



**201805240046**

05/24/2018 12:01 PM Pages: 1 of 7 Fees: \$80.00  
Skagit County Auditor

When recorded return to:  
Donna G Davidson  
2411 28<sup>th</sup> St  
Anacortes, WA 98221

## STATUTORY WARRANTY DEED

THE GRANTOR(S) Donna G Davidson, 2411 28<sup>th</sup> St, Anacortes, WA and William H Gwinn (deceased),  
Columbia, SC

for and in consideration of : removal of name of deceased person (William H Gwinn, deceased March 15, 1999)  
from deed Inheritance

In hand paid, conveys, and warrants to Donna G Davidson, 2411 28<sup>th</sup> St, Anacortes, WA

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

Lots 6 and 7, and the east half of Lot 8, Block 260, "Map OF The City Of Anacortes", according  
To the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County,  
Washington. (Also known as Lot C of Survey recorded on June 29, 1994, in Volume 16 of Surveys,  
Page 81.)

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

Tax Parcel Number(s): Prop ID: 106158, Geo Parcel ID: 3772-260-008-0007

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2018/2/24*  
MAY 24 2018

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

Dated:

May 18, 2018Donna Swinn DavisonSTATE OF WASHINGTON  
COUNTY OF SKAGIT SS.

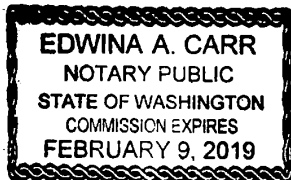
I certify that I know or have satisfactory evidence that

Donna Swinn Davison

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

before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be  
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

5/18/18Notary name printed or typed: Edwina A. Carr  
Notary Public in and for the State of WASHINGTON  
Residing at Anacortes  
My appointment expires: 2/9/19

## Return Address:

DONNA G DAVIDSON  
2411 28<sup>th</sup> St  
ANACORTES, WA 98021

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee DONNA G DAVIDSON, 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 only child  
Relationship to decedent

of William H Gwinn, who died on MARCH 15, 1999  
Decedent/Grantor Date

at Columbia Richland SOUTH CAROLINA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Attached

lot 6 & 7, east 1/2 block of lot 8, map of city of  
ANACORTES

Assessor's Property Tax Parcel/Account Number: Prop ID 106158  
 (Attach full legal description of the property) GEOID 3772-260.008.0007

☐ 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)

(Page 1 of 4)

Dated: May 18, 2018DONNA G DAVIDSON

Affiant's full name

360 - 293-0921

Telephone number

2411 28<sup>th</sup> StANACORTES, WA 98221

City

State

Zip Code

Donna G Davidson

Signature

May 18, 2018

Date

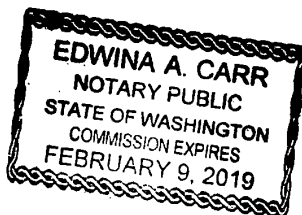
State of WASHINGTON County of S KAGOTI know or have satisfactory evidence that Donna Gwin Davidson

(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: 5 / 18 / 18[Signature]

Signature of Notary Public

(SEAL OR  
STAMP)Residing at: AnacortesNotary Public in and for the State of WASH.My appointment expires: 2/9/19

Donna G Davidson, Age 73, only child

2411 28<sup>th</sup> St, 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

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Legal description of real property subject to the affidavit:

Lots 6 and 7, and the east ½ of lot 8, Block 260, "Map of the City of Anacortes", according to The plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington. (Also known as Lot C of Survey recorded June 29, 1994, in Volume 16 of Surveys, Page 81.)

Prop ID: 106158

Geo Parcel ID 3772-260-008-0007

PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
REVERSE SIDE  
OF  
HANDBOOK

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

1. DECEASED'S NAME First Middle Last <b>WILLIAM H. GWINN JR.</b>	2. SEX <b>Male</b>	3. DATE OF DEATH (Month, Day, Year) <b>Mar. 15, 1999</b>
4. AGE - Last Birthday (Years) <b>78</b>	5a. MONTHS <b>78</b>	5b. DAYS <b>78</b>
6. DATE OF BIRTH (Mo., Day, Year) <b>Mar. 15, 1921</b>	7. BIRTHPLACE (City, and State or Foreign Country) <b>Kruger, Montana</b>	

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes-Air Force</b>	9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) <b>Palmetto Baptist Medical Center</b>	9c. CITY, TOWN, OR LOCATION OF DEATH <b>Columbia</b>	9d. COUNTY OF DEATH <b>Richland</b>
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Ret d.</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Chief Master Sergeant</b>
12b. KIND OF BUSINESS/INDUSTRY <b>U.S. Air Force</b>	13a. RESIDENCE - STATE <b>S.C.</b>	13b. COUNTY <b>Richland</b>
13c. CITY, TOWN, OR LOCATION <b>Columbia</b>	13d. STREET AND NUMBER <b>3502 Moss Avenue</b>	13e. INSIDE CITY LIMITS? (Yes or No) <b>Yes</b>
14. ZIP CODE <b>29205</b>	15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12yrs</b>

17. FATHER'S NAME First Middle Last <b>William H. Gwin</b>	18. MOTHER'S NAME First Middle Maiden Surname <b>Alice O.</b>
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19a. INFORMANT'S NAME (Type/Print) <b>Donna G. Davidson</b>	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2411 28th. Street, Anacortes, Washington 98221-2484</b>
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20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Greenlawn Memorial Park</b>	20c. LOCATION - (City or Town, State) <b>Columbia, S.C.</b>
21a. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) <i>[Signature]</i>	21b. FUNERAL DIR. LICENSE NO. <b>#1448</b>	21c. NAME AND ADDRESS OF FACILITY <b>DUNBAR FUNERAL HOME 1527 Gervais Street Columbia, S.C. 29201</b>
21d. EMBALMER (Signature) <i>[Signature]</i>	21e. EMBALMER LICENSE NO. <b>#1263</b>	21f. LICENSE NUMBER (of facility) <b>92</b>

22a. Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death.	22b. To the best of my knowledge, death occurred at the time, date, and place stated.	22c. LICENSE NUMBER	22d. DATE SIGNED (Month, Day, Year)
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23a. TIME OF DEATH <b>11:02 p.m.</b>	23b. DATE PRONOUNCED DEAD (Month, Day, Year)	23c. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) <b>Yes</b>
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24. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	25. IMMEDIATE CAUSE (Final disease or condition resulting in death)	26. DUE TO (OR AS A CONSEQUENCE OF):	27. DUE TO (OR AS A CONSEQUENCE OF):
	<b>Coronary Heart Failure</b>	<b>Coronary artery disease</b>	

28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	28a. AUTOPSY (Yes or No) <b>Yes</b>	28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No) <b>Yes</b>
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29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED

31. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
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33a. SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. <i>[Signature]</i>	33b. LICENSE NUMBER <b>8387</b>	33c. DATE SIGNED (Month, Day, Year) <b>3/21/99</b>
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34. NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print) <b>Frampton N. Henderson, 2750 Laurel Street, Suite 103, Columbia, S.C. 29204</b>
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35. REGISTRAR'S SIGNATURE <i>[Signature]</i>	36. DATE FILED (Month, Day, Year) <b>March 26, 1999</b>
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