

When Recorded Please Return To:
LAWRENCE A. PIRKLE
1220 Memorial Hwy., Suite A
Mount Vernon WA 98273
(360) 336-6587



Skagit County Auditor \$77.00
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DOCUMENT TITLE: Affidavit of Surviving Spouse for Lack of Probate and
Claim of Exemption Based Upon Inheritance of Real Estate

REFERENCE NUMBER(S):

GRANTOR(S): Joanne Campbell

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20144346
NOV 18 2014

GRANTEE(S): Public

Amount Paid \$0
Skagit Co. Treasurer
By *mm* Deputy

LEGAL DESCRIPTION:

Unit 76, "THIRD AMENDMENT TO THE CEDARS, A CONDOMINIUM", according to Amended Declaration thereof recorded under Auditor's File No. 199909170116 and Amended Survey Map and Plans thereof recorded under Auditor's file No. 199909170115, records of Skagit County, Washington, being a portion of the Southeast 1/4 of the Southeast 1/4 of Section 5, Township 34 North, Range 4 East of the Willamette Meridian.

ASSESSOR PARCEL / TAX ID NUMBER: 4739-000-076-0000 (P116276)

SIXTH, 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>
JOANNE CAMPBELL 1061 Sinclair Way Burlington, WA 98233	Spouse	Legal
DORIS ANN THOMAS 17033 Lake Point Dr., SE Yelm, WA 982597	Daughter	Legal
MICHAEL ALBERT CAMPBELL 23622 Theresa Ln., NE Kingston, WA 98346	Son	Legal
JOHN E. GENOUD PO Box 95 Clear Lake, WA 98235	Step-Son	Legal
JENNIFER M. FITZGERALD 3232 E. College Way Mount Vernon, WA 98273	Step-Daughter	Legal

SEVENTH, I JOANNE CAMPBELL, affirm that I am the sole and rightful heir to the property legally described above.

EIGHTH, that the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(4).

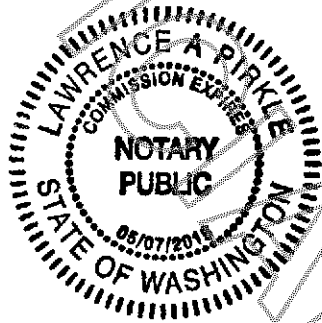
DATED this 11th day of November, 2014.

Joanne Campbell
JOANNE CAMPBELL

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that JOANNE CAMPBELL 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.

SUBSCRIBED AND SWORN TO before me this 11th day of November, 2014.



LAWRENCE A. PIRKLE

A handwritten signature in black ink, appearing to read "Lawrence A. Pirkle", written over a horizontal line.

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



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-004360

DATE ISSUED: 02/27/2014

FEE NUMBER: 000000029

GIVEN NAMES: ALAN LEE
LAST NAME: CAMPBELL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 25, 2014
HOUR OF DEATH: 08:00 A.M.
SEX: MALE
AGE: 82 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1061 SINCLAIR WAY
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1061 SINCLAIR WAY
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233000
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 14 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: LEWIS CAMPBELL
MOTHER: REVA [REDACTED]

BIRTHDATE: JULY 01, 1931
BIRTHPLACE: SEATTLE, WASHINGTON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: FEBRUARY 27, 2014

MARITAL STATUS: MARRIED
SPOUSE: JOANNE PREPP

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

OCCUPATION: SALES
INDUSTRY: FOOD
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: JOANNE CAMPBELL
RELATIONSHIP: SPOUSE
ADDRESS: 1061 SINCLAIR WAY BURLINGTON WA 98233

- CAUSE OF DEATH:
- A. CARDIAC FAILURE
INTERVAL: YEARS
- B. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
- C. INTERVAL:
- D. INTERVAL:



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OTHER CONDITIONS CONTRIBUTING TO DEATH:
RENAL FAILURE OBSTRUCTIVE SLEEP APNEA

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

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

LOCATION OF INJURY:

CERTIFIER NAME: PAUL C. CREELMAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 712 S. BURLINGTON BLVD.
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: FEBRUARY 26, 2014

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEE PEDROSA
DATE RECEIVED: FEBRUARY 27, 2014

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



