When Recorded Please Return To: LAWRENCE A. PIRKLE 1220 Memorial Hwy., Suite A Mount Vernon WA 98273 (360) 336-6587 201411180080

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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 20 14 4 346 NOV 1 8 2014

GRANTEE(S):

Public

Amount Paid \$ Skagit Co.Treasurer
By /htm 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)

AFFIDAVIT OF SURVIVING SPOUSE FOR LACK OF PROBATE AND CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE

STATE OF WASHINGTON)	
)	SS
COUNTY OF SKACIT)	

JOANNE CAMPBELL, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of ALAN LEE CAMPBELL, 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:

TPN: 4739-000-076-0000 (P116276)

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.

SECOND, that said Decedent died on the 25th day of February, 2014 in Skagit County, State of Washington. Death Certificate attached as Exhibit "A", incorporated herein by this reference.

THIRD, 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.

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

FIFTH, 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.

Affidavit of Surviving Spouse - Page 1

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\$77.00 6 12:31PM SIXTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

Name	<u>Relationship</u>	<u>Age</u>
JOANNE CAMPBELL	Spouse	Legal
1061 Sinclair Way	1	Ü
Burlington, WA 98233		
DORIS ANN THOMAS	Daughter	Legal
17033 Lake Point Dr., SF		
Yelm, WA 982597		
MICHAEL ALBERT CAMPBELL	Son	Legal
23622 Theresa Ln., NE		J
Kingston, WA 98346	^	
JOHN E. GENOUD	Step-Son	Legal
PO Box 95	1	O
Clear Lake, WA 98235		
JENNIFER M. FITZGERALD	Step Daughter	Legal
3232 E. College Way		9
Mount Vernon, WA 98273		
•		

SEVENTH, I JOANNE CAMPBELL, affirm that Lam 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 _____ day of November, 2014.

JOANNE CAMPBELL

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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 ______ day of November, 2014.

NOTARY PUBLIC PUBLIC OF WASHING

NOTARY PUBLIC in and for the

State of Washington, Residing at Mount Vernon

My Commissions Expires: 5/7/15

201411180080

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CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-004360

DATE ISSUÉD: 02/27/2014

FEE NUMBER: 00000000029

GIVEN NAMES: ALAN LEE LAST NAME: CAMPBELL

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 25,2014 HOUR OF DEATH: 08:00 4.4

SEX: MALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: (

HISPANIC ORIGIN: NO. NOT HISPANIC

RACE: WHITE

BIRTHDATE: JULY 01,1931

BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED SPOUSE: JOANNE PREPP

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:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RENAL FAILURE OBSTRUCTIVE SLEEP APNEA

DATE OF INJURY:

Hour of Injury:

INJURY AT WORK? PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1061 SINCLAIR WAY

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1061 SINCLAIR WAY CITY, STATE, ZIP: BURLINGTON, WASHINGTON 982333000

INSIDE CITY LIMITS! YES

COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER: LEWIS CAMPBELL MOTHER: REVA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR

CITY, STATE: SEATTLE, WA DISPOSITION DATE: FEBRUARY 27,2014

FUNERAL FACILITY: NEPTUNE SOCIETY

ADDRESS: 19324 - 40TH AVE W, STE A

CITY, STATE, ZIP: LYNNWOOD WA 98036 FUNERAL DIRECTOR: ED J. SUDDERTH



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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

CERTIFIER NAME: PAUL C. CREELMAN, MO

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 712 S. BURLINGTON BLVD CITY, STATE, ZIP: BURLINGTON WA 98233 DATE SIGNED: FEBRUARY 26,2014



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

ATTENDING PHYSICIAN: NOT APPLICABLE

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

15.	Affidavit for Correction			Center for Health Statistics P.O. Box 47814	
This is a local document. Complete in tak and do not allar.			Olympia: WA 98504-7814 (360) 236-4300		
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Skagil Garder Health Department Howard Leibrard M.D., Health Officer

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