

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Kaylee Oudman
DATE 09/15/2023

After recording, return to:
Dorothy Lynn McTaggart
McTaggart Living Trust

12760 Country Club Pl
Burlington, Wa 98233

CHICAGO TITLE
620054540

Grantor (Name of Decedent): Charles McTaggart
Grantee (Heirs): Dorothy L McTaggart
Abbreviated Legal Description: LT. B, SPL NO. PL-03-0627, REC NO. 200411120170, BEING PTN
GOVT LT. 4, SEC 35-36-2E, W.M.
Tax Parcel No.(s): P47379 / 360235-0-020-0100, P68850 / 3993-000-007-00006 and P68851 /
3993-000-008-0005

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, Dorothy McTaggart, executes this affidavit relating to the estate of
Charles McTaggart (herein "Decedent"), who died on 11-03-2010
in the County of Los Angeles, State of California, then being a resident of the
City of Bow, 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.

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

other (identify): _____

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: Dorothy L McTaggart, spouse

Name and relationship: _____

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:

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.

Dorothy Lynn McTaggart
Signature

DOROTHY LYNN MCTAGGART
Print Name

State of Washington
County of Skagit

This record was acknowledged before me on 08/28/2023 by
Dorothy Lynn McTaggart

Alysia Hudson

(Signature of notary public)

Notary Public in and for the State of Washington

My commission expires: 03/01/2024

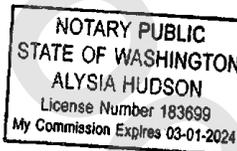


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): P47379 / 360235-0-020-0100, P68850 / 3993-000-007-00006 and P68851 / 3993-000-008-0005

PARCEL A:

LOT B OF SHORT PLAT NO. PL-03-0627, APPROVED NOVEMBER 9, 2004 AND RECORDED NOVEMBER 12, 2004, UNDER AUDITOR'S FILE NO. 200411120170, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF GOVERNMENT LOT 4, SECTION 35, TOWNSHIP 36 NORTH, RANGE 2 EAST, W.M.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

PARCEL B:

TRACT 7, SAMISH-VUE TRACTS, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 54, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON

PARCEL C:

TRACT 8, SAMISH-VUE TRACTS, AS PER PLAT RECORDED IN VOLUME 7 OF PLATS, PAGE 54, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3201019043516

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
CHARLES		MC TAGGART	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
WILLIAM		68	
5. AGE Yrs. Months Days		6. SEX	
		M	
9. BIRTH STATE/FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
CA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/SDP* at Time of Death	
		MARRIED	
13. EDUCATION - Highest Level/Degree (Indicate whether on back)		7. DATE OF DEATH mm/dd/yyyy	
BACHELOR		11/03/2010	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back		8. HOUR 24 HOUR	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		0532	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
CAUCASIAN		POLICE OFFICER	
16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
LAW ENFORCEMENT		26	
23. DECEDENT'S RESIDENCE (Street and number, or location)			
5462 JOSEPH LN.			
21. CITY		22. COUNTY/PROVINCE	
BOW		SKAGIT	
23. ZIP CODE		24. YEARS IN COUNTY	
98232		17	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
WA		DOROTHY LYNN MC TAGGART, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SDP - FIRST	
5462 JOSEPH LN., BOW, WA 98232		DOROTHY	
29. MIDDLE		30. LAST (BIRTH NAME)	
LYNN		SOUTHWICK	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
CHARLES		WILLIAM	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
MC TAGGART		WA	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
DOROTH			
37. LAST (BIRTH NAME)		38. BIRTH STATE	
		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
11/08/2010		RESIDENCE DOROTHY LYNN MC TAGGART	
41. TYPE OF DISPOSITIONS		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
		ETERNAL VALLEY MEMORIAL PARK MO	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD1163		JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
11/05/2010			
101. PLACE OF DEATH			
RESIDENCE			
102. IS HOSPITAL? SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
<input type="checkbox"/> P <input type="checkbox"/> SVCP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ALC <input type="checkbox"/> Other		<input type="checkbox"/> Nursing Home/ALC <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
LOS ANGELES		24448 HAMPTON DR. UNIT B	
106. CITY		107. CAUSE OF DEATH	
VALENCIA		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT abbreviate.	
108. DEATH REFERRED TO CORONER?		109. TIME ELAPSED BETWEEN DEATH AND DEATH CERTIFICATE	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		: MINS	
110. BIOPSY PERFORMED?		111. AUTOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	
NONE		PAROTID GLAND RESECTION 12/04/2007	
114. CERTIFY TIME TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
01/09/2008		SHAMEL SANANI M.D.	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
15031 RINALDI STREET, MISSION HILLS, CA 91345		A34881	
118. DATE mm/dd/yyyy		119. DATE mm/dd/yyyy	
11/02/2010		11/04/2010	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 HOUR)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding MD, PA
Director of Public Health and Registrar



H.D. 2137950
NOV 10 2010



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.