

After recording, return to:  
David B. Mercer  
23745 Nookachamp Hills Drive  
Mount Vernon, WA 98274

CHICAGO TITLE  
Q 20041073

Grantor (Name of Decedent): Amy Jo Mercer  
Grantee (Heirs): David B Mercer  
Abbreviated Legal Description: Lot(s): 29, Mountain View Estates  
Tax Parcel No.(s): P90640 / 4539-000-029-0001

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington  
COUNTY OF Skagit

The undersigned, David B. Mercer, executes this affidavit relating to the estate of Amy Jo Mercer (herein "Decedent"), who died on 2-13-2017, in the County of Skagit, State of Washington, then being a resident of the City of Sedro Woolley, County of Skagit, State of Washington.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am a rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):
- the lawful surviving spouse of the Decedent
  - Registered domestic partner of the Decedent
  - Surviving child of the Decedent
  - One (1) of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
  - other (identify:)

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
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(continued)

**Names of All Heirs of the Decedent**

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.  
[Use the reverse side or attach a list if necessary]

Name and relationship: Alyssa Grace Mercer - Daughter  
Name and relationship: David B. Mercer - Spouse  
Name and relationship: \_\_\_\_\_  
Name and relationship: \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

LOT 29, "AMENDED PLAT OF MOUNTAIN VIEW ESTATES", AS PER PLAT RECORDED IN VOLUME 14 OF PLATS PATE 198, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

[Signature]  
Signature  
David B Mercer  
Print Name

3-27-2020  
Date

State of Washington  
County of Skagit

Signed and sworn to (or affirmed) before me on 3-24-2020 by David B. Mercer (name of person making statement).

**Notary Public**  
**State of Washington**  
**Jennifer Brazil**  
**Commission Expires 07/25/2020**

[Signature]  
Name: Jennifer Brazil  
Notary Public in and for the State of Washington,  
Residing at: Skagit County  
My appointment expires: 7-25-2020

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-007634

DATE ISSUED: 02/16/2017

FEE NUMBER: 000000029

GIVEN NAMES: AMY JO  
LAST NAME: MERCER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 13, 2017  
HOUR OF DEATH: 12:15 P.M.  
SEX: FEMALE  
AGE: 46 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: THE DALLES, WASCO CNTY, OREGON

MARITAL STATUS: MARRIED  
SPOUSE: DAVID MERCER

OCCUPATION: OFFICE MANAGER  
INDUSTRY: REAL ESTATE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: DAVID MERCER  
RELATIONSHIP: HUSBAND  
ADDRESS: 722 CULTUS MOUNTAIN DRIVE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 722 CULTUS MOUNTAIN DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: JOHN HOWARD DETHMAN  
MOTHER/PARENT: JODY LEE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: FEBRUARY 17, 2017

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:

- A. CARDIOGENIC SHOCK  
INTERVAL: 4 HOURS  
B. AORTIC VALVE INSUFFICIENCY  
INTERVAL: UNKNOWN  
C. AORTIC DISSECTION  
INTERVAL: UNKNOWN  
D. SYSTEMIC LUPUS  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

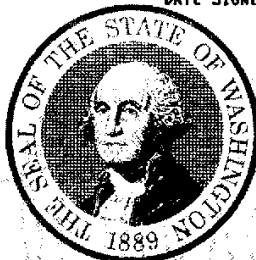
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: CHRISTOPHER SPOONER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: FEBRUARY 16, 2017

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: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 16, 2017

