

WHEN RECORDED RETURN TO:

Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221

204053-LT, Land Title and Escrow

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 07/21/2022

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
LOUIS AUSTIN MAYS

ABBREVIATED LEGAL DESCRIPTION:
Lot 2, Cedar Springs PUD Phase 4

TAX PARCEL NUMBER(S):
4768-000-002-0000/P117544

Local File Number 117-07		Washington State Certificate of Death			State File Number 7 47524	
1. Legal Name (include AKA's if any) First Middle LAST Suffix LOUIS AUSTIN MAYS		2. Death Date Feb. 14, 2007				
3. Sex (M/F) Male	4a. Age - Last Birthday 86 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number		6. County of Death Skagit
7. Birthplace (City, Town, or County) National City		8b. (State or Foreign Country) California		9. Decedent's Education Masters Degree		
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? Yes	
13a. Residence: Number and Street (e.g., 624 SE 8 th St.) (Include Apt. No.) 1803 Cedar Springs Ln.				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) NA		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
14. Estimated length of time at residence. 8 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Carol Allene Frisbie		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Educator College Level				18. Kind of Business/Industry (Do not use Company Name) Community College District		
19. Father's Name (First, Middle, Last, Suffix) Louis Jose Mays				20. Mother's Name (Before First Marriage (First, Middle, Last)) Genevieve		
21. Informant's Name Carol A. Mays		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1803 Cedar Springs Ln. Anacortes, WA 98221		
24. Place of Death, if Death Occurred in a Hospital: Nursing Home/Long-Term Care Center				25. Facility Name (if not a facility, give number & street or location) Fidalgo Care Center 1105 27th Street Anacortes WA 98221		
26. City, Town, or Location of Death Anacortes		26b. State WA		27. Zip Code 98221		
28. Method of Disposition Cremation				29. Place of Final Disposition (Name of cemetery, crematory, other place) Solie Crematorium		
30. Location-City/Town, and State Everett, Washington				31. Name and Complete Address of Funeral Facility Affordable Burial & Cremation Services, LLC 17910 SR 536, Mount Vernon 98273		
32. Date of Disposition 02-16-07				33. Funeral Director Signature X <i>[Signature]</i>		
34. Cause of Death (See instructions and examples) 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. Interval between Onset & Death IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Interval between Onset & death Sequitally 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 Due to (or as a consequence of): _____ Interval between Onset & death Due to (or as a consequence of): _____ Interval between Onset & Death Due to (or as a consequence of): _____ Interval between Onset & Death						
35. Other significant conditions contributing to death but not classified as the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?
38. Manner of Death ide -mined		39. 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		40. Did tobacco use contribute to death?		
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?
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. Certificate of Death 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. X				49. Name and Address of Cert _____ n, Medical Examiner or Coroner (Type or Print)		
50. Hour of Death (24hrs) 0810				51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)		
52. Date Signed (mm/dd/yyyy)				53. Title of Certifier		
54. License Number				55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
57. Registrar Signature <i>Corinne Anderson, Deputy</i>				58. Date Received (mm/dd/yyyy) FEB 15 2007		
59. Amendments						

UNOFFICIAL DOCUMENT

ISSUED
JUL 20 2022

Return Address:
Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221
204053-LT

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lori J. Dohe/Valorie L. Emilio, being first duly sworn deposes and states as follows:

Name of Affiant

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse's Heirs of Louis Austin Mays,
Relationship to decedent *Decedent/Grantor*

who died on February 14, 2007 at
Date

Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: Lot 2, Cedar Springs PUD Phase 4

Assessor's Property Tax Parcel/Account Number: 4768-000-002-0000/P117544
(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)

Carol A. Mays, Surviving Spouse, Age: 78

1803 Cedar Springs Lane Anacortes WA-98221

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: July 19, 2022

Lori J. Dohe
Affiant's full name

Telephone number

Street

City State Zip Code

Signature Date

Valorie L. Emilio
Affiant's full name

541-659-1175
Telephone number

1300 Pinecrest Drive
Street

Grants Pass OK 97536
City State Zip Code

Valorie Emilio
Signature Date

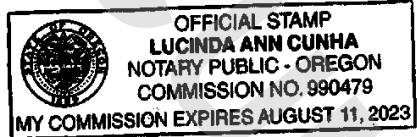
STATE OF WASHINGTON Oregon
COUNTY OF SKAGHT Josephine

Signed and sworn to (or affirmed) before me on this 20th day of July, 2022 by Lori J. Dohe and Valorie L. Emilio.

Lucinda A. Cunha
Signature

Notary
Title

My appointment expires: 8/11, 2022



Dated: July 19, 2022

Lori J. Dohe
Affiant's full name

(509) 386-5187
Telephone number

S. Park St.
Street

Walla Walla WA 99362
City State Zip Code

Lori Dohe July 20, '22
Signature Date

Valorie L. Emilio
Affiant's full name

Telephone number

Street

City State Zip Code

Signature Date

STATE OF WASHINGTON
COUNTY OF SKAGIT Walla Walla

Signed and sworn to (or affirmed) before me on this 20th day of July, 2022 by Lori J. Dohe and Valorie L. Emilio

[Signature]
Signature

Notary - State of Washington
Title

My appointment expires: 4/2/2024

