



201905290095

05/29/2019 01:29 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20192019
MAY 29 2019

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

Recording requested by: Edith D. Fish

Space above for Recorder's Use Only

When recorded, mail to:

Title Order # _____

11687 Pinkham Cr. Rd.
Rexford Mt. 59930

Escrow # _____

Document Prepared by: _____

Warranty Deed

The undersigned Grantor(s) declare:

The Document Transfer Tax is \$ 0

Mountain View to Cleary Lake East

Assessor's Parcel # D74908

Unincorporated Area or _____ City of _____

* see attached

____ Tax computed on full value of property conveyed, or

____ Tax computed on full value less value of liens or encumbrances remaining at time of sale

This Warranty Deed is made on 5-24-19, between

Edith D. Fish, Grantor(s), of 11687 Pinkham Cr. Rd Rexford
MT. 59930 (address), and Edith D. Fish, Grantee(s), of
____ (address).

inheritance

For valuable consideration, the Grantor hereby ~~sells~~ grants, and conveys the following described real estate, in fee simple, to the Grantee to have and hold forever, along with all easements, rights, and buildings belonging to the described property, located at 23644 Lake Drive,

City of W. Vernian, State of Washington 98273

* surviving spouse of Donn W. Fish deceased

The Grantor warrants that it is lawful owner and has full right to convey the property, and that the property is free from all claims, liabilities, or indebtedness, and that the Grantor and its successors will warrant and

defend title to the Grantee against the lawful claims of all persons. Taxes for the tax year of _____ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

Dated: 5-24-19

Edith D. Fish
Signature of Grantor

Edith D. Fish
Name of Grantor

Signature of Witness #1 Printed Name of Witness #1

Signature of Witness #2 Printed Name of Witness #2

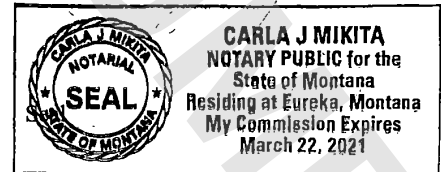
State of ~~California~~ ^{Montana}
County of Lincoln } S.S.

On May 24, 2019, before me, Carla J Mikita
(name and title of notary), personally appeared Edith D Fish,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that they/he/she executed the instrument in their/his/her authorized capacity. I certify under penalty of perjury under the laws of the State of California that

the foregoing is true and correct. Witness my hand and official seal.

Carla J Mikita
Notary Signature



Send all tax statements to Grantee.



200308140076
Skagit County Auditor

8/14/2003 Page 1 of 2 9:55AM

FILED FOR RECORD AT REQUEST OF

WILLIAM R. McCANN
P.O. Box 405
Sedro Woolley, WA 98284

QUIT CLAIM DEED

Grantor: DONN W. FISH and EDITH D. FISH

Grantee: ALMA RICHARDSON

Legal Description: MTN VIEW TO CLEAR LK E 44' of VAC MAIN ST ADJ TO
AND THE W 75' OF LOTS 3 & 4 BKL 4 INCL M/H 4035740026
TITAN 73 70x14

Assessor's Tax Parcel ID#: 4139-004-004-0012; P74908
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
4092

THE GRANTORS: DONN W. FISH and EDITH D. FISH

AUG 14 2003

For and in consideration of love and affection,

Amount Paid \$
Skagit Co. Treasurer
By Deputy

Convey and quit claim to ALMA RICHARDSON, a single woman, a life estate in the following described real estate situated in the County of Skagit, State of Washington, together with all after-acquired title of the grantor herein:

MOUNTAIN VIEW TO CLEAR LAKE E 44 FEET OF VAC MAIN STREET
ADJACENT TO AND THE W 75 FEET OF LOTS 3 & 4 BKL 4, INCLUDING
MOTOR HOME 4035740026 TITAN 73 70x14 AS PER PLAT RECORDED IN
VOLUME 638, PAGE 162, RECORDS OF SKAGIT COUNTY, AUDITOR'S
FILE NUMBER 8603120015.

Provided, however, that this life estate shall cease to exist if, at any time, ALMA RICHARDSON ceases to reside in the described property for a period of six consecutive months or more.

Return Address:

Edith Dorene Fish
11687 Finkham Creek Road
Rexford, MT 59930

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Edith Dorene Fish, 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 wife
Relationship to decedent

of Donn W. Fish, who died on 11-24-18
Decedent/Grantor Date

at Kalispell Flathead Montana
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

mountain view to Clear Lake
E 44' of vac Main St. Adj to
and the W 75' of Lots 3 + 4 BLK 4
including m/H 4035740026 Titan
73 70' x 14' As per plat recorded in
Volume 638 Page 162, Records of Skagit County,
Auditor's file # 8603120015

Assessor's Property Tax Parcel/Account Number: P 74908
(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)

(Page 1 of _____)

Edith D. Fish - Spouse
11687 Pinkham Cr. Rd. Rexford Mt. 59930
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

Dated: April 5, 2019

Edith Dorene Fish

Affiant's full name

406-889-3265

Telephone number

11687 Pinckham Creek Road

Rexford MT 59930
City State Zip Code

Edith Dorene Fish 4-5-19
Signature Date

State of Montana County of Lincoln

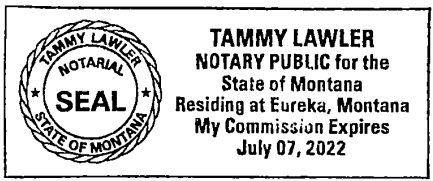
I know or have satisfactory evidence that Edith Dorene Fish
(name of person)

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: 4 / 5 / 19

Tommy Lawler
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Eureka

Notary Public in and for the State of Montana

My appointment expires: 07 / 07 / 2022

STATE OF MONTANA

CERTIFICATION OF VITAL RECORD



50674

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201815-008785

STATE OF MONTANA
 COUNTY OF FLATHEAD
 Date Filed 11/27/18
 Debbie Peterson
 Funeral Director
 Clerk & Recorder

1. DECEDENT'S NAME (First, Middle, Last) Donn Wayne Fish		AKAs (If Any)		29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) November 24, 2018	
2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]	4a. Under 1 Year (Years)	4b. Under 1 Year (Months)	4c. Under 1 Day (Hours)	4d. Under 1 Day (Minutes)
14. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home/Long term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Home <input type="checkbox"/> Other		17. COUNTY OF DEATH Flathead			
15. FACILITY NAME (If not institution, give street and number) Health Center Northwest			16. CITY, TOWN OR LOCATION OF DEATH Kalispell		
6. BIRTH PLACE (City, and State or Foreign Country) Walerstown, South Dakota		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE Edith Dorene Fish	
54. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Saw mill laborer			55. KIND OF BUSINESS/INDUSTRY Timber		8. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7a. RESIDENCE STATE Montana	7b. COUNTY Lincoln	7c. CITY, TOWN, OR LOCATION Rexford	7d. STREET NUMBER 11687 Pinkham Rd	7f. ZIP CODE 59930	7g. INSIDE CITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MDiv, MEdS, MEdD) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD)		52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Samoan <input type="checkbox"/> Black African American <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Chinese <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese	
11. FATHER'S NAME (First, Middle, Last) Harvey Fish		12. MOTHER'S NAME (First, Middle, last name before first marriage) Lydia			
13a. INFORMANT'S NAME Edith Dorene Fish		13b. RELATION TO DECEDENT Wife		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11687 Pinkham Rd., Rexford, Montana 59930	
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION Darlington Crematory		20. LOCATION (City or Town, State) Kalispell, Montana	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION Amy Koch		23. MONTANA LICENSE NO (if license is applicable) 677		21. NAME AND ADDRESS OF FUNERAL FACILITY Darlington Cremation and Burial Service, 3408 US Hwy 2 East, Kalispell, Montana 59901	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) November 24, 2018		25. TIME PRONOUNCED DEAD 20:38 Military	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) Leah Carburg MD		27. LICENSE NUMBER 11047			
28. DATE SIGNED (Month/Day/Year) November 26, 2018		30. ACTUAL OR PRESUMED TIME OF DEATH 20:38 Military Actual		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I. 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. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → E. End Stage Renal Disease Approximate interval (Include Mo., Hr., Day, Yrs. etc.) months					
a. DUE TO (or as a consequence of)					
b. DUE TO (or as a consequence of)					
c. DUE TO (or as a consequence of)					
d. DUE TO (or as a consequence of)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I E. Coli Bacteremia, Ischemic Cardiomyopathy, Acute Liver Failure					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
38. DATE OF INJURY (Month, Day, Year)	39. TIME OF INJURY	40. PLACE OF INJURY (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)	44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other		
43. DESCRIBE HOW INJURY OCCURRED		41. INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)	
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input type="checkbox"/> Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Pronouncing & Certifying physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner: 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) and manner stated.			49. DATE CERTIFIED (Month, Day, Year) November 26, 2018		
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) Leah Carburg		48. LICENSE NO 11047		47. TITLE MD	
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) 310 Sunnyview Ln., Kalispell, MT 59901		LOCAL REGISTRAR'S NAME Tonya Buxton		50. DATE FILED (Mo/Day/Yr) November 27, 2018	

To Be Completed By: Medical Certifier

To Be Completed By: Funeral Director

STATE OF MONTANA
 FLATHEAD COUNTY: SS
 I, DEBBIE PIERSON,
 CLERK AND RECORDER,
 IN AND FOR THE SAID
 COUNTY OF FLATHEAD,
 STATE OF MONTANA,
 HEREBY CERTIFY THE
 ANNEXED AND FOLLOWING
 TO BE A FULL, TRUE AND
 CORRECT COPY OF A
 CERTAIN:
 () BIRTH CERTIFICATE
 () DEATH CERTIFICATE
 (X) TOGETHER WITH THE
 ENDORSEMENT THEREON,
 AS THE SAME APPEARS OF
 RECORD IN THIS OFFICE.
 AFFIXED THIS 27th
 DAY OF NOVEMBER 2018
 DEBBIE PIERSON
 CLERK AND RECORDER.
Debbie Peterson
 DEPUTY



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE