



201503090113

Skagit County Auditor

\$73.00

3/9/2015 Page

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2 11:29AM

**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 SHARON MAE LEE

I, (survivor's name) DONALD E. LEE affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) P126397

Montreux Phase I PUD LT 4

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2015117  
MAR 09 2015

Amount Paid \$ 10  
Skagit Co. Treasurer  
By MB 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 FEB. 2015 at Mt. Vernon, wa  
(month) (year) (city) (state)

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

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

1201 Chestnut Court Mt. Vernon wa 98224  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-020650

DATE ISSUED: 09/29/2014

FEE NUMBER: 000000029

GIVEN NAMES: SHARON MAE  
LAST NAME: LEE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 12, 2014  
HOUR OF DEATH: 09:10 A.M.  
SEX: FEMALE  
AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: DONALD LEE

OCCUPATION: CHILD CARE  
INDUSTRY: DOMESTIC  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: DONALD LEE  
RELATIONSHIP: HUSBAND  
ADDRESS: 1201 CHESTNUT CT, MOUNT VERNON, WA 98273

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

RESIDENCE STREET: 1201 CHESTNUT COURT  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: WAYNE KNAPP  
MOTHER: LETHA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: SEPTEMBER 16, 2014

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. ACUTE MYELOGENOUS LEUKEMIA  
INTERVAL: 4 MONTHS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

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: MEHRDAD JAFARI, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 307 S. 13TH ST., SUITE 100  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: SEPTEMBER 12, 2014

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: 571

ATTENDING PHYSICIAN:  
MEHRDAD JAFARI MD

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: SEPTEMBER 15, 2014