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07/20/2018 10:55 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

PERSONAL REPRESENTATIVE'S DEED
(Upon Distribution of Separate Real Property from Intestate Estate)

Grantor: **P.R. Estate of Dorris Civile**

Grantee: **Richard Civile**

Abbreviated Legal Descr.:

N P TO ANA LOT 5EXC E 10FT ALL OF LOT 6 & E 21 FT LOT 7 BLOCK 402

Parcel No.: **P58377**

1. Grantor. I, **Richard Civile**, am the duly appointed, qualified, and acting Personal Representative of the Estate of **Dorris Civile**, Deceased, **Nov. 10, 2017** Skagit County, Washington, Superior Court Case No. **18-4-00010-29**.

2. Grantee. The Grantee is **Richard Civile**.

3. Decedent's Estate. Decedent **Dorris Civile** died intestate on **Nov. 10, 2017**. On **Jan. 9, 2018**, Grantor was appointed Personal Representative of Decedent's estate and granted Nonintervention Powers for the administration of Decedent's estate.

4. Heirs. **Richard Civile** is Decedent's sole heir.

5. Real Property. Among the assets of Decedent's estate is the following described real property located in **Skagit** County, Washington:

N P TO ANA LOT 5EXC E 10FT ALL OF LOT 6 & E 21 FT LOT 7 BLOCK 402

Lot _____, Block _____, of _____.

Parcel No. **P58377 (See attached legal description)**

More commonly known as: **2909 Oakes Ave., Anacortes WA 98211**.

Assessor's Property Tax Parcel/Account Number: **P58377**.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

[Signature]
JUL 20 2018


Amount Paid \$
Skagit Co. Treasurer
By *[Signature]* Deputy

6. Consideration. This conveyance is made in consideration of **Richard Civile** being Decedent's sole heir.

7. Conveyance. Grantor conveys, grants, and quitclaims to **Richard Civile** all of the interest of Decedent's estate in the real property described in this Deed (together with all after-acquired title of the Grantor to the real property), which interest represents Decedent's interest in the real property at his/her death.

DATED: July 20, 2018

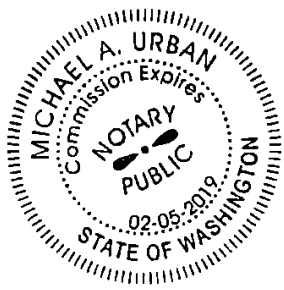
Estate of Dorris Civile, Deceased

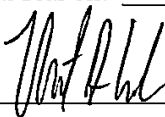
By: 
Richard Civile,
Personal Representative

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me Richard P. Civile, known or proved to me to be the individual described in and who executed the within and foregoing **Personal Representative's Deed**, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on: July 20, 2018




Signature
Michael Urban
Printed Name

NOTARY PUBLIC for Washington

Residing at: Mount Vernon

My appointment expires on: 2-2019

Lot 5, EXCEPT the East 10 feet thereof, all of Lot 6, and the East 21 feet of Lot 7, Block 402 of NORTHERN PACIFIC ADDITION TO ANACORTES, as per plat recorded in Volume 2 of Plats, page 9, records of Skagit County;

together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

**SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY**

FILED
Skagit County Clerk
Skagit County, WA
01/10/18

**Estate of DORRIS EMMALINE
CIVILLE:**

No. 18-4-00010-29

DECEASED.

LETTERS TESTAMENTARY

I. BASIS

1.1 The last will of DORRIS EMMALINE CIVILLE late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on January 09, 2018 .

1.2 In that will RICHARD ROY CIVILLE is named personal representative.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT RICHARD ROY CIVILLE is authorized by this court to execute the will of the above decedent according to law.

DATED on this the 9th day of January, 2018.

MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

Kristen Denton, Deputy Clerk

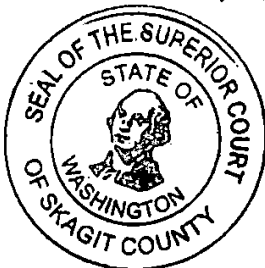
III. CERTIFICATE OF COPY

STATE OF WASHINGTON)
) ss
COUNTY OF SKAGIT)

I, MAVIS BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on January 09, 2018.

I further certify that these letters are now in full force and effect.

DATED: January 10, 2018



MAVIS BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

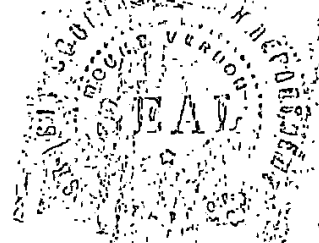
BY  Deputy Clerk

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH

1 NAME—FIRST, MIDDLE, LAST Leroy H. Civile				2 SEX Male		3 DEATH DATE (Mo., Day, Yr.) March 18, 1990		146 STATE FILE NUMBER	
4 AGE LAST BIRTH-DAY (Yrs) 75		5 UNDER 1 YEAR MOS. DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo., Day, Yr.)		8 BIRTH STATE (If not in USA give country) California	
9 CITIZEN OF WHAT COUNTRY? USA		10 COUNTY OF DEATH Skagit				11 CITY, TOWN OR LOCATION OF DEATH Anacortes			
12 PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. ROOM/OUT PTN. <input type="checkbox"/> HOSP. <input type="checkbox"/> IN HOME <input type="checkbox"/> OTHER PLACE 2909 Oakes Ave				13 SMOKING IN LAST 15 YEARS? (Yes/No) No		14 MARITAL STATUS — Married, Never Married, Widowed Married		15 SURVIVING SPOUSE (If wife, give maiden name) Dorris E Civile	
16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		17 SOCIAL SECURITY NO		18 HIGH SCHOOL GRADUATE? (Yes/No) Yes		19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) School Teacher		20 KIND OF BUSINESS OR INDUSTRY Public Schools	
21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify) White		23 RESIDENCE - NUMBER AND STREET 2909 Oakes Ave.		24 CITY/TOWN OR LOCATION Anacortes		25 INSIDE CITY LIMITS? (Yes/No) Yes	
26 COUNTY Skagit		27 STATE Washington		28 ZIP CODE 98221		29 FATHER'S NAME—FIRST MIDDLE LAST Leroy H. Civile Sr.		30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Frances L. [REDACTED]	
31 INFORMANT—NAME Dorris E. Civile				32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2909 Oakes Ave. Anacortes Washington 98221		33 BURIAL CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo., Day, Yr.) Mar. 22, 90	
35 CEMETERY/CREMATORY—NAME Grandview Cemetery		36 LOCATION—CITY/TOWN, STATE Anacortes, WA. 98221		37 FUNERAL DIRECTOR SIGNATURE <i>Robert W. Evans</i>		38 NAME OF FACILITY Evans Funeral Chapel		39 ADDRESS OF FACILITY 1105 32nd Str. Anacortes, Washington 98221	
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Harold Eiesland</i>					41 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) STATED SIGNATURE AND TITLE X				
42 DATE SIGNED (Mo., Day, Yr.) March 19, 1990			43 HOUR OF DEATH (24 Hrs) 1815		44 DATE SIGNED (Mo., Day, Yr.)		45 HOUR OF DEATH (24 Hrs)		
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					47 PRONOUNCED DEAD (Mo., Day, Yr.)		48 HOUR PRONOUNCED DEAD (24 Hrs)		
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. HAROLD EIESLAND 24th & M Ave. Anacortes, Washington 98221									
50 PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH 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.									
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(A) <i>Synphoria - Well differentiated Node Lymph</i>					INTERVAL BETWEEN ONSET AND DEATH		
		(B) <i>Alar</i>					INTERVAL BETWEEN ONSET AND DEATH		
		(C)					INTERVAL BETWEEN ONSET AND DEATH		
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52 AUTOPSY? (Yes, No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO	
54 ACC. SUICIDE, HO. UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (24 Hrs)		57 DESCRIBE HOW INJURY OCCURRED			
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC (Specify)			60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61 REGISTRAR SIGNATURE X		<i>Robert W. Evans</i>					62 DATE RECEIVED (Mo., Day, Yr.) 3/22/90		



Howard Leibrand
Howard Leibrand, M.D.
Health Officer
Signed *Sharon D. Besson*
Skagit County Deputy Registrar
Date **MAR 28 1990**

DÖH 01-003 (7/89)