

## 201908090097

Land Title and Escrow 01-172761-0E

08/09/2019 03:47 PM Pages: 1 of 7 Fees: \$109.56

\* he head to correct Grantor Vesting & Nothing acknowledgement

Document Title: OUIT CIAIN DECO

Document Title: WIH Claim Decol				
Reference Number:				
Grantor(s): [Yadditional grantor names on page 2]  1. Angelita Cassidy 3. Paul Cassidy 2. Doug Cassidy  Estate				
Grantee(s): [_] additional grantee names on page  1. DOUG Cassidy 2.				
Abbreviated legal description: [V] full legal on page(s) 2.				
Lts 647 Wa Lt 8 BIK 19 Kellogg + Fords				
Assessor Parcel / Tax ID Number: [] additional tax parcel number(s) on page P57797				
I, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$74.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.				
Signed Roccey & Dated 7/24/17				

When recorded, return to: Doug Cassidy 2209 33<sup>rd</sup> st. Anacortes, WA 98221

## QUIT CLAIM DEED

THE GRANTORS Angelita Cassic GRANTOR Paul Cassidy- decease	individually and 1, Doug Cassidy d. Death Certificate copy atta	as surviving S ched. Deep Ou M	povse o t · Cussidy deceas	c fi sed		
For and in consideration of love and affection In hand paid, conveys and quit claims to Doug Cassidy, an unmarried person						
The following described real estate	, situated in the County of Sk	agit, State of Washingto	on			
Together with all after acquired titl	e of the grantor herein:					
2209 33 <sup>rd</sup> st. KELLOGG'S & FORD TO ANA. LOTS 6 & 7 & W1/2 8 BLK 19, as per plat, recorded in Volume 1 of Plats, page 41, records of Skagit County, Washington						
Tax parcel Number:						
Parcel Number	XrefID	_		Township Range		
P57797	3800-019-008-0008	NW	25	35 01		
Dated: 4/2017  Angelita Cassidy  Doug Cassidy	7/16/19 geller L. Canpy SK Dong assist	AGIT COUNTY WASHING REAL ESTATE EXCISE TA JUL 2 4 2017  Amount Paid \$ D Skagit Co. Treasurer Deput	Amount rate 30 cagit Co. Treasurer Deputy	SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2019 2019		
State of Washington, County of Sk	agit		111111111			
I certify that I know or have received evidence of the person that appeared before me and said persons acknowledged						
That they signed this instrument an	d was their free and voluntary	act. COMM. EXP	IRES			
Notary name \( \frac{1}{20} \) \( \frac{30}{20} \) \( \frac{20}{20} \) \( \frac{1}{20} \)	Xaven Bartelan 21	act. COMM. EXP	ACHT CONTROL OF THE PARTY OF TH			

State of Washing ron	_}
County of Dietel	_}  \
	rson(s) who appeared before me, and said person(s)
acknowledged that he she/they signed this ins	strument and acknowledge it to be his/her/their free and
voluntary act for the uses and purposes menti-	oned in this instrument.
Dated: 7 - 10 - 19	
	Printed Name:
THE THE PARTY OF T	Notary Public in and for the State of WH
TO TAP A TAP A TAP	Residing at Inuma WA UPS # 4863
206287 Simple 20	My appointment expires $\frac{4-19-23}{}$
11 19-23 Marie Commence of the	
WASHINING TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	



## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-046048

DATE ISSUED: 11/16/2016

FEE NUMBER: 0000000029

GIVEN NAMES: PAUL MICHAEL LAST NAME: CASSIDY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 12,2016
HOUR OF DEATH: 01:50 P.M. SEX: HALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: BIRTHPLACE: VAKINA, VAKINA CNTV, WASHINGTON

MARITAL STATUS! MARRIED
SPOUSE: ANGELITA LARGO MARIBAO

OCCUPATION: BIOLOGIST INDUSTRY: MARINE SCIENCE EDUCATION: MASTER'S DEGREE US ARMED FORCES? YES

INFORMANT: AMGELITA CASSIDY

RELATIONSHIP: WIFE

ADDRESS: 1510 - 15TH STREET, ANACORTES, WA 98221

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

RESIDENCE STREET: 1510 - 15TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 INSIDE CITY LIMITS? YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 10 YEARS FATHER/PARENT: PAUL CHRISTOPHED CASSIDY MOTHER/PARENT: IRIS ESTELLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, MA DISPOSITION DATE: NOVEMBER 15,2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL 8 CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES WA 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATHS A. PNEUMONIA

INTERVAL: DAYS 8.

INTERVAL:

c. INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIF: COUNTY: DESCRIBE HOW THJURY OCCURRED: MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHAEL JAMES, NO TITLE: PHYSICIAN CERTIFIER

ADDRESS: 2511 M AVENUE, SUITE A CITY, STATE, ZIP: ANACORTES MA 98221 DATE SIGNED: NOVEMBER 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 #538 ATTENDING PHYSICIAN! NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: NOVEMBER 15,2016

DOH 01-003 (10/15)

**AFFIDAVIT (LACK OF PROBATE)** Hngelita Cassidy, being first duly sworn The undersigned affiant/grantee 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 who died on REAL PROPERTY SUBJECT TO THE AFFIDAVIT: Abbreviated Legal Description: Assessor's Property Tax Parcel/Account Number: (Attach full legal description of the property) -019-008-0008 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 REV 84 0017 (1/3/17)

Angelita Cossidy 53 year old Wife 1510 15th Street Anacortesun 98271
15-10 15-th Street Anicortes war 98271 Full name, age, relationship, address
Doug Cassidy, 48; Son
2209 335 St., Anocortes, WA
Full name, age, relationship, address
Laura Cassidy, 45, Dayhter
222 SW 177 m/ seattle, WA
Full name, age, relationship, address
Marc Maribao & angeto mainbaco 30-Son
1510 15th Street Anacor Fes, WA 98211
Full name, age, relationship, address
Angelo Maribara 29 Son 1510 15th Street Amiontes MA 9821
1510 15th Street Amiontes MA 9821
Full name, age, relationship, address
Full name, age, relationship, address
Full name, age, relationship, address
Full name aga relationship address

Dated: 6(30)17		
Angelita Cassidy		
Affiant's full name		
360 -853 - 63 11 Telephone number		
1510 15th St.		
Anacortes	Street VA	98221
City	State	Zip Code
ancelità Carudy	Le,	130/2017
O Signature	7	Date
State of Washington	County of	Skacit
0		
I know or have satisfactory evidence th	at Angelita Cas	of person)
is the person who appeared before me, affidavit and acknowledged it to be (his mentioned in this affidavit.	and said person acknowledges s/her) free and voluntary act for	d that (he/she) signed this or the uses and purposes
(SEAL OR STAMP) NOTARY PUBLIC COMM. EIPHES FEB. 1, 2021	LMM	Bull
(SEAL OR	o ignorure (	y Notal y Public
STAMP AND STAMP	Residing at:ANGLO	rtes
NOTARY PUBLIC	Notary Public in and for	the State of Wishington
FEB. 1, 2021	My appointment expires:	
2 0 3 1111		
Cr Washington LS	GOUNTY OF	
	certify that the	ragit County, State of Washington, do hereby foregoing instrument is a true and cornect copy now on tile in my office.
REV 84 0017 (6/24/16)	IN WITNESS V	WHEREOF, I hereunto set my hand and seel of
	my office the	dra Versein
A SPONS		Auditor