



Skagit County Auditor  
4/2/2018 Page

1 of 7 2:22PM \$80.00

When recorded return to:

**QUIT CLAIM DEED**

THE GRANTOR(S) *DONNA J. Smith, surviving spouse  
OF CARLTON J. Smith, deceased*

for and in consideration of *INHERITANCE*

in hand paid, conveys and quit claims to *DONNA J Smith*

the following described real estate, situated in the County of *Skagit*, State of Washington

together with all after acquired title of the grantor(s) herein:

*BROADVIEW ADD. to ANACORTES  
T.R. 31*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*20180402*  
APR 02 2018

Amount Paid \$  
By *Ma* Skagit Co. Treasurer Deputy

Abbreviated Legal: (Required if full legal not inserted above)

Tax Parcel Number(s): *P-56944*

Dated: 4-2-2018

Donna Smith

STATE OF WA

COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Donna J. Smith

(is) are) the person(s) who appeared

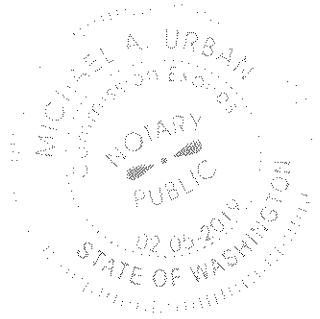
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be

on her own free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 4/2/18

Michael A. Urban

Notary name printed or typed: Michael A. Urban  
Notary Public in and for the State of WA  
Residing at Moda Vista  
My appointment expires: 2-19



Return Address:

Donna J. Smith  
1506 40th Street  
Anacortes WA 98221

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Donna J. Smith, 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 Spouse  
Relationship to decedent

of Carlton J. Smith, who died on 08/19/2016  
Decedent/Grantor Date

at Anacortes, Skagit County, Washington  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 31, "Broadview Addition to  
City of Anacortes", Skagit County, Washington

Assessor's Property Tax Parcel/Account Number: P-56994  
(Attach full legal description of the property)

- 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)

Donna J. Smith, 75, Spouse

1506 40<sup>th</sup> Str., Anacortes WA 98221

Full name, age, relationship, address

Danny Smith, 55, Son

1506 40<sup>th</sup> Str. Anacortes, WA 98221

Full name, age, relationship, address

Teresa Nelling, 52

710 Haddon Rd, Anacortes, WA 98221

Full name, age, relationship, address

Kim Janz, 51

Hoxie Rd, Anacortes, WA 98221

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: March 29, 2018

Donna Jean Smith  
Affiant's full name

(360) 293-6680  
Telephone number

1506 40th Str.

Anacortes WA 98221  
City State Zip Code

Donna Jean Smith 03/29/18  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Donna J. Smith  
(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: 03 29 18

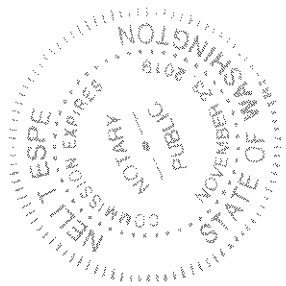
Nelli T. Espe  
Signature of Notary Public  
NELLI T. ESPE

(SEAL OR STAMP)

Residing at: Anacortes

Notary Public in and for the State of \_\_\_\_\_

My appointment expires: 11 23 2019



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-032923

DATE ISSUED: 08/16/2016

FEE NUMBER: 000000029

GIVEN NAMES: CARLTON J  
LAST NAME: SMITH

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: August 14, 2016  
HOUR OF DEATH: 06:05 P.M.  
SEX: MALE  
AGE: 78 YEARS

SOCIAL SECURITY NUMBER: 461-56-0068

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: NOVEMBER 28, 1937  
BIRTHPLACE: DENTON, TEXAS

MARITAL STATUS: MARRIED  
SPOUSE: DONNA JEAN BISHOP

OCCUPATION: PROJECT MANAGER  
INDUSTRY: AIRPORT  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: DONNA JEAN SMITH  
RELATIONSHIP: WIFE  
ADDRESS: 1506 - 40TH STREET, ANACORTES, WA 98221

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: ISLAND HOSPITAL  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1506-40TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 48 YEARS

FATHER/PARENT: ROY HUGHES SMITH  
MOTHER/PARENT: THELMA LORENE SMITH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: August 16, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A. CARDIOPULMONARY ARREST  
INTERVAL: MINUTES
  - B. SEPSIS  
INTERVAL: DAYS
  - C. PERFORATED BOWEL  
INTERVAL: DAYS
  - D. PEPTIC ULCER DISEASE  
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

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

CERTIFIER NAME: MORGAN F. MERRILL, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2511 M AVE STE B  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: August 15, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NJA#474  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: August 16, 2016

Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Skagit County Health Services

1000 1st St

Skagit County, WA 98281

360.835.3333

www.skagitcounty.net



Required information must match current information on record					
Required	Birth	Death	Marriage	Dissolution (Divorce)	
1. Name					
2. Sex					
3. Date of Birth					
4. Full name of spouse					
5. Date of Birth					
6. Date of Marriage					
7. Date of Divorce					

8. Date of Death

9. Date of Marriage

10. Date of Divorce

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

	The record now shows	The true fact is
11		
12		
13		
14		

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

15a. Signature \_\_\_\_\_ Date \_\_\_\_\_

15b. Printed name \_\_\_\_\_ Title \_\_\_\_\_

INSTRUCTIONS

Driver's license, Social Security card or hospital operative birth certificate cannot be used as proof

Required information must be provided in the following order: 1. Name, 2. Sex, 3. Date of Birth, 4. Full name of spouse, 5. Date of Birth, 6. Date of Marriage, 7. Date of Divorce, 8. Date of Death.

**Birth Certificates**

1. The provider of information must be the parent or legal guardian of the child.

2. The provider of information must be the parent or legal guardian of the child.

**Death Certificates**

1. The provider of information must be the parent or legal guardian of the child.

2. The provider of information must be the parent or legal guardian of the child.

**Marriage/Dissolution/Divorce Certificates**

1. The provider of information must be the parent or legal guardian of the child.

2. The provider of information must be the parent or legal guardian of the child.



**\*CERTIFIED\***

AUG 16 2016

*Howard Leibrand*

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

GG00007437