



201611180076

Skagit County Auditor \$78.00
11/18/2016 Page 1 of 6 2:20PM

After recording mail to:

Stiles & Stiles Inc. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA. 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 5243

NOV 18 2016

Grantor(s): The Estate of Ann Elizabeth Nelson
Grantee(s): Nelson Haldane
Skagit County Tax Parcel No. P116708

Amount Paid \$
Skagit Co. Treasurer
By *Ham* Deputy

PERSONAL REPRESENTATIVE'S DEED

1. **GRANTOR.** The undersigned Grantor, Pamela Nelson and Fredricka Nelson-Bolinger are the duly appointed, qualified and acting co-personal representative(s) of the Estate of ANN ELIZABETH NELSON, deceased.

2. **ESTATE.** Ann Elizabeth Nelson died on May 8, 2012. On June 8, 2012 the Will of Ann Elizabeth Nelson dated June 21, 2011 was admitted to probate and Pamela Nelson and Fredricka Nelson-Bolinger were appointed as co-personal representative(s) in the State of Washington Superior Court of Skagit County in Cause No. 12-4-00210-0.

3. **NONINTERVENTION POWERS.** By Order of Solvency entered on June 8, 2012 in the Probate Proceedings, Grantor's were authorized to settle the Estate without further court intervention or supervision.

4. **DESCRIBED REAL PROPERTY.** Ann Elizabeth Nelson was a widow at the time of her death and included among the property of the Estate was her interest in the real property described below. A Community Property Agreement was executed on August 31, 1983 between Stanley Nelson Jr. and Ann Elizabeth Nelson, husband and wife. Stanley Nelson Jr. pre-deceased his wife on August 24, 2001.

OPEN SPACE #187 AF#777139 1974 TRANSFER #807640
BEGINNING 391 FEET WEST OF THE NORTH EAST CORNER
OF THE NORTH WEST ¼ SOUTH EAST ¼; THENCE 326.72
FEET; THENCE SOUTH 660 FEET MORE OR LESS TO THE
COUNTY ROAD; THENCE ALONG THE NORTH LINE OF
COUNTY ROAD IN AN EASTERLY DIRECTION TO A POINT

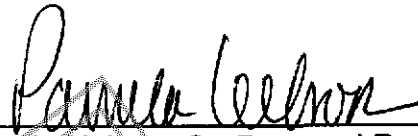
LYING SOUTH OF THE POINT OF BEGINNING; THENCE
NORTH TO THE POINT OF BEGINNING.

5. **WILL PROVISION; CONSIDERATION** The Last Will and Testament provided that Nelson Haldane was to have and to hold for her own separate use and benefit, the vacant land located at 25627 Hoehn Road, Sedro Woolley, Skagit County, State of Washington. The described real property is included in the residue of the Estate. This conveyance is made in consideration of the direction in the Will.

6. **CONVENANCE:** Grantor hereby conveys and quitclaims to Nelson Haldane, a married woman as her separate property, the above Described Property, together with all after acquired title of the grantor therein.

7. **LIMITATION OF COVENANTS.** Grantor expressly limits the covenants of this deed to those expressed herein and excludes all covenants arising or to arise by statutory or other implication.

Dated: Jan 10, 2014



Pamela Nelson, Co-Personal Representative
of the Estate of Ann Elizabeth Nelson,
deceased,
and not in her individual capacity

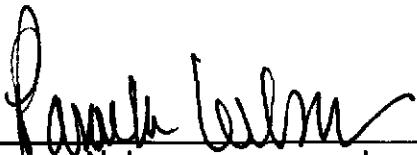
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this 10 day of January 2014 before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Pamela Nelson, to me known to be the person who signed as Co-Personal Representative of the Estate of Ann Elizabeth Nelson, Deceased, and who executed the within and foregoing instrument and acknowledged said instrument to be her free and voluntary act and deed for the uses and purposes therein mentioned; and on oath stated that she was authorized to execute the said instrument as Co-Personal Representative of said Estate.

Supplemental Statement to Excise Tax Affidavit
Tax Parcel #350520-0-008-0100 / P116708

The above property located at 25627 Hoehn Road in Sedro Woolley, Skagit County Washington is currently classified as Open Space land. Ann E. Nelson passed away on May 8, 2012 leaving the property to her grandchild, Nelson Haldane, by way of a Will dated June 21, 2011. Her husband, Stanley Nelson Jr. pre-deceased her on August 24, 2001. We wish to request to keep the current designation as Open Space to continue to produce a crop of hay crop each year which is cut and sold. (see attached receipts). Title should vest solely in the name of Nelson Haldane in accordance with the will.

1-10-14
Date


Pamela Nelson, co-personal representative of
The Estate of Ann E. Nelson

1-10-14
Date


Fredricka Nelson- Bolinger, co-personal
Representative of the Estate of Ann E. Nelson

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

COPY

Local File Number 4824		Washington State Certificate of Death		State File Number	
1. Legal Name (Include Maiden if applicable) First Middle LAST Elizabeth Nelson			2. Death Date May 8, 2012		
3. Sex (M/F) Female	4a. Age - Last birthday 91	4b. Under 1 Year Days	4c. Under 1 Day Hours	5. Social Security Number [REDACTED]	6. County of Death King
7. Birthdate [REDACTED]		8. Birthplace (City, Town, or County) Sedro-Woolley	9. (State or Foreign Country) Washington	10. Decedent's Education High school graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? NO
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Exclude Apt. No.) 6533 Seaview Avenue NW #603-A				13b. City or Town Seattle	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98117	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 35 years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. Do not use terms: Own Home) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Avery Stiles			20. Mother's Name (First, Middle, Last) Etta [REDACTED]		
21. Informer's Name Fredricka Bolinger		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 14504 186th Place NE Woodinville, WA 98072	
24. Place of Death, if Death Occurred in a Hospital: Pacific Regent Care Center			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Long Term Care Center		
26. Facility Name (if not a facility, give number & street or location) Pacific Regent Care Center		26a. City, Town, or Location of Death Bellevue	26b. State WA	27. Zip Code 98004	
28. Method of Disposition Cremation		28. Place of Final Disposition (name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		29. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284				32. Date of Disposition May 11, 2012	
33. Funeral Director Signature X 			Jason A. Hardt		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. RESPIRATORY ARREST		Interval between Onset & Death 1 MIN.	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. LUNG CANCER		Interval between Onset & Death 3 MO.	
c.		c.		Interval between Onset & Death	
d.		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of injury (mm/dd/yyyy)		42. Hour of injury (24hrs)	43. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of injury: Number & Street			46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			48. Date Received (mm/dd/yyyy) MAY 11 2012		
49. Certifying Physician Dworn & Howr MD			50. Medical Examiner/Coroner RENE WAGNER		
51. Name and Address of Coroner - Physician, Medical Examiner or Coroner (Type or Print) DEBORAH S. GOLOB MD 1005 1st AVENUE STE 112			52. Hour of Death (24hrs) 3:00 5-812		
53. Title of Coroner MD			54. License Number 000074		
57. Registrar Signature 			58. Date Received (mm/dd/yyyy) MAY 11 2012		
58. Amendments					

