



201607120043

Skagit County Auditor

\$110.00

7/12/2016 Page

1 of

5 2:14PM

WHEN RECORDED RETURN TO:

GALLOWAY LAW GROUP  
P.O. BOX 425  
LAKE STEVENS, WA 98258

# Chicago Title Insurance Company

425 Commercial Street, Mount Vernon, Washington 98273

620028041

DOCUMENT TITLE(s)

1. INHERITANCE LACK OF PROBATE AFFIDAVIT
2. CERTIFIED DEATH CERTIFICATE

GRANTOR(s):

1. **KELLI L. SMITH**
2. **WASHINGTON, STATE OF**
3.  Additional names on page \_\_\_\_\_ of the document

GRANTEE(s):

1. **PUBLIC**
2. **GARY L. KENNEDY**
3.  Additional names on page \_\_\_\_\_ of the document

ABBREVIATED LEGAL DESCRIPTION:

LOT 44, PLAT OF WILDERNESS VILLAGE DIV. NO. 1

Complete legal description is on page 3 of the document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

P78228

(sign only if applicable) I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature \_\_\_\_\_

This cover sheet is for the County Recorder's indexing purposes only.  
The Recorder will rely on the information provided on the form and will not read the document to verify the accuracy or completeness of the indexing information provided herein.

After recording, return to:

Galloway Law Group  
PO Box 425  
Lk. Stevens, WA. 98358

**INHERITANCE LACK OF PROBATE AFFIDAVIT  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WASHINGTON )  
 ) SS:  
COUNTY OF Snohomish )

The undersigned, Kelli L. Smith, executes this affidavit relating to the estate of Gary L. Kennedy (herein "Decedent"), who died on 11-21-15, in the County of Skagit, State of Washington, then being a resident of the City of Concrete, County of Skagit, State of Washington. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):  
 the lawful surviving spouse of the Decedent  
 Registered domestic partner of the Decedent  
 Surviving child of the Decedent  
 One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
 other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2016 PAID  
JUL 12 2016  
Amount Paid \$ 0  
Skagit Co. Treasurer  
By MG Deputy

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Josh Kennedy - child

Name & relationship Jade Kennedy - child

Name & relationship Casey Kennedy - child

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

Lot 44, PLAT OF WILDERNESS VILLAGE DIV. NO. 1, according to the plat thereof recorded in Volume 10 of Plats, page 48, records of Skagit County, Washington.

**5. Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

DATED: July 5<sup>th</sup>, 2016

Kelli Irene Smith  
(Signature)

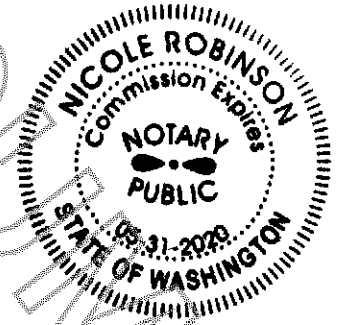
Kelli Irene Smith  
(Print or type full name)

7027 47<sup>th</sup> Ave NE Marysville WA 98270  
(Full address and telephone number) 425-750-9845

State of WA  
County of Snohomish

SUBSCRIBED and SWORN TO before me this 5<sup>th</sup> day of July, 2016, by Kelli Irene Smith, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Nicole Robinson  
Notary Public in and for the State of WA  
residing at Lake Stevens



UNRECORDED DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-033202

DATE ISSUED: 11/24/2015

FEE NUMBER: 000000029

GIVEN NAMES: GARY LEE  
LAST NAME: KENNEDY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 21, 2015  
HOUR OF DEATH: 10:00 A.M. FOUND  
SEX: MALE  
AGE: 66 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: KALISPELL, FLATHEAD CNTY, MONTANA

MARITAL STATUS: MARRIED  
SPOUSE: KELLI SMITH

OCCUPATION: ACCOUNTANT  
INDUSTRY: TAX ACCOUNTING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: KELLI SMITH  
RELATIONSHIP: SPOUSE  
ADDRESS: 7481 SKAGIT VIEW DRIVE, CONCRETE, WA, 98237

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 7481 SKAGIT VIEW DRIVE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 7481 SKAGIT VIEW DRIVE  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: JESSE KENNEDY  
MOTHER: BLANCHE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM  
CITY, STATE: BLAINE, WA  
DISPOSITION DATE: NOVEMBER 25, 2015

FUNERAL FACILITY: WHATCOM CREMATION & FUNERAL  
ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM WA 98226  
FUNERAL DIRECTOR: TIM D. POWELL

- CAUSE OF DEATH:  
A. LUNG CANCER  
INTERVAL: ONE YEAR  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
METASTATIC BONE CANCER

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? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DANIEL K. GARCIA, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 7438 SOUTH D AVENUE, SUITE A  
CITY, STATE, ZIP: CONCRETE WA 98237  
DATE SIGNED: NOVEMBER 23, 2015

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: NJA 15-17022  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: NOVEMBER 24, 2015

UNOFFICIAL DOCUMENT

**STATE OF WASHINGTON**  
 Department of Health  
 Division of Public Health  
 Certificate of Birth

1. Name: \_\_\_\_\_  
 2. Sex: \_\_\_\_\_  
 3. Date of Birth: \_\_\_\_\_  
 4. Place of Birth: \_\_\_\_\_  
 5. Date of Issuance: \_\_\_\_\_

**Check the number below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
1. Name	
2. Sex	
3. Date of Birth	
4. Place of Birth	
5. Date of Issuance	

6. Signature of Certifier: \_\_\_\_\_  
 7. Signature of Registrar: \_\_\_\_\_  
 8. Date of Registration: \_\_\_\_\_

**INSTRUCTIONS:**

- 1. This certificate is a legal document and must be signed by the certifier and the registrar.
- 2. The certifier must be a parent, guardian, or other person having knowledge of the facts stated on the certificate.
- 3. The registrar must be a duly qualified registrar.
- 4. The certificate must be filed in the office of the registrar within a reasonable time after the birth.
- 5. The certificate must be filed in the office of the registrar within a reasonable time after the birth.
- 6. The certificate must be filed in the office of the registrar within a reasonable time after the birth.
- 7. The certificate must be filed in the office of the registrar within a reasonable time after the birth.
- 8. The certificate must be filed in the office of the registrar within a reasonable time after the birth.

9. **Change of Name:** If the name is changed, the certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

10. **Change of Sex:** If the sex is changed, the certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

11. **Change of Date of Birth:** If the date of birth is changed, the certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

12. **Change of Place of Birth:** If the place of birth is changed, the certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

13. **Signatures:** The signatures of both parents listed on the certificate are required. If a parent is deceased, the child's death must be certified.

14. **Use of Certificate:** This certificate may be used to add a father to a birth certificate (see paternity law, RCW 26.02.020).

15. **Change of Marital Status:** The certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

16. **Change of Residence:** The certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

17. **Change of Occupation:** The certifier must provide a court order or other legal proof of the change. The registrar must file the court order with the certificate.

**\*CERTIFIED\***

NOV 24 2015

*Howard Leibrand*

Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

DD00350882