

When Recorded Please Return To:
LAWRENCE A. PIRKLE
P.O. BOX 1788
Mount Vernon, WA 98273
(360) 336-6587



201308220057

Skagit County Auditor \$77.00
8/22/2013 Page 1 of 6 12:38PM

DOCUMENT TITLE(S): AFFIDAVIT OF SURVIVING SPOUSE

REFERENCE NUMBER(S):

GRANTOR: ROBYN BURDETT MONTGOMERY

GRANTEE: PUBLIC

LEGAL DESCRIPTION:

Tract 33, Big Lake Water Front Tracts, Skagit County, Washington, as per plat recorded in Volume 4 of Plats, page 12, EXCEPT the Northerly 30 feet thereof, and EXCEPT that portion conveyed to Skagit County for road purposes by deed recorded June 9, 1947 under Auditor's File No. 405332.

ASSESSOR PARCEL / TAX ID NUMBER: TPN: 3862-000-033-0002 (P62006)

AFFIDAVIT OF SURVIVING SPOUSE

LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

ROBYN BURDETT MONTGOMERY, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of MONTY MONTGOMERY, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

TPN: 3862-000-033-0002 (P62006)

Tract 33, Big Lake Water Front Tracts, Skagit County, Washington, as per plat recorded in Volume 4 of Plats, page 12, EXCEPT the Northerly 30 feet thereof, and EXCEPT that portion conveyed to Skagit County for road purposes by deed recorded June 9, 1947 under Auditor's File No. 405332.

SECOND, I was the surviving spouse of MONTY MONTGOMERY and we acquired this property as husband and wife.

THIRD, that said Decedent died on the 22nd day of December, 2012 in Skagit County, State of Washington. (Certificate of Death attached as Exhibit A)

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.



SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
ROBYN BURDETT MONTGOMERY 18071 W. Big Lake Blvd. Mount Vernon, WA 98274	Spouse	Legal
KRISTINA L. HUDSON 16008 Mountain View Rd. Mount Vernon, WA 98274	Daughter	Legal
BEAU T. MONTGOMERY 116 Road 1.4 N.E. Moses Lake, WA 98837	Son	Legal
BENJAMIN D. MONTGOMERY 22741 S.E. 273rd St. Maple Valley, WA 98038	Son	Legal
JOSHUA J. MONTGOMERY 1814 - 12th Ave., #4 Seattle, WA 98122	Son	Legal

DATED this 20th day of August, 2013.

2013 3386
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

AUG 22 2013

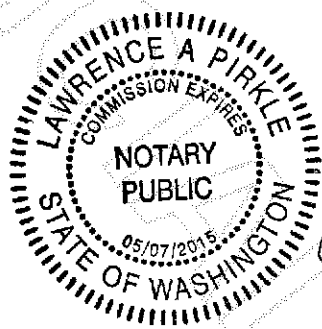
Amount Paid \$ \emptyset
Skagit Co. Treasurer
By MF Deputy

Robyn Burdett Montgomery
ROBYN BURDETT MONTGOMERY

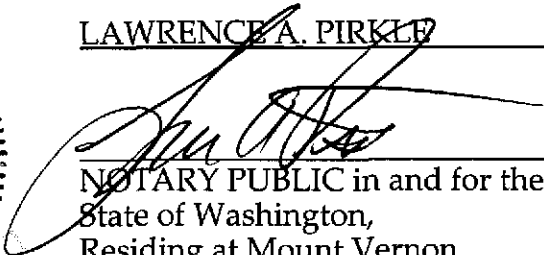
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that ROBYN BURDETT MONTGOMERY is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 20th day of August, 2013.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/15



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



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Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **13158** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix **Monty MONTGOMERY** 2. Death Date **12/22/2012**

3. Sex (MF) **Male** 4a. Age - Last Birthday **68** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number 6. County of Death **King**

7. Birthdate 8a. Birthplace (City, Town, or County) **Seattle** 8b. (State or Foreign Country) **Washington** 9. Decedent's Education **Bachelor of Arts, Education**

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? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (include Apt. No.) **18071 West Big Lake Blvd.** 13b. City or Town **Mount Vernon**

13c. Residence: County **Skagit** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **Washington** 13f. Zip Code + 4 **98274** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. **20 Years** 15. Marital Status at Time of Death **Married** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) **Robyn Burdette Bailey**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) **Teacher- Coach** 18. Kind of Business/Industry (Do not use Company Name) **Education, High School**

19. Father's Name (First, Middle, Last, Suffix) **Keith Bertrum Montgomery** 20. Mother's Name Before First Marriage (First, Middle, Last) **Virginia Catherine**

21. Informant's Name **Robyn Montgomery** 22. Relationship to Decedent **Wife** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **18071 West Big Lake Blvd., Mount Vernon, WA 98274**

24. Place of Death, if Death Occurred in a Hospital **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) **Harborview Medical Center** 26a. City, Town, or Location of Death **Seattle** 26b. State **WA** 27. Zip Code: **98104**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Mount Vernon Cemetery Crematory** 30. Location-City/Town, and State **Mount Vernon, WA**

31. Name and Complete Address of Funeral Facility **Lemley Chapel, Inc., 1008 Third Street, Sedro-Woolley, WA 98284** 32. Date of Disposition **Dec. 28, 2012**

33. Funeral Director Signature X **Douglas Hutter #1857**

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. Subarachnoid and subdural hemorrhage** Interval between Onset & Death: **Hours**

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. Blunt force injury of the head** Interval between Onset & Death: **Years**

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 **Warfarin therapy for treatment of atrial fibrillation** 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year 40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (MM/DD/YYYY) **12/21/2012** 42. Hour of Injury (24hrs) **18:00** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) **Residence** 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: **18071 W. Big Lake Blvd.** Apt No. City or Town: **Mount Vernon** County: **Skagit** State: **WA** Zip Code + 4: **98274**

46. Describe how injury occurred **Likely unwitnessed ground level fall** 47. If transportation injury, specify Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: X 48b. Medical Examiner/Coroner

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Print) **Jennifer Tsang, MD 325 Ninth Ave, Box 358792, Seattle, WA 98101** 50. Hour of Death (24hrs) **11:28**

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 52. Date Signed (MM/DD/YYYY) **12/24/2012**

53. Title of Certifier **Assistant Medical Examiner** 54. License Number **12-2122** 55. Coroner File Number **12-2122** 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X 58. Date Received (MM/DD/YYYY) **DEC 27 2012** DOH 01-003 (12/11)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98512-7814
(360) 236-7300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	File Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name of Person	2. Place of Event	3. Place of Event (City or County)
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4. Father's Full Name (at Birth)	5. Mother's Full Maiden Name (for Birth) (Wife for Marriage or Dissolution)
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6. If fact is a correction or incomplete as follows:	The True fact is:
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7. Reason for change	8. Reason for change
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9. Reason for change	10. Reason for change
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11. Reason for change	12. Reason for change
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13. Reason for change	14. Reason for change
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14. I represent the person as:	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature	17. Address:
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All vital records are registered as received.
 Most changes must be established by documentary proof submitted with this affidavit.
 Example of documentary proof:

Certificate of Naturalization	Naturalization Report (Dept. of Security Administration)	School Transcript (Official)
Hospital/Medical Record	Military Record (DD Form)	Voter's Registration Card (if it bears an effective date)
Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit court-ordered giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court-ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- This affidavit cannot be used to establish paternity. Use birth out-of-wedlock. (Use the paternity acknowledgment - form DOH/CHS 021)

Adult (18 years or older)

- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first and/or middle name is misspelled, two pieces of documentary proof are required.
- To correct birth date, place of birth or parent's information, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

Death Certificates

- Only the informant, the funeral director, or executor, with permission (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death, please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth) could not be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the official (minister or clerk of court/dissolution) must sign the affidavit.

Corrected
 State of Washington
 Skagit County
 Department of Public Health
 David Fleming, MD
 Director and Health Officer



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