

202205160016

05/16/2022 10:40 AM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

Return Address:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020-2010
MAY 16 2022

Amount Paid \$ 0
Skagit Co. Treasurer
By LT Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Glen R Smith, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is brother
Relationship to decedent

of Harry W Smith, who died on 5-7-22
Decedent/Grantor *Date*

at Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 1965 Marke 60 X 12
mobil home

33-36-04

Assessor's Property Tax Parcel/Account Number: P 118789
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Glen R Smith brother 13471 Josh Wilson Rd
Mount Vernon WA 98273
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 5-16-22

Glen R Smith
Affiant's full name

Telephone number
13471 Josh Wilson Road

Mount Vernon ^{Street} WA 98273
City State Zip Code

Glen R Smith 5-16-22
Signature Date

State of Washington County of Skaat

I know or have satisfactory evidence that Glen Ray Smith
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 05/16/2022

Nancy Linares
Signature of Notary Public



Residing at: Oak Harbor WA

Notary Public in and for the State of Washington

My appointment expires: 02 / 2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-023890

DATE ISSUED: 05/10/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LARRY WAYNE
LAST NAME(S): SMITH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 07, 2022
HOUR OF DEATH: 09:30 PM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 20574 PRAIRIE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BURLINGTON, WA

FATHER: JAMES SMITH
MOTHER: HAZEL [REDACTED]

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

OCCUPATION: DISHWASHER
INDUSTRY: HOSPITALITY
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: YES

CITY, STATE: BLAINE, WASHINGTON
DISPOSITION DATE: MAY 13, 2022

INFORMANT: GLEN SMITH
RELATIONSHIP: BROTHER
ADDRESS: 13471 JOSH WILSON RD., MT. VERNON WA 98273

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

CAUSE OF DEATH:
A: THYROID CANCER WITH COMPLICATIONS OF BLEEDING AND CLOTS
INTERVAL: DAYS TO WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: MAY 09, 2022

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 10, 2022