

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 DEEDFile 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 and P105355/330408-2-007-0008**

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.

APN: P16525/330408-2-007-
0008Statutory Warranty Deed
- continued

File No.: 4221-3755066 (SR)

Lois P. Larson by Vicky Schorsch as Attorney in Fact
 Lois P. Larson by Vicky Schorsch as Attorney In
 Fact

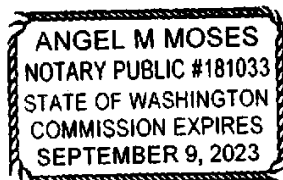
The Estate of Jacob L. Larson, deceased

Monique Rochelle Sever P.R.
 Monique Rochelle Sever, Personal
 Representative

STATE OF Washington)
)-ss
 COUNTY OF *Skagit Snohomish*

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/~~she~~ signed the same as his/~~her~~ 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.



Angel M. Moses

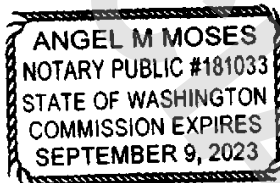
Notary Public in and for the State of Washington
 Residing at: *Snohomish*
 My appointment expires: *9.9.2023*

APN: P16525/330408-2-007-
0008Statutory Warranty Deed
- continued

File No.: 4221-3755066 (SR)

STATE OF Washington)
COUNTY OF ~~Skagit~~ *Snohomish* -ss.

I certify that I know or have satisfactory evidence that **Monique Sever**, ~~is~~ are the person(s) who appeared before me, and said person(s) acknowledged that he/~~she~~/they signed this instructions, on oath stated that he/~~she~~/they ~~is~~ are authorized to 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: *July 8, 2021**Angel M. Moses*Notary Public in and for the State of Washington
Residing at: *Snohomish*
My appointment expires: *9.9.2023*

3772977

3755066

FILED
KING COUNTY, WASHINGTON

DEC 22 2020

SUPERIOR COURT CLERK

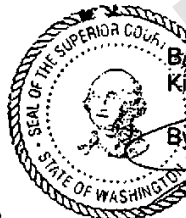
**CERTIFIED
COPY**

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

IN RE THE ESTATE OF <u>JACOB L. LARSON</u> DECEASED	NO: 20-4-07176-2 SEA LETTERS TESTAMENTARY (LTRTS)
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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
King County Superior Court Clerk

By

Deputy Clerk

W. Elizalde-Romero

• 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 DEC 22 2020



BARBARA MINER Superior Court Clerk

By

Deputy Clerk **W. Elizalde-Romero**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-050529

DATE ISSUED: 11/03/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): JACOB LAVERN
LAST NAME(S): LARSONCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 01, 2020
HOUR OF DEATH: 01:50 AM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: YANKTON, SDMARITAL STATUS: MARRIED
SURVIVING SPOUSE: LOIS GARSIDEOCCUPATION: PLUMBER/PIPE FITTER
INDUSTRY: COMMERCIAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YESINFORMANT: MONIQUE SEVER
RELATIONSHIP: DAUGHTER
ADDRESS: 1199 JESSICA CT DUNEDIN FL 34698CAUSE OF DEATH:
A: CHRONIC DIALYSIS DEPENDENT KIDNEY DISEASE
INTERVAL: YEARS
B: HYPERTENSION
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGENITAL SOLITARY
KIDNEY, CHRONIC HYPOXIC RESPIRATORY FAILURE, CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, ASBESTOSIS, RECENT PNEUMONIA, RECENT
CLOSTRIDIUM DIFFICILE COLITISDATE 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 98274RESIDENCE 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 YEARSFATHER: EMUS LARSON
MOTHER:METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, 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. CRENNNAMANNER 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 RESPONSECERTIFIER 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, 2020CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: NOVEMBER 03, 2020

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Skagit County Health Department
Howard Leibrand M.D., Health Officer



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