



200502040049
Skagit County Auditor

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AFTER RECORDING RETURN TO:

William R. Allen
PO Box 437
Sedro Woolley, WA 98284

COVER SHEET

Document Title: Joint Tenancy Affidavit

Reference Number(s) of Documents Assigned or Released: N/A

Grantor(s): Beckim, Fumie

Grantee(s): Public

Abbreviated Legal Description: Lot 2 MEADOW LANE ADDITION

Assessor's Property Tax Parcel/Account Number(s): 3953-000-002-0009/ P67398

JOINT TENANCY AFFIDAVIT

State of Washington)
) ss
County of Skagit)

Fumie Beckim, being first duly sworn on oath, deposes and says:

That I am the surviving spouse of George A. Beckim, who died at Sedro Woolley, Washington, on May 22, 2004.

Attached is a true and correct copy of his certificate of death.

This affidavit is to confirm that on or about November 10, 1980, the said George Beckim transferred to himself and to your affiant, as joint tenants with right of survivorship, by Quit Claim Deed, the real property described below.

Lot 2 MEADOW LANE ADDITION, according to the plat thereof recorded in Skagit County, Washington.

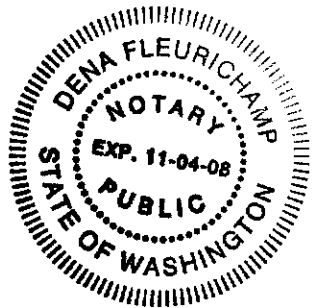
Said deed was recorded under Auditor's File No. 84011100033, records of Skagit County, Washington.

This affidavit is to record that the interest of George A. Beckim is extinguished by reason of the death of George A. Beckim and that your affiant is the sole owner in fee simple of the above described property.

George A. Beckim died testate, leaving a will in which your affiant was named as sole beneficiary. His estate was probated under Skagit County Probate Cause No. 04-4-00187-1.

Fumie Beckim
FUMIE BECKIM

SUBSCRIBED AND SWORN to before me on January 21, 2005.



Dena Fleurichamp
Dena Fleurichamp
NOTARY PUBLIC in and for the State of Washington, residing at Sedro Woolley.

My commission expires: 11/4/2008



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **418-04**

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST George Albert Beckim			2. Death Date May 22, 2004		
3. Sex (M/F) M	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 532-18-7598	6. County of Death Skagit
7. Birthdate Dec 2, 1913		8a. Birthplace (City, Town, or County) Norridgewock	8b. (State or Foreign Country) ME		9. Decedent's Education Bachelor's 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
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 9470 Claybrook Rd.				13b. City or Town Sedro Woolley	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98284-
14. Estimated length of time at residence. 25y		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Fumie (Julie) Nakano	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Forester			18. Kind of Business/Industry (Do not use Company Name) Dept. of Nat. Resources		
19. Father's Name (First, Middle, Last, Suffix) George Wamsley			20. Mother's Name Before First Marriage (First, Middle, Last) Helen Russell Parson		
21. Informant's Name Fumie (Julie) Beckim		22. Relationship to Decedent Wife		23. Mailing Address: Number & Street or RFD No City or Town State Zip 9470 Claybrook Rd. Sedro Woolley, WA 98284-	
24. Place of Death, if Death Occurred in a Hospital: Life Care Center of Skagit/Valley			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home		
25. Facility Name (if not a facility, give number & street) Life Care Center of Skagit/Valley		25a. City, Town, or Location of Death Sedro Woolley		26. State WA	27. Zip Code 98284
28. Method of Disposition Cremation		29. Place of Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398				32. Date of Disposition 5-26-2004	
33. Funeral Director Signature X <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
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. Intercranial Hemorrhage		Interval between Onset & Death 2 weeks
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.		Interval between Onset & Death
			c.		Interval between Onset & Death
			d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - (If this part of the certificate is not applicable, check box and state reason in the comments section) X Edwin Stickle MD			48b. Medical Examiner/Coroner - (If the cause of death is not a natural death, or if the death occurred at the time, date, and place stated due to the cause(s) and manner stated. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) H. Edwin Stickle M.D. 1952 Hospital Drive, Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 02:45 AM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY) 5-24-04	
53. Title of Certifier Physician		54. License Number		55. ME/Coroner File Number	
56. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature X <i>[Signature]</i>			58. Date Received (MM/DD/YYYY) MAY 26 2004		
59. Record Amendment Item Occurrence Reviewed by Date					

DOH1CHS 003 Rev 3/24/2003



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