

After recording, return to:  
Mary D. Lagoe  
1300 O Avenue #243  
Anacortes, WA 98221

Grantor (Name of Decedent): James A. Lagoe  
Grantee (Heirs): Mary D. Lagoe  
Abbreviated Legal Description: Unit(S): Lot 90, SKYLINE NO. 4  
Tax Parcel No.(s): P59308 / 3820-000-090-0003

### 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, Mary D. Lagoe, executes this affidavit relating to the estate of James A. Lagoe (herein "Decedent"), who died on Dec 23, 2005, in the County of Skagit, State of Wa., then being a resident of the City of Anacortes, County of Skagit, State of Wa.

(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**  
**(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**  
 (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: Mary D. Lagee, wife

Name and relationship: Joe Lagee, son

Name and relationship: Tim Lagee, son

Name and relationship: Sam & Rebecca Lagee-Tinsley daughter

**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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**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.

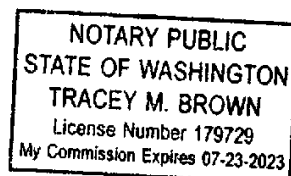
Mary D. Lagee  
 Signature

Mary D. Lagee  
 Print Name

State of Washington

County of Skagit

Signed and sworn to (or affirmed) before me on March 23, 2021 by Mary D. Lagee  
 (name of person making statement).



Tracey M. Brown  
 Name: Tracey M. Brown  
 Notary Public in and for the State of Washington,  
 Residing at: Cumano Island  
 My appointment expires: 07/23/2023

**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): P59308 / 3820-000-090-0003**

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Lot 90, Skyline No. 4, according to the plat thereof, recorded in Volume 9 of Plats, page 61, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Local File Number **994-05** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix  
**James Arthur LAGOE**

2. Death Date  
**Dec 22, 2005**

3. Sex (M/F)  
**M**

4a. Age - Last Birthday  
**76**

4b. Under 1 Year  
Months Days Hours Minutes

5. Social Security Number  
[REDACTED]

6. County of Death  
**Skagit**

7. Birthdate  
[REDACTED]

8a. Birthplace (City, Town, or County)  
**Seattle**

8b. (State or Foreign Country)  
**Washington**

9. Decedent's Education  
**Bachelor of Science Degree**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.  
**No**

11. Decedent's Race(s)  
**White**

12. Was Decedent ever in U.S. Armed Forces? Yes  
**Yes**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.)  
**4712 Kingsway**

13b. City or Town  
**Anacortes**

13c. Residence: County  
**Skagit**

13d. Tribal Reservation Name (if applicable)

13e. State or Foreign Country  
**Washington**

13f. Zip Code + 4  
**98221**

13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.  
**15 years**

15. Marital Status at Time of Death  
**Married**

16. Surviving Spouse's Name (Give name prior to first marriage)  
**Mary Doris Busher**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))  
**Electrical Engineer**

18. Kind of Business/Industry (Do not use Company Name)  
**Naval Weapons**

19. Father's Name (First, Middle, Last, Suffix)  
**Joseph Albert Lagoe**

20. Mother's Name Before First Marriage (First, Middle, Last)  
**Ivy Minota**

21. Informant's Name  
**Doris Lagoe**

22. Relationship to Decedent  
**Wife**

23. Mailing Address: Number and Street or RFD No. City or Town State Zip  
**4712 Kingsway Anacortes WA 98221**

24. Place of Death, if Death Occurred in a Hospital:  
**Inpatient**

24. Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (If not a facility, give number & street or location)  
**Island Hospital**

26a. City, Town, or Location of Death  
**Anacortes**

26b. State  
**WA**

27. Zip Code  
**98221**

28. Method of Disposition  
**Burial**

29. Place of Final Disposition (Name of cemetery, crematory, other place)  
**Fernhill Cemetery**

30. Location: City/Town, and State  
**Anacortes, Washington**

31. Name and Complete Address of Funeral Facility  
**Evans Funeral Chapel 1105 32nd Street Anacortes, WA 98221-**

32. Date of Disposition  
**Dec 29, 2005**

33. Funeral Director Signature X  
**Leonard J. Wilkerson**

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **a. melanoma** Interval between Onset & Death **10 months**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Due to (or as a consequence of): Interval between Onset & Death

c. Due to (or as a consequence of): Interval between Onset & Death

d. Due to (or as a consequence of): Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? ☐ Yes ☒ No

37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☒ No

38. Manner of Death  
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending

39. If female  
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death?  
☒ No ☐ Yes ☐ Probably ☐ Unknown

41. Date of Injury (mm/dd/yyyy)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work? ☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street Apt. No.  
City or Town County State Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify:  
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician (To be filled out by physician who completed the medical history and physical examination and signed the death certificate)  
**Michael James M.D.**

48b. Medical Examiner/Coroner (To be filled out by medical examiner or coroner who completed the medical history and physical examination and signed the death certificate)  
**Michael James M.D.**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)  
**Michael James M.D. 2511 M Avenue Suite A, Anacortes, WA 98221**

50. Hour of Death (24hrs)  
**21:35 PM**

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)  
**December 23, 2005**

53. Title of Certifier  
**M.D.**

54. License Number  
**MD00024794**

55. ME/Coroner File Number

56. Was case referred to ME/Coroner?  
☐ Yes ☒ No

57. Registrar Signature  
**Conce Anderson, Deputy**

58. Date Received (mm/dd/yyyy)  
**DEC 29 2005**

59. Amendments

**\*CERTIFIED\***

DEC 29 2005

*H. Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer