



201303210064

Skagit County Auditor

3/21/2013 Page 1 of 3 12:38PM

LAND TITLE OF SKAGIT COUNTY

m.19860 ACCOMMODATION RECORDING

Document Title: Affadvit of Surviving Spouse

Reference Number :

Grantor(s): additional grantor names on page ____.

- 1. Richard Grant McKechnie
- 2.

Grantee(s): additional grantee names on page ____.

- 1. Bertha H. McKechnie
- 2.

Abbreviated legal description: full legal on page(s) ____.

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ____.

P59890

I, Land Title and Escrow, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$62.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed _____

Dated _____

3.20.13



Washington State
 Department of Revenue
 Special Programs Division
 PO Box 47477
 Olympia, WA 98504-7477

**-Sample Format-
 Affidavit of Surviving Spouse or Domestic Partner
 for Claiming an Exemption Based on
 Inheritance of Real Estate**

State of Washington

County of Skagit

Name of deceased Richard Grant McKechnie

I, (survivor's name) Bertha H. McKechnie affirm that I am the
 sole and rightful heir to the property described as:

Parcel number(s) P59890

2013952
 SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

MAR 21 2013

Amount Paid \$ 0
 Skagit Co. Treasurer
 By MF Deputy

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 5th day of March, 2013 at Anacortes, WA
(month) (year) (city) (state)

Bertha H. McKechnie

(Signature of surviving spouse or registered domestic partner)

Bertha H. McKechnie

(Printed name of surviving spouse or registered domestic partner)

4803 Glasgow Way Anacortes WA 98221
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.



201303210064
 Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **888-10**

Washington State Certificate of Death

State File Number

| | | | | | |
|--|---|---|---|---|--|
| 1. Legal Name (include AKA's if any): First Middle LAST Suffix Richard Grant McKechnie | | | | 2. Death Date Oct 16, 2010 | |
| 3. Sex (M/F) M | 4a. Age - Last Birthday 84 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number | 6. County of Death Skagit |
| 7. Birthdate | 8a. Birthplace (City, Town, or County) Lynn | 8b. (State or Foreign Country) Massachusetts | | 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) Caucasian | | 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.) 4803 Glasgow Way | | | | 13b. City or Town Anacortes | |
| 13c. Residence: County Skagit | | 13d. Tribal Reservation Name (if applicable) | 13e. State or Foreign Country Washington | 13f. Zip Code + 4 98221 | 13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 14. Estimated length of time at residence. 23 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Bertha Helene Muller | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Consultant | | | 18. Kind of Business/Industry (Do not use Company Name) Management | | |
| 19. Father's Name (First, Middle, Last, Suffix) Edward (NMN) McKechnie | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Helen (NMN) | | |
| 21. Informant's Name Bertha Helene McKechnie | | 22. Relationship to Decedent Wife | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4803 Glasgow Way Anacortes WA 98221 | | |
| 24. Place of Death, if Death Occurred in a Hospital: Inpatient | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: | | |
| 25. Facility Name (if not a facility, give number & street or location) Skagit Valley Hospital | | | 26a. City, Town, or Location of Death Mount Vernon | 26b. State WA | 27. Zip Code 98274 |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory | | 30. Location-City/Town, and State Anacortes, Washington | |
| 31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221 | | | | 32. Date of Disposition. October 21, 2010 | |
| 33. Funeral Director Signature X <i>Jennie Shilliam</i> | | | | | |
| 34. Enter the <u>chain of events</u> - 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. Cardiac Arrest Interval between Onset & Death Minutes 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. Sepsis Interval between Onset & Death Days c. Esophageal Cancer with Metastasis Interval between Onset & Death Years 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 | 37. Were autopsy findings available to complete the Cause of Death? <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 - To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner stated. <i>Malik Fuimaono</i> | | | 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes and manner stated. X | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Malik Fuimaono, MD 1400 E. Kincaid Mount Vernon, WA 98274 | | | | 50. Hour of Death (24hrs) 0220 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | 52. Date Signed (mm/dd/yyyy) Oct 16, 2010 | |
| 53. Title of Certifier MD | | 54. License Number MD60095480 | | 55. ME/Coroner File Number | |
| 57. Registrar Signature <i>Cornie Anderson</i> | | | | 58. Date Received (mm/dd/yyyy) OCT 20 2010 | |
| 59. Amendments | | | | | |



201303210064
Skagit County Auditor