202207210085

07/21/2022 04:03 PM Pages: 1 of 7 Fees: \$45.00

Skagit County Auditor, WA

WHEN RECORDED RETURN TO:

Land Title and Escrow Company 3010 Commercial Avenue Anacortes, WA 98221

204053-LT, Land Title and Escrow	REVIEWED BY _SKAGIT COUNTY TREASURER
DOCUMENT TITLE(S): Death Certificate	DEPUTY Lena Thompson DATE <u>07/21/2022</u>
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED	OR RELEASED:
GRANTOR: STATE OF WASHINGTON	
GRANTEE: LOUIS AUSTIN MAYS	
ABBREVIATED LEGAL DESCRIPTION: Lot 2, Cedar Springs PUD Phase 4	
TAX PARCEL NUMBER(S): 4768-000-002-0000/P117544	

File Number 117-07		ton State Certifi	Sulfix	Sta 2. Death Date) !	47524
1. Legai Name (Indude AKA's / any) First LOUIS	AUSTIN	MAYS	Jum	Feb. 14	, 2007		
	ab. Under 1 Year S Months Days	4c, Under 1 (iel Sacreih: Mumhe		6. County of E	Death
		Hours b) Bb. (State or Foreig	Minutes in Country)	. Decedent's Edu	cation	Skagit	
	place (City, Town, or Count ional City		ia lent's Race(s)	Masters D	egree	112	. Was Decedent ever in U
 Was Decedent of Hispanic Origin? (No. 		1	White				Armed Forces? Yes
13a. Residence: Number and Street (e.g. 1803 Cedar Springs	., 624 SE 5° St.) (Include Ap	ol. No.)			13b. City of Anace	rTown ortes	
13c. Residence: County 13	d. Tribal Reservation Na			intry	13f. Zip Code 98221	+4	13g. Inside City Limit
Skagit 14. Estimated length of time at residence	NA e. 15. Marital Status at	Time of Death 16.5	<u>ishington</u> Burviving Spouse's N		7,4444	e) .	* * .
8 Years 17. Usual Occupation (Indicate type of world	Morriad	1 6	Carol Allene	Frisbie less/Industry (Con	ot use Company	Name)	45.4
Educator College L	evel	9 10. 100.10. 100.10.	Communiti	. y Correge	DISCLE	UU #	
19. Father's Name (First, Middle, Last, Suff Louis Jose Mays	ix)		Geneviev		emage (Prist, Mi	10016, C251) »	
21, Informant's Name ,	22. Relationship to	o Decedent 23. Mai	ling Address: Number	and Street or RFD No.	City or Town		98221
Carol A. Mays 24. Place of Deeth, if Deeth Occurred in a Hos	Wife spital:	100.	Place of Death, #1	Death Occurred Some	where Other the	n a Hospital:	
25. Facility Name (If not a facility, give num			Nursing 26a.CK	Home/Long	-Term Can at Death	266. State	27. Zip Code
Fidalgo Care Center	1105 27th S	Street :	. <u>A</u> 1	nacortes 🔻		WA	98221
28. Method of Disposition Cremation	29. Place of Final Dis Solie Cre		etery, crematory, other p	lace)	Everet	City/Town.and t, Washi	ington
31. Name and Complete Address of Ful	ieral fiscility	11/2 17010 5	R 536, Mount V	ernon 982	73	32. Date of D	-
Affordable Burial & Scenario X 33. Funeral Director Signature X	BLIME SHALLSH	1 / 1/10 3	K J.J., I.J.	<u> </u>		02 10	
34. Enter the <u>chain of events</u> - disease ventricular fibrillation without showing th MMECIATE CAUSE (Final disease or condition resulting in death)	s, injuries, or complication elicitogy. DO NOT ABL	ons - that directly caus	e instructions and exa sed the death. DO N itional lines if necess	OT enter terminal	events such a	- in	it, respiratory arrest, o erval between Onset & Dr erval between Onset & co
ventricular fibrillation without showing th IMMEDIATE CAUSE (Final disease or condition resulting in death) \rightarrow Sequentially list conditions, if any, leadin to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injur)	a	ons - thal directly causes BREVIATE. Add add	sed the death. DO Nitional lines of necession	OT enter ferminal any.	events such a	jai jai	erval between Onset & Di erval between Onset a un erval perween under a un
ventricular fibrillation without showing th IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leadin to the cause listed on line a. Enter the	a	ons - thal directly causes BREVIATE. Add add	sed the death. DO N itional lines if necess	OT enter ferminal any.	events such a	jai jai	ervel between Onset & Do
ventricular fibrillation without showing th IMMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions, if any, leadir to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injur that intiliated the events resulting in death)LAST	a	ons - thal directly causes BREVIATE. Add add	sed the death. DO Nitional lines if necession in the necession is not one to (or as a consequent to (or as a consequent).	OT enter ferminal ary. a of):	events such a	Jos Jos Jos Jos Jos Jos Jos Jos Jos Jos	erval between Onset & Di erval between Onset a un erval perween under a un
ventricular fibrillation without showing the IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurting in initiated the events resulting in death)LAST	a	ons - that directly case BREVIATE. Add add Do De Dest year Not desth Not	sed the death. DO Nitional lines if necession in the to (or as a consequent to (or as a consequent reause given above pregnant, but pregnant,	O'T enter terminal any. a of): 36 int within 42 days in 1 ye in 43 days to 1 ye	, Autopsy?	Jani Jani Jani Jani Jani Jani Jani Jani	erval between Onset & Di opsy findings available Calum of Planch? [Obacco use contributionals?
wentricular fibrillation without showing th IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enfer the UNDERLYING CAUSE (disease or injurted initiated the events resulting in death)LAST 35. Other significant conditions conditions Alamner of Death de	a. 39. If female Not pregnant within	ons - that directly cause BREVIATE. Add add add Du	sed the death. DO Nitional lines if necession in the to (or as a consequent to (or as a consequent or cause given above oregonant, but pregnant, but pregnant.	O'l enter terminal any. a of): 36 int within 42 days in 1 ye mit the past year	. Autopsy? before death ar before death	Jani Jani Jani Jani Jani Jani Jani Jani	erval between Onset & Di erval between Onset a un erval between Onset & Di opsy findings available Cguren of Planth?
ventricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentiaty tist conditions, if any, leads to the cause listed on line a. Enfer the UNDERLYING CAUSE (disease or injurthal mitiated the events resulting in death)LAST 35. Other significant conditions **The Mannar of Death*	a. a. d. 39. If female Not pregnant within Pregnant at time of	ons - that directly cause BREVIATE. Add add add Du	sed the death. DO Nitional lines if necession in cause given above pregnant, but pregna pregnant, but pregnant with pregnant with pregnant with the death.	O'l enter terminal any. a of): 36 int within 42 days in 1 ye mit the past year	. Autopsy? before death ar before death	Jani Jani Jani Jani Jani Jani Jani Jani	erval between Onset & Di opsy findings available Calum of Planch? [Obacco use contributionals?
wentricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentiaty tist conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurithat initiated the events resulting in death)LAST 35. Other significant conditions contained 45. Date of injury ownoncern 47. Date of injury ownoncern 47. Date of injury ownoncern 48. Location of frigury. Number & Street. City or Town:	a. a. d. 39. If female Not pregnant within Pregnant at time of	ons - that directly cause BREVIATE. Add add add Du	sed the death. DO Nitional lines if necession in cause given above pregnant, but pregna pregnant, but pregnant with pregnant with pregnant with the death.	O'T enter terminal any. a of): 36 36 37 38 38 38 38 38 38 38 38	, Autopsy? before death ar before deat taurant, wooded	37. Were aux 37. Were aux 37. Were aux 40. Did to c th area) 144. Apt No. Zip Code: 4:	erval between Onset & Di erval between Onset & Co erval between Onset & Co erval between Onset & Co posy findings available Catuan of Paoth? Tobacco use Contributi reath?
ventricular fibrillation without showing th IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leadin to the cause listed on line a. Enter the UMDERLYING CAUSE (disease or injurthal initiated the events resulting in death)LAST 35. Other significant conditions conditions are Alamner of Death 36. 17. Date of Injury ownonyyyy 45. Location of Injury Number & Street	a. a. d. 39. If female Not pregnant within Pregnant at time of	past year Not death Not Unix	sed the death. DO Nitional lines if necession in cause given above pregnant, but pregna pregnant, but pregnant with pregnant with pregnant with the death.	O'T enter terminal any. a of): 36 int within 42 days to 1 ye in the past year construction site, res	. Autopsy? before death ar before deat taurant, wooded . If trensportat Driver/Opera	Jani Jani Jani Jani Jani Jani Jani Jani	erval between Onset & Di popsy findings available Cause of Paoch? (blacco use contributi reath? (niury at Work?)
ventricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentiatly tist conditions, if any, leadin to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injur hat intilated the events resulting in death)LAST 35. Other significant conditions conditions 45. Date of injury ownormy 45. Location of linjury. Number & Street: City or Town. 46. Describe how injury occurred	a. 19 t y c. 39. If female Not pregnant within Pregnant at time of:	past year Not death Not Unk	sed the death. DO Nitional lines if necession in cause given above to (or as a consequent in cause given above pregnant, but pregnant with (e.g., Decedent's home,	O'T enter terminal any. a of): 36 36 37 38 38 38 38 38 38 38 38 38	, Autopsy? before death ar before deat taurent, wooded If trensported Driver/Opera Passenger	37. Were aux 37. Were aux 40. Did to th eree) 144. Apt No. Zip Code: 4: ion injury, spector Ped	erval between Onset & Di popsy findings available Cause of Flaath? (bbacco use contribut teath? (finury at Work?
wentricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions, if any, leads to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurities that instance in the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurities and injurities of the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurities and injurities of the cause listed on line and injurities of the cause	a. 19 t y c. 39. If female Not pregnant within Pregnant at time of:	past year Not death Not Unix	sed the death. DO Nitional lines if necessional lines if necessional lines if necessional lines in necessional lines in cause given above pregnant, but pregnant with (e.g., Decedent's home,	O'T enter terminal arry. as of): as of): 35 and within 42 days for 1 ye sin the past year. State: 47	. Autopsy? before death ar before deat taurant, wooded if transportat Driver/Opera	Jan. Jan. Jan. Jan. Jan. Jan. Jan. Jan.	erval between Onset & Dr opsy findings available Cause of Planeth? (b) bacco use contributi reath? (frium at Work?) (b) properties of the properties o
wentricular fibrillation without showing the MMMEDIATE CAUSE (Final disease or condition resulting in death) → Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurted interest the events resulting in death)LAST 35. Other significant conditions conditions and the interest of Death (death)LAST 46. Date of Injury (werdomm) 47 47. Location of Injury: Number & Street: City or Town: 483. Cartifidian Sharatala.	a. 3. 19 t y d. 39. If female Not pregnant within Pregnant at time of the control of the c	past year Not death Not Unk	sed the death. DO Nitional lines if necessional lin	O'T enter terminal arry. as of): as of): 35 and within 42 days for 1 ye sin the past year. State: 47	. Autopsy? before death ar before deat taurant, wooded if transportat Driver/Opera	37. Were aux 37. Were aux 40. Did to to th area) 44. Apt No. Zio Code+ 4: forn injury, spector Other eramination, an and due to the	erval between Onset & Di posy findings available Cause of Flacib? (blacco use contribut feath? (thiury at Work? iffy: estrian or (Specify) dior investigation, in my cause(s) and manner stat eath (24hrs)
wentricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions; flary, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injurited intilated the events resulting in death)LAST 35. Other significant conditions conditions death)LAST 46. Date of injury ownborry 47. Date of injury ownborry 48. Location of frighty: Number & Street: City or Town: 48. Cartifician Behaviola. 48. Cartifician Behaviola.	a. 19 t y d. 39. If female Not pregnant within Pregnant at time of Hour of (njury (24 hrs))	past year Not death Not death Unk	sed the death. DO Nitional lines if necessional lin	O'T enter terminal arry. as of): as of): 35 and within 42 days for 1 ye sin the past year. State: 47	. Autopsy? before death ar before deat taurant, wooded if transportat Driver/Opera	37. Were aux 37. Were aux 100. Did to c th area) 144. Apt No. Zip Code: 4: On Injury, spector Ped cramination, and and due to the \$0. Hour of D O810	erval between Onset & Di posy findings available Cause of Flacib? (blacco use contribut feath? (thiury at Work? iffy: estrian or (Specify) dior investigation, in my cause(s) and manner stat eath (24hrs)
wentricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions, if any, leading to the cause listed on line a. Enfer the UNDERLYING CAUSE (disease or injur- the attitude the events resulting in death)LAST 35. Other significant conditions conditions ide in Date of Injury awards 45. Location of Injury: Number & Street: City or Town: 46. Describe how injury occurred	a. 19 t y d. 39. If female Not pregnant within Pregnant at time of Hour of (njury (24 hrs))	past year Not deeth Not Unk 43. Place of Injury County: date, and style or Print)	sed the death. DO Nitional lines if necession in cause given above to (or as a consequence to (or as a consequence to (or as a consequence to course given above pregnant, but pregnant, but pregnant, but pregnant with (e.g., Decedent's home, prince, death opinion, death x	O'T enter terminal arry. as of): as of): 35 and within 42 days for 1 ye sin the past year. State: 47	. Autopsy? before death ar before deat taurant, wooded I trensportat Driver/Opera Passenger On the basis of, date, and place	37. Were auk 37. Were auk 40. Did to c th area) 144. Apt No. Zip Code+ 4: ion Injury, spector Ped Othe eraminstion, and due to the S0. Hour of D O810 S2. Date Skpr	erval between Onset & Deeval between Onset & Lacerval between Onset & Deeval between Onset
wentricular fibrillation without showing th MMEDIATE CAUSE (Final disease or condition resulting in death) ⇒ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injur- hot initiated the events resulting in death)LAST 35. Other significant conditions condition 45. Location of Injury (Number & Street: City of Town: 46. Describe how injury occurred 483. Cartifician Entertal Cause 484. Name and Address of Carts 51. Name and Tibe of Attending Physici 53. Title of Cartifice 57. Bagistrar Signature	a. 39. If female Only pregnant within Pregnant at time of the Author of Injury (24hrs) a. Hour of Injury (24hrs)	past year Not deeth Not Unk 43. Place of Injury County: date, and style or Print)	sed the death. DO Nitional lines if necession in cause given above to (or as a consequence to (or as a consequence to (or as a consequence to course given above pregnant, but pregnant, but pregnant, but pregnant with (e.g., Decedent's home, prince, death opinion, death x	O'T enter terminal any. a of): 36 37 38 39 39 30 30 31 32 32 33 34 35 36 37 37 38 38 38 38 38 38 38 38	, Autopsy? before death ar before deat taurant, wooded If transportat Driver/Opera Passenger On the basis of , date, and place	37. Were auk 37. Were auk 40. Did to c th area) 144. Apt No. Zip Code+ 4: ion Injury, spector Ped other argumission, and due to the S0. Hour of D O810 S2. Date Skgr	erval between Onset & Di popsy findings available Cause of Flooth? (bbacco use contribut teath? (finiury at Work? injury at Work? injury at Work? injury at Work?

DOH/CHS 003 Rev 2/06/2004

ISSUED JUL 20 2022 Return Address: Land Title and Escrow Company 3010 Commercial Avenue Anacortes, WA 98221 204053-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lori J. Dohe/V follows:	'alorie L. Emilio,	being first duly sworn deposes and states as
	of Affiant	
That they are a rightful heir as listed on heirs at	law, to the real property	described below, and is
Surviving Spouse's Heirs	of Louis	Austin Mays,
Relationship to decedent	Decedent/Grantor	
who died on February 14, 2007 Date	at	
Anacortes	Skagit	Washington
City	County	State
REAL PROPERTY SUBJECT TO THE AF Abbreviated Legal Description: Lot 2, Cedar S Assessor's Property Tax Parcel/Account Numb (Attach full legal description of the property)	prings PUD Phase 4	117544
Decedent left no Last Will and Testament.		
Decedent left a Last Will and Testament w	vhich HAS NOT been Pro	bated or Revoked.
"Heirs at law" includes surviving spouse, chil parents, brothers and sisters of the decedent. A pages if necessary)	ldren, adopted children, i ffiant hereby identifies all	ssue of predeceased child or adopted child, heirs at law of the decedent: (use additional

REV 84 0017 (1/3/17)

Carol A. Mays, Surviving Spouse, Age: 78
1803 Cedar Springs Lane Anacortes WA-98221
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

REV 84 0017 (1/3/17)

Dated: July 19, 2022		
Lori J. Dohe		
Affiant's full name		_
Telephone number		
. Triplicite (January)		
	Street	
City	State	Zip Code
Signature		D
Signature		Date
Valorie L. Emilio		<u> </u>
Affiant's full name		
541-654-115		
Telephone number	7 /	
1200 Processos	C) VO	
DI TURCIPAL D		
(Sparts Pass	Street	9750/
City	State	119 X C
	stene	· Zip Code
- Natorie mile	5	
Signature		Date
\bigcirc Coco	^	
STATE OF WASHINGTON OF CONTROL	1	
COUNTY OF SKAGHT JOSEP HU	ne , ,	
Signed and sworn to (or affirmed) before me o	n this 25 May of _	ta / , 2022 by Lori L Dohe and Valorie
L. Emilio.		
$I \rightarrow I \rightarrow$		
huandatt. (nhi	a	
Signature		OFFICIAL STAMP LUCINDA ANN CUNHA
Notari		MOTARY PUBLIC - OREGON
Title		COMMISSION NO. 990479
5/1	. .	MY COMMISSION EXPIRES AUGUST 11, 2023
My appointment expires: 8/11 . 20-	32	

Dated: July 19, 2022	_		
Lori J. Dohe			
Affiant's full name			
(509) 386-5/87 Telephone number S. Park St. Walla Walla City Yori Nohe			
Telephone number			
- 01 01			
S. Fark St.	<u></u>		
12.11	Street WA	99362	
Walla walla	~	99362 Zip Code	
l v 1	Braic	Inly 20, 22	
Lou None	!	Inly 20, 22	
Signature		/ Date	
Valorie L. Emilio			
Affiant's full name			
Telephone number	7		
	Street		
	bireei		
City	State	Zip Code	
- City and a second		Date	
Signature		Diae	
STATE OF WASHINGTON			
COUNTY OF SKAGIT Walla Walle	.		
Signed and sworn to (or affirmed) before me on this		2022 by Lori I. Dohe and	Valorio-
L. Emilie	s <u>20</u> uay or <u>0</u>	, 2022 6, 2011 (2011	
Alles Samuro		mannin.	
	ZZZIII.	ATAMURIUM	
Signature Notary - State of Washington Title		A TAMUA PARAMETER A TAMUA PARA	
Title		OTARL TO ME	
** * * * * * * * * * * * * * * * * * *		2010541 NO	
My appointment expires: 4/2/, 2024	The Ostina	4.02.2 M	
	1, 3	Minimum II =	
	4, 17	,	