



201908220125

08/22/2019 03:00 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

When recorded return to:

Robert A. JACQUES

2230 LAKE PARK DR space 148
SAN JACINTO, CA. 92583

QUIT CLAIM DEED

THE GRANTOR(S)

Robert A. JACQUES Surviving Spouse of
for and in consideration of Gweneith I. Jacques Deceased -
~~Surviving Spouse~~ Inheritance.
in hand paid, conveys and quit claims to

Robert A. JACQUES

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

together with all after acquired title of the grantor(s) herein:

Lot 6, Block J. Cape Horn on the SKAGIT Division 2,
to the plat thereof, Recorded in Volume 9 of PLATS, Pages,
Records of SKAGIT County, Washington. 14-19.

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

Cape Horn on the Skagit sub-Div 2 Lot 6 Block J

Tax Parcel Number(s):

P63321

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20193578
AUG 22 2019

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

LPB 12-05(i) rev 12/2006
Page 1 of 2

Dated: 8-22-19

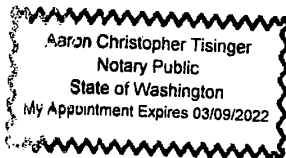
Robert A. Jacques Robert A. JACQUES

STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Robert A. Jacques
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be
his free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 08/22/2019



Aaron Christopher Tisinger
Notary name printed or typed: Aaron Christopher Tisinger
Notary Public in and for the State of Washington
Residing at Mount Vernon, WA
My appointment expires: 03/09/2022

Return Address:

Robert A. JACQUES
2230 LAKE PARK DR SPACE 148
SAN JACINTO, CA. 92583

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert A. JACQUES, 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 Spouse / Widower
Relationship to decedent
of Gweneth I JACQUES, who died on OCT. 30, 2017
Decedent/Grantor Date
at HEMET, RIVERSIDE CALIFORNIA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 41928 South Shore Drive
CAPE HORN ON SKagit Sub-Div 2 LOT 6 Block J

Assessor's Property Tax Parcel/Account Number: 63321
(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 2 ^{RT})

Robert A. JACQUES, 72, SPOUSE

2230 LAKE PARK DR. SPC 148, SAN JACINTO, CA. 92583

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

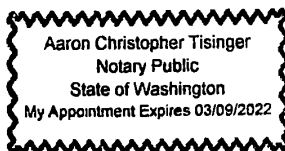
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 8-22-2019Robert A. JACQUES
Affiant's full name951-505-4005
Telephone number2230 LAKE PARK DR SPC 14B
StreetSAN JACINTO, CALIF 92583
City State Zip CodeRobert A. Jacques 8-22-2019
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Robert A Jacques
(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: 08/22/2019(SEAL OR
STAMP)Aaron Christopher Tisinger
Signature of Notary PublicResiding at: Mount Vernon, WANotary Public in and for the State of WashingtonMy appointment expires: 03/09/2022

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052017219791

CERTIFICATE OF DEATH

3201733013044

1. NAME OF DECEDENT - FIRST (Given) GWENETH		2. MIDDLE IRENE		3. LAST (Family) JACQUES	
4. DATE OF BIRTH mm/dd/yyyy 72				5. AGE Yrs. Mths. Days	
6. SEX F					
7. BIRTH STATE/FOREIGN COUNTRY NY		8. SOCIAL SECURITY NUMBER		9. EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
10. MARRIAGE STATUS/SDP* (at time of death) MARRIED		11. DATE OF DEATH mm/dd/yyyy 10/30/2017		12. HOUR (24 hours) 0455	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CUSTOMER SERVICE		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NEWSPAPER		18. YEARS IN OCCUPATION 20	
19. DECEDENT'S RESIDENCE (Street and number, or location) 2402 THATA WAY					
20. CITY HEMET		21. COUNTY/PROVINCE RIVERSIDE		22. ZIP CODE 92544	
23. YEARS IN COUNTY 27		24. STATE/FOREIGN COUNTRY CA			
25. INFORMANT'S NAME, RELATIONSHIP ROBERT JACQUES, HUSBAND			26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2402 THATA WAY, HEMET, CA 92544		
27. NAME OF SURVIVING SPOUSE/SDP - FIRST ROBERT		28. MIDDLE JACQUES		29. LAST (BIRTH NAME) JACQUES	
30. NAME OF FATHER/PARENT - FIRST LEONARD		31. MIDDLE HALL		32. BIRTH STATE IA	
33. NAME OF MOTHER/PARENT - FIRST ZULA		34. MIDDLE		35. BIRTH STATE WA	
36. DATE OF DISPOSITION mm/dd/yyyy 11/03/2017		37. PLACE OF FINAL DISPOSITION MEDCURE INCORPORATED 2455 WEST HORIZON RIDGE PARKWAY, HENDERSON, NV 89052			
38. TYPE OF DISPOSITION(S) TR/SU		39. SIGNATURE OF EMBALMER NOT EMBALMED		40. LICENSE NUMBER	
41. NAME OF FUNERAL ESTABLISHMENT GRIMES-AKES FAMILY FUNERAL HOME		42. LICENSE NUMBER FD818		43. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
44. DATE mm/dd/yyyy 11/03/2017					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/VTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/VTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY RIVERSIDE		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 2402 THATA WAY		106. CITY HEMET	
107. CAUSE OF DEATH (a) MALIGNANT NEOPLASM OF OVARY		108. DEATH REPORTED TO CORONER? (a) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		109. DEATH REPORTED TO CORONER? (b) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) MOS 2017-12117		111. BIOPSY PERFORMED? (b) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		112. BIOPSY PERFORMED? (c) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
113. SEQUENTIALLY LIST CONDITIONS (if any) leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NONE		114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		115. USED IN DETERMINING CAUSE? (c) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		117. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive		119. SIGNATURE AND TITLE OF CERTIFIER TAHSEEN NAJMA SHAREEF M.D.		120. LICENSE NUMBER G84109	
121. DATE mm/dd/yyyy 10/27/2017		122. DATE mm/dd/yyyy 10/30/2017		123. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE TAHSEEN NAJMA SHAREEF M.D. 560 E. HOSPITALITY LANE #300, SAN BERNARDINO, CA 92408	
124. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		125. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		126. INJURY DATE mm/dd/yyyy	
127. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		128. HOUR (24 hours)			
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
130. LOCATION OF INJURY (Street and number, or location), and city, and zip					
131. SIGNATURE OF CORONER / DEPUTY CORONER		132. DATE mm/dd/yyyy		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR					

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED Nov 9, 2017

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

FNCO (Rev) 12/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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