlow
Abbreviated Legal Description: Lot(s): 10 and 11 Block: 3 SIMILK BEACH
Tax Parcel No.(s): P69239 / 4001-003-011-0002

INHERITANCE LACK OF PROBATE AFFIDAVIT

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

STATE OF Washington

COUNTY OF Skagit

The undersigned, Norma Jean Harlow, executes this affidavit relating to the estate of Maurice Loren Harlow (herein "Decedent"), who died on April 19, 2009, in the County of Skagit, State of Washington, then being a resident of the City of Anacortes, County of Skagit, State of Washington.

(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: Karen Lynn Keith, Daughter

Name and relationship: Pamela Renee Sparger

Name and relationship: Donald Jay Harlow, Son

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:

Lots 10 and 11, Block 3, SIMILK BEACH, SKAGIT COUNTY, WASHINGTON, as per plat recorded in Volume 4 of Plats, page 51, 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.

Norma Jean Harlow
Signature

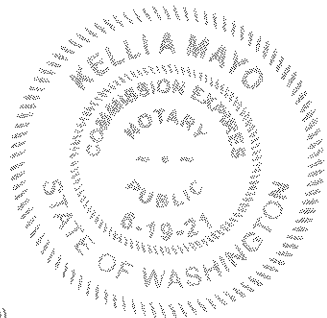
12-22-17
Date

Norma Jean Harlow
Print Name

State of Washington

County of Skagit

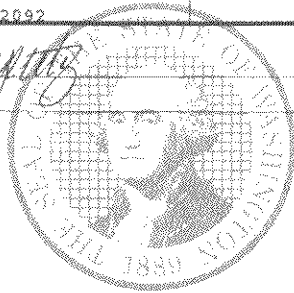
Signed and sworn to (or affirmed) before me on 12/22/17 by Norma
Jean Harlow (name of person making statement)



Name: Kellia Mayo
Notary Public in and for the State of Washington,
Residing at: Sedro Woolley
My appointment expires: 6/19/21

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 351-09		Washington State Certificate of Death		State File Number	
1. Legal Name (Include Adult's name First Middle LAST Suffix) Maurice Loren HARLOW			2. Death Date Apr 19, 2009		
3. Sex (M/F) M	4a. Age Last Birthday 74	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) Benson	8b. (State or Foreign Country) Minnesota	9. Decedent's Education Some College, No Degree	
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? Yes
13a. Residence Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 13385 North Green Street			13b. City or Town Anacortes		
13c. Residence County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98221	13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence 38 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Norma Jean White	
17. Usual Occupation (Indicate type of work done during most of working life (Do not use retired)) Owner/Operator			18. Kind of Business/Industry (Do not use Company Name) Boating Industry		
19. Father's Name (First, Middle, Last, Suffix) Bruce Wilbur Harlow			20. Mother's Name Before First Marriage (First, Middle, Last) Edna Ann [REDACTED]		
21. Informant's Name Jean Harlow		22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 13385 North Green Street Anacortes WA 98221		
24. Place of Death, if Death Occurred in a Hospital Inpatient					
25. Facility Name (If not a facility, give number & street or location) Island Hospital			26a. City, Town, or Location of Death Anacortes	26b. State WA	27. Zip Code 98221
28. Method of Disposition Cremation			29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-			32. Date of Disposition Apr 24, 2009		
33. Funeral Director Signature X <i>Joseph Dahan</i>					
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. Myocardial infarction					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Myocardial infarction		Interval between Onset & Death Minutes	
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 HTN, Hyperlipids, Diabetes, previous hx CAD.					
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 ☐ Pregnant at time of 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 ☒ 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):	
45. Location of Injury: Number & Street		City or Town		State: Zip Code + 4	
46. Describe how injury occurred		47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)			
48a. Certifying Physician: To be completed by a physician who has examined the decedent and is satisfied that the death was due to natural causes. X		48b. Medical Examiner/Coroner: To be completed by a medical examiner or coroner who has examined the decedent and is satisfied that the death was due to natural causes. X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Franklin F. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221				50. Hour of Death (24hrs) 11:10 AM	
51. Name and Title of Attending Physician (other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) April 22, 2009	
53. Title of Certifier MD		54. License Number MD00032092		55. ME/Coroner File Number	
57. Registrar Signature Betty [Signature]		58. Date Received (mm/dd/yyyy) APR 22 2009		56. Was case referred to ME/Coroner? ☐ Yes ☒ No	
59. Amendments					



DOHCHS 003 Rev 07/06/07

DOH 01-003 (5/99)

Affidavit for Correction

I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

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I, _____, do hereby certify that the information furnished to the _____
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I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

I, _____, do hereby certify that the information furnished to the _____
STATE OFFICE, was true.

All changes made to this document shall be made by the _____
STATE OFFICE.

I, _____, do hereby certify that the information furnished to the _____
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STATE OFFICE, was true.

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STATE OFFICE, was true.

CERTIFIED

APR 28 2009

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

RR00600477