



201309230051

Skagit County Auditor

\$75.00

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4 11:22AM

Return Address:

Donald Harbeston

Document Title:

Affidavit of Surviving Spouse

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

1) Donald Harbeston

2) _____

Grantee(s):

additional grantor names on page ____

1) public

2) _____

Estate of Elizabeth Harbeston

Abbreviated Legal Description:

full legal on page(s) ____

Lot 23 Sauk mtn View Estates

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P120684



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

**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 ELIZABETH BAIRD HARBESTON

I, (survivor's name) DONALD LEE HARBESTON affirm that I am the
 sole and rightful heir to the property described as:

Parcel number(s) 120684

2013 3866
 SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

SEP 23 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 23 day of SEPT, 2013 at MT. VERNON, WA
(month) (year) (city) (state)

Donald Lee Harbeston
(Signature of surviving spouse or registered domestic partner)

DONALD LEE HARBESTON
(Printed name of surviving spouse or registered domestic partner)

1273 ARREZO DR. JEDRO WOOLLEY WA 98284
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: A certified copy of the death certificate must be presented with this affidavit when transferring real property and filing the Real Estate Excise Tax Affidavit Form.

For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To Inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.

REV 84 0015 (5/29/08)



201309230051

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-017092

DATE ISSUED: 09/19/2013

FEE NUMBER: 000000029

GIVEN NAMES: ELIZABETH BAIRD
LAST NAME: HARBESTON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 05, 2013
HOUR OF DEATH: 12:55 A.M.
SEX: FEMALE
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: 003-34-8623

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MARCH 25, 1940
BIRTHPLACE: EDINBURGH, SCOTLAND

MARITAL STATUS: MARRIED
SPOUSE: DONALD LEE HARBESTON

OCCUPATION: SOLDERER
INDUSTRY: ELECTRONIC
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: DONALD L. HARBESTON
RELATIONSHIP: SPOUSE
ADDRESS: 1273 ARREZO DRIVE, SEDRO-WOLLEY, WA 98284

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1273 ARREZO DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER: WILLIAM KINLOCH
MOTHER: JEAN MCMANNIS BAIRD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERV. GROUP CREMATORY
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: SEPTEMBER 19, 2013

FUNERAL FACILITY: NEPTUNE SOCIETY
ADDRESS: 19324 - 40TH AVE W, STE A
CITY, STATE, ZIP: LYNNWOOD WA 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

- CAUSE OF DEATH:
A. VENTRICULAR FIBRILLATION
INTERVAL: 1 HOUR
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MATTHEW RUSSELL MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1415 E. KINCAID ST.
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: SEPTEMBER 18, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 491
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 19, 2013

