



**201809070069**

09/07/2018 02:15 PM Pages: 1 of 6 Fees: \$42.00  
Skagit County Auditor

**AFTER RECORDING MAIL TO:**

Name Richard Goss  
Address 24307 23rd Ave W  
City/State Bothell, WA 98021

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**Document Title(s):**

1. Death Certificate

**Reference Number(s) of Documents Assigned or released:**

**Grantor(s):**

1. State of California
- 2.

[ ] Additional information on page of document

**Grantee(s):**

1. Goss, Robert Edward
- 2.

[ ] Additional information on page of document

**Abbreviated Legal Description:**

Lots 142 and 143, Block 1, "LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 2",

**Tax Parcel Number(s):**

P66620

[ ] Complete legal description is on page of document

# CERTIFICATE OF DEATH

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09/07/2018 02:15 PM Page 2 of 6

STATE FILE NUMBER		DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
DECEDENT PERSONAL DATA		1a. NAME OF DECEASED—FIRST NAME <b>Robert</b>		1b. MIDDLE NAME <b>Edward</b>	
		1c. LAST NAME <b>Goss</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>April 20, 1973</b>	
		2b. HOUR <b>11:30p</b>			
3. SEX <b>Male</b>		4. COLOR OR RACE <b>Cauc</b>		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Washington</b>	
		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY) <b>53</b> YEARS	
				IF UNDER 1 YEAR YEARS MONTH DAYS	
				IF UNDER 24 HOURS HOURS MINUTES SECONDS	
8. NAME AND BIRTHPLACE OF FATHER <b>Frank Goss - Unk.</b>		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Olive - Unk.</b>			
10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
14. LAST OCCUPATION <b>Splicer Foreman Cable</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>21</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Seattle City Light</b>	
				17. KIND OF INDUSTRY OR BUSINESS <b>Light Co.</b>	
PLACE OF DEATH		18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Victor Valley Hospital</b>		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>15248 - 11th Street</b>	
		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>			
		18d. CITY OR TOWN <b>Victorville</b>		18e. COUNTY <b>San Bernardino</b>	
				18f. LENGTH OF STAY IN COUNTY OF DEATH <b>1 day</b> YEARS <b>6 day</b> YEAR	
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)		19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>6828 - 40th North East</b>		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>	
		19c. CITY OR TOWN <b>Seattle</b>		19d. STATE <b>Washington</b>	
		19e. COUNTY <b>King</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Mrs. Geraldine Goss</b> <b>6828 - 40th North East</b> <b>Seattle, Washington</b>	
PHYSICIAN'S OR CORONER'S CERTIFICATION		21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>Investigation</b>		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. <b>Bill Hill-Coroner, by:</b>	
		21c. PHYSICIAN OR CORONER—SIGNATURE AND DATE OF TITLE <b>Bill Hill-Coroner, by:</b>		21d. DATE SIGNED <b>4-21-73</b>	
		21e. ADDRESS <b>San Bernardino, Calif.</b>		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER	
FUNERAL DIRECTOR AND LOCAL REGISTRAR		22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial/Removal</b>		22b. DATE <b>4/27/73</b>	
		23. NAME OF CEMETERY OR CREMATORY <b>Acacia Memorial Park</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Robert G. [Signature]</b> 6084	
		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Kern Memorial Chapel</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>Yes</b>	
		27. LOCAL REGISTRAR—SIGNATURE <b>M.E. Cosand, M.D./by</b>		28. LOCAL REGISTRAR <b>Dec. 23 April 7</b>	
CAUSE OF DEATH		29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Coronary Artery Disease</b> DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C)			
		30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.			
		31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) <b>NO</b>		32a. AUTOPSY (SPECIFY YES OR NO) <b>NO</b>	
				32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) <b>NO</b>	
INJURY INFORMATION		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) <b>FREEWAY HIGHWAY STREET</b>	
		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR	
		36b. HOUR			
		37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 <b>MILES</b>	
		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)			

APPROPRIATE INTERVIEW BETWEEN ONSET AND DEATH

I hereby certify that this is a true and  
correct copy of plate  
certificate on file in this office.

M. E. COSAND, M.D., Local Registrar  
SAN BERNARDINO COUNTY

Amiller  
Assistant Registrar

Return Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AFFIDAVIT (LACK OF PROBATE) <sup>(AT)</sup>The undersigned affiant/grantee Geraldine Goss, -Richard Goss as personal rep., being first duly sworn

Name of Affiant

Deposes and states as follows: That they are a rightful heir as listed on the heirs at law, to the real

Property described below, as is

Relationship to decedent

of Robert Goss who died on 4/20/73

Decedent/Grantor

Date

at VictorvilleSan BernardinoCal.

City

County

State

REAL PROPERTY SUBJECT TO AFFIDAVIT: (List all Properties)

Abbreviated Legal Descriptions:

~~See Ex. A attached hereto~~Lake Cavanaugh Sub Dir 2 L75142 + 143 BLK 1

Assessor's Property Tax Parcel/Account Numbers: (List All)

P66620

(Attach full legal description(s) of the property)

☒ Decedent left no Last Will and Testament and no Community Property Agreement; or☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked:  
(See attached copy) or☐ Decedent left a Community Property agreement recorded in \_\_\_\_\_ County as  
Auditor's File No. \_\_\_\_\_ in favor of the surviving spouse or  
an unrecorded agreement which has been attached hereto; or☐ Decedent left a will which is being/was probated in \_\_\_\_\_ County,  
State of Washington as Superior Court Cause No. \_\_\_\_\_.

The Affiant declares that the following are all the "Heirs at Law" of the decedent; "Heirs at Law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brother s and sisters of the decedent (*including those not inheriting part of the decedent's estate*):

*The entire estate passed to Geraldine Gossas*

Full name, age and relationship

*The surviving spouse*

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

Address

City

State

Zip

Full name, age and relationship

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Address

City

State

Zip

(Attach more sheets if necessary)

The Affiant declares that on the date of death the total value of the decedent's entire estate was approximately \$ 200,000 of which approximately \$ 0 was the separate property of the decedent.

The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT FOR: None (☒ ) OR those shown on an attachment (s) hereto ( ).

The Affiant further declares that the decedent had ( ) OR had never (☒ ) received from the State of Washington, assistance consisting of nursing facility services, home and community based service, related hospital and prescription drug services, or any type of medical assistance.

The Affiant makes this affidavit to enable the recording of a deed and to induce Guardian Northwest Title Company and its underwriters to issue their policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold Guardian Northwest Title Company and its underwriters harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Dated: Aug. 29, 2018

Richard A Goss Affiant's full name PR of Geraldine A Goss ESTATE Telephone number 206 310 5026  
24307 23<sup>rd</sup> Ave W Bothell WA 98021  
 Street City State Zip Code

State of Washington County of Snohomish

I know or have satisfactory evidence that Richard Goss  
 (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: Aug 29, 2018 Jeffrey C. Wishko  
 Signature of Notary Public

(SEAL OR STAMP)

Residing at Mill Creek, WA

Notary Public in and for the State of Washington

My appointment expires: 8/9, 2019

(Based on REV 84 0017 (1/3/17))

