

RETURN ADDRESS:

Jackie Watson

2408 Summit Ave

Everett, WA 98201



201802160129

Skagit County Auditor

\$40.00

2/16/2018 Page

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7 3:12PM

DOCUMENT TITLE: Death Certificate

GUARDIAN NORTHWEST TITLE CO.

A113559

REFERENCE NUMBER:

GRANTOR: Marlene Julia Watson

GRANTEE: N/A

TRUSTEE: N/A

LEGAL DESCRIPTION: See attached Exhibit "A"

PARCEL NUMBER: P31937

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **825-06**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Mariene Julia WATSON				2. Death Date Oct 16, 2006	
3. Sex (M/F)	4a. Age - Last Birthday 73	4b. Under 1 Year Months	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	
6. County of Death Skagit		7. Birthdate [REDACTED]		8. Decedent's Education 8th Grade, No GED	
9. Birthplace (City, Town, or County) Anacortes		10. (State or Foreign Country) Washington		11. Decedent's Race(s) Caucasian	
12. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				13. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g. 7674 SE 5 th St) (Include Apt. No.) 1105-27th 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence: 56y	
15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) James Watson			
17. Usual Occupation (Indicate type of work designating market working for 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 J. Brown			20. Mother's Name Before First Marriage (If any) (First Middle Last) Viola (unk)		
21. Informant's Name James J. Watson		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1412 - 29th Street Anacortes WA 98221	
24. Place of Death: if Death Occurred in a Hospital Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital					
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	
30. Location-City/Town, and State Anacortes, Washington			31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-		
32. Date of Disposition Oct 18, 2006		33. Funeral Director Signature X <i>Joseph Abraham</i>			
34. Cause of Death (See instructions and examples) 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. Respirator pneumonia (Interval between Onset & Death: days) 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. Multi infarct hemorrhage (Interval between Onset & Death: years) 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				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (approx):	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, school, etc.)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code:				46. Describe how injury occurred: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify):	
47. Certifying Physician: (Type or Print) <i>Nancy H. O'Levellyn</i>				48. Medical Examiner/Coroner: (Type or Print)	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Nancy H. O'Levellyn M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221				50. Hour of Death (Approx) 07:55 AM	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (Type or Print) October 17, 2006	
53. Title of Certifier M.D.		54. License Number MD00027709		55. ME/Coroner File Number NJA # 289	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Sandra Marita Deputy</i>	
58. Date Received (Type or Print) OCT 17 2006				59. Amendments	

Part 1 completed by Funeral Director

Part 2 completed by Certifier



DOH 003 Rev 2/06/2004

Return Address:

Jackie Watson
2908 Summit Ave
Everett, WA 98201

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Jackie Watson, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is a daughter
Relationship to decedent
of Marlene Watson, who died on 10/10/2006
Decedent Grantor *Date*
at Anacortes Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Section 24, Township 35 North,
Range 1 East, Ptn. SW SE

Assessor's Property Tax Parcel/Account Number: P31937, B5012424-007-
(Attach full legal description of the property) 0005

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Jackie Watson, 59, daughter, 2408 Summit Ave,
Everett, WA 98201

Full name, age, relationship, address

Jolene Burnett, 65, daughter,

Full name, age, relationship, address

James John Werton, now deceased, husband

Full name, age, relationship, address

Dated: Feb 15 2018

Jackie Watson
Affiant's full name

425-737-3383
Telephone number

2408 Summit Ave

Everett WA 98201
City State Zip Code

Jackie Watson Feb 15 2018
Signature Date

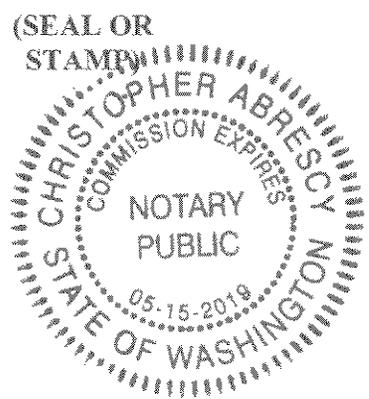
State of WASHINGTON County of SNOHOMISH

I know or have satisfactory evidence that JACKIE WATSON
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 2 / 15 / 18

[Signature]
Signature of Notary Public



Residing at: Everett, WA

Notary Public in and for the State of WA

My appointment expires: 5 / 15 / 19

EXHIBIT "A"

LEGAL DESCRIPTION

The North 100 feet of the following described premises; Beginning at the Southeast corner of the Southwest one-quarter (SW1/4) of the Southeast one-quarter (SE1/4) of Section 24, Township 35 North, Range 1 East, W.M.; thence North 267.5 feet, more or less, to the South line of 28th Street, when extended, in Anacortes, Washington; thence West 95.7 feet; thence South 267.5 feet, more or less, to the Section line; thence East along said Section line to the point of beginning; TOGETHER WITH an easement for ingress and egress to and from the aforesaid 100 foot parcel over, across and through the balance of the above described premises along a strip twelve feet (12') wide lying along the length of and within the Easterly boundary of the balance of said premises.

ALSO TOGETHER WITH the North 100 feet of all that portion of the Southwest Quarter of the Southeast Quarter of Section 24, Township 35 North, Range 1 East of the Willamette Meridian, described as follows:

Commencing at a point on the South line of 28th Street, extended 1019.36 feet East of the West line of said Southwest Quarter of the Southeast Quarter, said point herein after referred to as point "A";

thence South to the North line of 29th Street, extended, said point herein after referred to as point "B";

thence East along the North line of 29th Street, extended for 219.92 feet to a point 95.7 feet West of the East line of said Southwest Quarter of the Southeast Quarter, said point also being the Southwest corner of that certain tract conveyed to William Brown and Viola Brown, husband and wife, by deed recorded under Auditor's File No. 318056 and the point of beginning;

thence North along the West line of said Brown Tract for 217.27 feet to the South line of 28th Street, extended;

thence North $87^{\circ}59'45''$ West along the South line of said Street for 26.52 feet to a point 192.35 feet East of the herein above described point "A";

thence South to a point on the North line of 29th Street, extended; 187.6 feet East of the herein above described point "B";

thence East along the North line of 29th Street, extended for 32.32 feet to the point of beginning.