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Return Address:

Skatten C. Raley
101 Raley Rd.
Stevenage, WA 98648

Skatten Raley

Jan 10 2003

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Document Title(s) or transactions contained herein:	
Death Certificate	
GRANTOR(S) (Last name, first name, middle initial)	
Raley, Marjorie Eloise	
☐ Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial)	
Raley, Skatten C	
☐ Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated i.e., Lot, Block, Plat or Section, Township, Range, Quarter, Quarter)	
☐ Complete legal on page _____ of document.	
REFERENCE NUMBER(S) of Documents assigned or released:	
☐ Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
03-67-25-1-0-0400-00	
☐ Property Tax Parcel ID is not yet assigned	
☐ Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.	
Company Name:	
Signature/Title:	

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