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

CHICAGO TITLE
620033173

Escrow No.: 620033173

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
20182622
JAN 23 2018
Amount Paid $ 0
Skagit Co. Treasurer
By mom 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 Sprague

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 — 12-22-17

Signature — 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

KELLIA MAYO NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 6-19-21

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 351-09

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
Maurice	Loren	HARLOW		Apr 19, 2009

3. Sex (M/F)	4a. Age Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
M	74			[redacted]	Skagit

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Benson	Minnesota	Some College, No Degree

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	Caucasian	Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
13385 North Green Street	Anacortes

13c. Residence: County	13d. Tribal Reservation Name (If applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit		Washington	98221	☐ 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)
38 years	Married	Norma Jean White

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)
Owner/Operator	Boating Industry

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Bruce Wilbur Harlow	Edna Ann [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip
Jean Harlow	Wife	13385 North Green StreetAnacortes WA 98221

24. Place of Death, if Death Occurred in a Hospital	Place of Death, if Death Occurred Somewhere Other than a Hospital
Inpatient	

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Island Hospital	Anacortes	WA	98221

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Northwest Crematory	Anacortes, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-	Apr 24, 2009

33. Funeral Director Signature X: Joseph Dahman

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.	Myocardial infarction.	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. Due to (or as a consequence of):	Interval between Onset & Death
	c. Due to (or as a consequence of):	Interval between Onset & Death
	d. Due to (or as a consequence of):	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above	36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?
HTN, Hyperlipids, Diabetes, previous MI, CAD.	☐ 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 ☐ 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	☐ 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 (To the best of my knowledge, death occurred due to the cause(s) and manner stated.)	48b. Medical Examiner/Coroner (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.)
X	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Franklin F. Bjorseth M.D. 2511 M Avenue Suite A, Anacortes, WA 98221	11:10 AM
51. Name and Title of Attending Physician (If other than Certifier) (Type or Print)	52. Date Signed (MM/DD/YYYY)
	April 22, 2009

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	MD00032092		☐ Yes ☒ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
x Betty Jo Bergman Deputy	APR 22 2009

59. Amendments

DOH/CHS 903 Rev 07/09/07

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE VITAL STATISTICS SECTION. NOT VALID UNLESS PRINTED ON SECURITY PAPER.

Affidavit for Correction

CERTIFIED

APR 28 2009

Skagit County Public Health Department

Howard Leibrand M.D., Health Officer