



201708210193

Skagit County Auditor \$112.00
8/21/2017 Page 1 of 5 2:03PM

After recording, return to:
Robert L. Dillon
2522 Old Hwy 99 South
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017 SAFT
AUG 21 2017

CHICAGO TITLE
620031704

Amount Paid \$
Skagit Co. Treasurer
By [Signature] Deputy

Grantor (Name of Decedent): SANDRA LEA DILLON
Grantee (Heirs): ROBERT LEE DILLON
Abbreviated Legal Description: Lot(s): 38 Block: C CAPE HORN ON THE SKAGIT
Tax Parcel No.(s): P62963 / 3868-003-038-0013

(and death certificate)

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

STATE OF WA
COUNTY OF SKAGIT

The undersigned, ROBERT L. DILLON, executes this affidavit relating to the estate of SANDRA L. DILLON (herein "Decedent"), who died on OCT. 13, 2014, in the County of WATCOM, State of WA, then being a resident of the City of BELLINGHAM, County of WATCOM, 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.

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

other (Identify): _____

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: ROBERT L. DILLON

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:

Lot 38, Block C, CAPE HORN ON THE SKAGIT, according to the plat thereof, recorded in Volume 8 of Plats, pages 92 through 97, records of Skagit County, Washington.

Situated 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.

Dated: August 2, 2017

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

Robert L. Dillon
Signature

AUG 2, 2017
Date

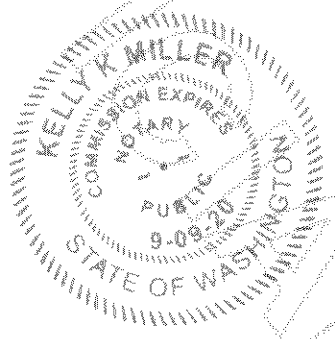
ROBERT L. DILLON
Print Name

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

State of Washington
County of Skagit

Signed and sworn to (or affirmed) before me on Aug 2, 2017 by Robert L
Dillon (name of person making statement).

Kelly K. Miller
Name: Kelly K. Miller
Notary Public in and for the State of WA
Washington,
Residing at: Manysville
My appointment expires: 9-9-2020



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-023312

DATE ISSUED: 10/16/2014

FEE NUMBER: 000000029

GIVEN NAMES: SANDRA LEA
LAST NAME: DILLON

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: OCTOBER 13, 2014
HOUR OF DEATH: 10:25 A.M.
SEX: FEMALE
AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

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

MARITAL STATUS: MARRIED
SPOUSE: ROBERT DILLON

OCCUPATION: BUSINESS MANAGER
INDUSTRY: AUTOMOTIVE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: CRAIG SCHMID
RELATIONSHIP: SON
ADDRESS: 1171 ARCH ST., BERKELEY, CA, 94708

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 41298 CAPE HORN DRIVE
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? UNKNOWN
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 MONTHS

FATHER: FORREST WILSON
MOTHER: MYRTLE [REDACTED]

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

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: ADAM J. CRENNA

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

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SEVERE PROTEIN CALORIE MALNUTRITION, CLOSTRIDIUM DIFFICILE COLITIS, BILATERAL PLEURAL EFFUSIONS AND ASCITES DUE TO HYPOA
LBUMINEMIA, CELIAC ARTERY OCCLUSION AND POSSIBLE INFERIOR MESENTERIC ARTERY OCCLUSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

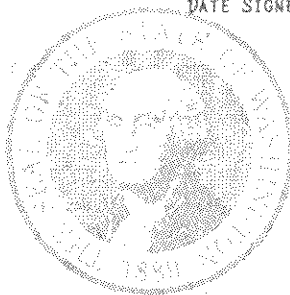
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LORA SHERMAN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2901 SQUALICUM PARKWAY
CITY, STATE, ZIP: BELLINGHAM WA 98225
DATE SIGNED: OCTOBER 14, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
LEEANN IMPERO
DATE RECEIVED: OCTOBER 15, 2014

UNOFFICIAL DOCUMENT

CERTIFIED

OCT 16 2014



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

AA00220880