



201706230199

Skagit County Auditor

6/23/2017 Page

1 of

4

\$109.00

4:11PM

After recording, return to:

Denise L. Derting

Chicago Title Co
425 Commercial St.
Mount Vernon, WA
98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20172806
JUN 23 2017

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



Grantor (Name of Decedent): Daniel Derting

Grantee (Heirs): Denise Derting

Abbreviated Legal Description: Lot(s): 11 Avon Acres 1st Add.

Tax Parcel No.(s): P61909 and 3860-000-011-0018

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

DEATH CERTIFICATE

STATE OF Washington

COUNTY OF Skagit

The undersigned, Denise Derting, executes this affidavit relating to the estate of Daniel Derting (herein "Decedent"), who died on 6-4-14 in the County of King, State of WA, then being a resident of the City of Mt Vernon, County of Skagit, State of WA.

(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 a 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 (1) 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): _____

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

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
[Use the reverse side or attach a list if necessary]

Name and relationship: Denise Derting - spouse
Name and relationship: _____
Name and relationship: _____
Name and 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:

Tract 11, PLAT OF AVON ACRES FIRST ADDITION, according to the plat thereof, recorded in Volume 7 of Plats, Page 93, records of Skagit County, Washington.

Situate in 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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

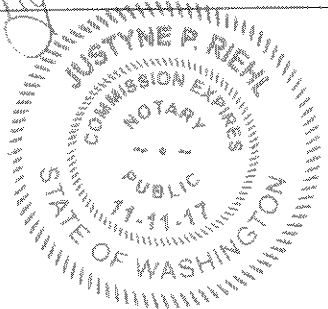
Denise Derting
Signature

5/25/17
Date

Print Name

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on May 25, 2017 by Denise Derting
(name of person making statement)



Justyne P. Riehl
Name: JUSTYNE P. RIEHL
Notary Public in and for the State of Washington,
Residing at: Sachs Winery
My appointment expires: 11-11-17

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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

5863

Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any) First Middle LAST Daniel Alien Derting		2. Death Date 6/4/2014	
3. Sex (M/F) M	4a. Age - Last Birthday 47	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
7. Birthdate	8a. Birthplace (City, Town, or County) Vancouver	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No		11. Decedent's Race(s) Caucasian	12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 16908 Nilson Road		13b. City or Town Mount Vernon	
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98273
14. Estimated length of time at residence. 2 Years		15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Denise Lynn Williams
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Security Officer		18. Kind of Business/Industry (Do not use Company Name) Public Building	
19. Father's Name (First, Middle, Last, Suffix) Allen Wayne Derting		20. Mother's Name Before First Marriage (First, Middle, Last) Emma Delaine	
21. Informant's Name Denise L. Derting	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 16908 Nilson Road Mount Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Inpatient		Place of Death, if Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (if not a facility, give number & street or location) Virginia Mason Medical Center		26a. City, Town, or Location of Death Seattle	26b. State WA
27. Zip Code 98101		28. Method of Disposition Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, WA	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc 1105-32nd St.,		32. Date of Disposition 6/09/2014	
33. Funeral Director Signature X <i>Joseph G. Williams</i>			
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 failure due to hours 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. Recurrent aspiration due to hours c. Recurrent infections due to days d. Right ICA re-occlusion due to clotting of days 35. Other significant conditions contributing to death but not resulting in the underlying cause given above Chronic Left ICA occlusion			
36. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		39. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24-hrs)	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: City or Town: County: State: Zip Code + 4:	
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):			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner listed x <i>Dahlia Luke, MD</i> x		48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dahlia Luke, MD 1100-9th Avenue, Seattle, WA 98101		50. Hour of Death (24-hrs) 2100	
51. Name and Title of Attending Physician (if other than Certifier (Type or Print))		52. Date Signed (MM/DD/YYYY) 06/05/2014	
53. Title of Certifier MD	54. License Number MD60115980	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature X <i>[Signature]</i>		58. Date Registered (MM/DD/YYYY) JUN 09 2014	
59. Amendments			

UNOFFICIAL DOCUMENT

