AFTER RECORDING MAIL TO:

Stuart James Elder and Kimberly Ann Elder 19139 Cedardale Rd Mount Vernon, WA 98274-7550 SKAGIT COUNTY WASHINGTON

REAL ESTATE EXCISE TAX Affidavit No. 2021-3130 Jul 09 2021 Amount Paid \$9429.00 Skagit County Treasurer By Josie L Bear Deputy

Filed for Record at Request of: First American Title Insurance Company Space above this line for Recorders use only GNW 21-11355

STATUTORY WARRANTY DEED

File No: 4221-3755066 (SR)

Date: July 06, 2021

Grantor(s): Lois P. Larson, an unmarried person and Monique Rochelle Sever, as Personal Representative of The Estate of Jacob L. Larson, deceased Grantee(s): Stuart James Elder and Kimberly Ann Elder, a married couple Abbreviated Legal: Section 8, Township 33 North, Range 4 East - NW NW (aka Lot A SP 101-78) Additional Legal on page: Assessor's Tax Parcel No(s): P16525/330408-2-007-0008 XXXR1053555/330408x2:007 NXXX

THE GRANTOR(S) Lois P. Larson, an unmarried person and Monique Rochelle Sever, as Personal Representative of The Estate of Jacob L. Larson, deceased for and in consideration of Ten Dollars and other Good and Valuable Consideration, in hand paid, conveys, and warrants to Stuart James Elder and Kimberly Ann Elder, a married couple, the following described real estate, situated in the County of Skagit, State of Washington.

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Lot "A" of Skagit County Short Plat No. 101-78, approved April 6, 1979 and recorded April 9, 1979 as Auditor's File No.

7904090019, records of Skagit County, Washington, being a portion of the Northwest 1/4 of the Northwest 1/4 of Section

8, Township 33 North, Range 4 East, W.M.;

TOGETHER WITH that portion of Lot "B" of said Short Plat lying Westerly of the Easterly line of Lot "A" extended South.

Subject To: This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

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APN: P16525/330408-2-007-0008

Statutory Warranty Deed - continued File No.: 4221-3755066 (SR)

kunch ar attorny ingact Xaust Lois P. Larson by Vicky Schorsch as Attorney In Fact

The Estate of Jacob L. Larson, deceased

un P.R.

Monique Rochelle Sever, Personal Representative

STATE OF Washington

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COUNTY OF Skagit She here is

On this **Seventh day of July, 2021**, before me personally appeared **Vicky Schorsch** to me known to be the individual who executed the foregoing instrument as Attorney in Fact for **Lois P. Larson** and acknowledged that he/fire signed the same as his/fire free and voluntary act and deed as Attorney in Fact for said principal for the uses and purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution of this instrument has not been revoked and that the said principal is now living, and is not incompetent.

GIVEN under my hand and official seal the day and year last above written.

-55



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APN: P16525/330408-2-007-0008

Statutory Warranty Deed - continued

) -ss. File No.: 4221-3755066 (SR)

STATE OF Washington

COUNTY OF Skagit Snohonis)

I certify that I know or have satisfactory evidence that **Monique Sever**, cis/are the person(s) who appeared before me, and said person(s) acknowledged that he/sig/they signed this instructions, on oath stated that he/sig/they/signed this instruction, on oath stated that he/sig/they/signed the execute the instruction and acknowledged it as the Personal Representative of the Estate of **Jacob L. Larson**, to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 2021

Mase

Notary Public in and for the State of Washington Residing at: Support My appointment expires: 9-9-3-3

ANGEL M MOSES NOTARY PUBLIC #181033 STATE OF WASHINGTON COMMISSION EXPIRES SEPTEMBER 9, 2023

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37)2977 3755066

FILED KING COUNTY, WASHINGTON

DEC 2 2 2020



SUPERIOR COURT CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR THE COUNTY OF KING

IN RE THE ESTATE OF	NO: 20-4-07176-2 SEA
JACOB L. LARSON	LETTERS TESTAMENTARY (LTRTS)
DECEASED	

The last will of the above named decedent was duly exhibited, proven and filed on December 18,

2020. It appears in and by said will that MONIQUE ROCHELLE SEVER is/are named

Executor(s) and by order of this court is/are authorized to execute said will according to law.

WITNESS my hand and seal of said Court: December 22, 2020.

BARBARA MINER County Superior Court Clerk eputy Clerk W.Elizalde-Romero " WASH ann

• NOT OFFICIAL WITHOUT SEAL •

I BARBARA MINER Clerk of the Superior Court of the State of Washington for King County do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof IN TESTIMONY WHEREOF I have affixed this seal of said Superior Court at my office at Seattle on this date______



BARBARA MINER Superior Court Clerk By Deputy Clerk W. Elizalde-Romero

RCW 11.28.140; 11.28.280

revised: 04/2017

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DATE ISSUED: 11/03/2020

FEE NUMBER:

DEPARTMENT OF HEA

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2020-050529

FIRST AND MIDDLE NAME(S): JACOB LAVERN . LAST NAME(S): LARSON

COUNTY OF DEATH: SKAGIT DATE OF DEATH: NOVEMBER 01, 2020 HOUR OF DEATH: 01:50 AM SEX: MALE SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE

BIRTH DATE: BIRTHPLACE: YANKTON, SD

MARITAL STATUS: MARRIED SURVIVING SPOUSE: LOIS GARSIDE

OCCUPATION: PLUMBERIPIPE FITTER INDUSTRY: COMMERCIAL EDUCATION: HIGH SCHOOL GRADUATE OR GED CONPLETED US ARMED FORCES: YES

INFORMANT: MONIQUE SEVER RELATIONSHIP: DAUGHTER ADDRESS: 1199 JESSICA CT DUNEDIN FL 34698

CAUSE OF DEATH: A: CHRONIC DIALYSIS DEPENDENT KIDNEY DISEASE INTERVAL: YEARS

- B: HYPERTENSION INTERVAL: YEARS
 - INCOME 1
- INTERVAL: D:

C:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGENITAL SOLITARY KIDNEY, CHRONIC HYPOXIC RESPIRATORY FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASBESTOSIS, RECENT PNEUMONIA, RECENT CLOSTRDUM DIFFICILE COLITIS

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

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 19139 CEDARDALE RD. CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 19139 CEDARDALE RD. CITY, STATE, ZIP: MOUNT VERNON, WA 98274 INSIDE CITY LIMITS: NO COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: EMUS LARSON

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON DISPOSITION DATE: NOVEMBER 04, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398 CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273 FUNERAL DIRECTOR: ADAM J. CRENNA

MANNER OF DEATH: NATURAL AUTOPSY: NO WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH YES PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: NOVEMBER 02, 2020

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO DATE RECEIVED: NOVEMBER 03, 2020

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