



201105200043  
Skagit County Auditor

5/20/2011 Page 1 of 8 12:52PM

Name: Stiles & Stiles Inc., P.S.  
Address: P.O. Box 228 / 925 Metcalf Street  
City and State: Sedro Woolley, WA 98284

Legal: (1.0000 ac) 1AC TR & HOUSE IN PTN NE 1/4 NW 1/4 W OF RLY AKA TR A S/P #28-79  
Tax Parcel #: 350718-2-006-0317 / P43020

### QUIT CLAIM DEED

THE GRANTOR, ANNIE F. BROOM, as sole heir of the Estate of LUTHER BROOM, convey and quit claims to ANNIE F. BROOM, as her separate property, in accordance with the attached Affidavit of Lack of Probate, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) therein:

SEE ATTACHED LEGAL DESCRIPTION

DATED: May 10, 2011.

Annie F. Broom  
Annie F. Broom -Affiant

STATE OF WASHINGTON )  
 ) ss.  
County of Skagit )

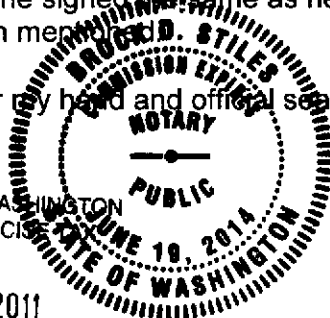
On this day personally appeared before me Annie F. Broom to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 10 day of May, 2011

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE

#1523

MAY 20 2011



Bruce D. Stiles  
Notary Public in and for the  
State of Washington

Residing at: Sedro Woolley  
Commission Expires: 6-19-14

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

Tract "A" of Short Plat Number 28-79, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100063 in Book 3 of Short Plats, page 140, records of Skagit County, Washington, being a portion of Section 18, Township 35 North, Range 7 East, W.M.

**PARCEL "B":**

A non-exclusive easement for ingress, egress, and utilities over and across and existing private road, over Tract "B", as delineated on the face of Short Plat No. 28-79, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100063 in Book 3 of Short Plats, page 140, records of Skagit County, Washington, being a portion of Section 18, Township 35 North, Range 7 East, W.M.

**PARCEL "C":**

A non-exclusive easement for ingress, egress and utilities over and across that portion of the South 16.5 feet of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 13, Township 35 North, Range 6 East, W.M., lying Easterly of State Highway No. 20 as conveyed by deed dated November 13, 1957 and recorded January 3, 1958 as Auditor's File No. 560286.

**PARCEL "D":**

A non-exclusive easement for ingress, egress and utilities over and across an existing private dirt road in Government Lot 1, Section 18, Township 35 North, Range 7 East W.M. as shown on the face of Short Plat No. 103-78, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100001, running from a point near the Southwest corner of said Government Lot 1 in an Easterly direction to the Westerly terminus of a non-exclusive easement for ingress, egress and utilities over and across Tract "B" of Short Plat No. 28-79 as delineated on the face of said Short Plat, EXCEPT mineral rights reserved by deed dated February 5, 1902 and recorded August 4, 1902 under Auditor's File No. 39527 in Volume 46 of Deeds, page 457.

**PARCEL "E":**

A non-exclusive easement for ingress, egress and utilities over and across that portion of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 10, Township 35 North, Range 6 East, W.M., lying South of the following described line:

Commencing at the Southeast corner of the Northeast corner of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of said Section, which point lies South 3°13'07" West 1304.50 feet South of the Northeast corner of said Section; thence North 3°13'47" East 109.10 feet to the POINT OF BEGINNING; thence South 76°31'20" West 300.00 feet to a point which lies 30 feet North of the South line of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ , thence North 88°11'46" West 990 feet, more or less, to the Northeasterly right of way line of State Highway 20 and end of description;  
EXCEPT the South 16.5 feet of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ .



201105200043  
Skagit County Auditor

**Filed for Record at request of**

**and return to:**

STILES & STILES INC. P.S.

P.O. Box 228 / 925 Metcalf Street

Sedro Woolley, WA 98284

=====

Legal : (1.0000 ac) 1AC TR & HOUSE IN PTN NE ¼ NW ¼ W OF RLY AKA TR A S/P #28-79

Tax Parcel # 350718-2-006-0317 / P43020

**AFFIDAVIT RE: LACK OF PROBATE**

State of Washington )  
 ) ss.  
County of Skagit )

ANNIE F. BROOM, being first duly sworn, deposes and says:

THAT affiant is the lawful surviving wife of LUTHER BROOM, who died June 12, 2006 at Mount Vernon, Washington, then being a resident of Sedro-Woolley, Skagit County Washington. A copy of the death certificate is attached.

THAT this affidavit is for the purpose of supplying information pertaining to the estate of LUTHER BROOM, deceased, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property:

SEE ATTACHED LEGAL DESCRIPTION

THAT the decedent did not leave a Last Will and Testament. The rules of intestate succession set forth in R.C.W. 11.04.015 state that:

1(a) The surviving spouse or state registered domestic partner shall receive all of the decedent's share of the net community estate

THAT affiant has herein below identified each and all of the heirs at law of decedent, including but not limited to his children, adopted children and the issue of any predeceased child or adopted child (if decedent left no surviving children, then affiant has listed below all of the surviving parents, brothers and sisters of decedent).

THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):



201105200043

Skagit County Auditor

Full Name	Age	Relationship to Decedent
Annie F. Broom 36302 O'Hara Road Sedro-Woolley, WA 98284	legal	spouse

THAT affiant acknowledges, and so states, that each and all of the obligations against the estate of said decedent, if any, will be their responsibility to pay or provide for.

THAT probate is not being filed and no personal representative has been appointed for the estate.

THAT forty days from the date of death will have elapsed on July 22, 2006.

CHECK WHICH APPLIES:

- ☒ THAT the decedent left no Will.
- ☐ THAT the decedent left a Will, a copy of which is attached hereto.
- ☒ THAT the decedent's estate is not being probated.
- ☐ THAT State and/or federal succession or inheritance taxes are not payable.
- ☐ THAT State and/or federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge is attached hereto.
- ☐ THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon the herein representations.

DATED: May 10, 2011.

Annie F. Broom  
Annie F. Broom -Affiant



201105200043  
Skagit County Auditor

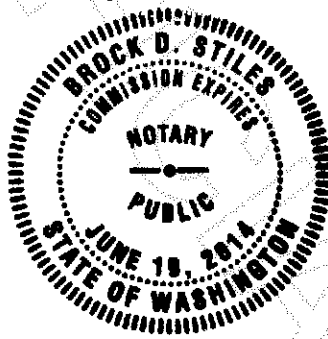
STATE OF WASHINGTON )

) ss.

County of Skagit )

On this day personally appeared before me Annie F. Broom to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 10 day of May, 2011



Brock D. Stiles  
Notary Public in and for the  
State of Washington

Residing at: Sedro-Woolley

Commission Expires: 6-19-14



201105200043

Skagit County Auditor

Tract "A" of Short Plat Number 28-79, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100063 in Book 3 of Short Plats, page 140, records of Skagit County, Washington, being a portion of Section 18, Township 35 North, Range 7 East, W.M.

**PARCEL "B":**

A non-exclusive easement for ingress, egress, and utilities over and across and existing private road, over Tract "B", as delineated on the face of Short Plat No. 28-79, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100063 in Book 3 of Short Plats, page 140, records of Skagit County, Washington, being a portion of Section 18, Township 35 North, Range 7 East, W.M.

**PARCEL "C":**

A non-exclusive easement for ingress, egress and utilities over and across that portion of the South 16.5 feet of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 13, Township 35 North, Range 6 East, W.M., lying Easterly of State Highway No. 20 as conveyed by deed dated November 13, 1957 and recorded January 3, 1958 as Auditor's File No. 560286.

**PARCEL "D":**

A non-exclusive easement for ingress, egress and utilities over and across an existing private dirt road in Government Lot 1, Section 18, Township 35 North, Range 7 East W.M. as shown on the face of Short Plat No. 103-78, approved July 6, 1979 and recorded July 10, 1979 as Auditor's File No. 7907100001, running from a point near the Southwest corner of said Government Lot 1 in an Easterly direction to the Westerly terminus of a non-exclusive easement for ingress, egress and utilities over and across Tract "B" of Short Plat No. 28-79 as delineated on the face of said Short Plat, EXCEPT mineral rights reserved by deed dated February 5, 1902 and recorded August 4, 1902 under Auditor's File No. 39527 in Volume 46 of Deeds, page 457.

**PARCEL "E":**

A non-exclusive easement for ingress, egress and utilities over and across that portion of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 10, Township 35 North, Range 6 East, W.M., lying South of the following described line:

Commencing at the Southeast corner of the Northeast corner of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of said Section, which point lies South 3°13'07" West 1304.50 feet South of the Northeast corner of said Section; thence North 3°13'47" East 109.10 feet to the POINT OF BEGINNING; thence South 76°31'20" West 300.00 feet to a point which lies 30 feet North of the South line of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ , thence North 88°11'46" West 990 feet, more or less, to the Northeasterly right of way line of State Highway 20 and end of description;  
EXCEPT the South 16.5 feet of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ .



201105200043  
Skagit County Auditor

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>494-06</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>LUTHER VAUGHN BROOM</b>			2. Death Date <b>June 12, 2006</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>81</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Skagit</b>
7. Birthdate <b>June 4, 1925</b>		8a. Birthplace (City, Town, or County) <b>Argura</b>		8b. (State or Foreign Country) <b>North Carolina</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		9. Decedent's Education <b>Ninth grade</b>
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>36302 Ohara Road</b>			13b. City or Town <b>Sedro-Woolley</b>		
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98294</b>
14. Estimated length of time at residence. <b>26 years</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Annie Brown</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Logger- Tree Faller</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Timber</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>Ralph Broom</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Nan Brown</b>		
21. Informant's Name <b>Warren M. Broom</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>23520-147th Ave. SE Kent, WA 98042</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>					
25. Facility Name (If not a facility, give number & street or location) <b>Skagit Valley Hospital</b>					
26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>		27. Zip Code <b>98273</b>	
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hamilton Cemetery</b>		30. Location-City/Town, and State <b>Hamilton, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Lemley Chapel 1008 Third Street Sedro-Woolley, WA 98284</b>			32. Date of Disposition <b>June 15, 2006</b>		
33. Funeral Director Signature <i>Rich Lemley</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. <i>probable aspiration pneumonia</i> Interval between Onset & Death <i>days</i> Due to (or as a consequence of): 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. <i>renal failure</i> Interval between Onset & Death <i>days</i> Due to (or as a consequence of): c. Interval between Onset & Death d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending			
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"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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? <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 stated. <i>[Signature]</i>			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. <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Jonathan Fish, MD 2241 Hospital Dr. Sedro-Woolley, WA 98284</b>			50. Hour of Death (24hrs) <b>1645 hrs</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b>Edwin Stickle, MD</b>			52. Date Signed (mm/dd/yyyy) <b>June 13, 2006</b>		
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD00039820</b>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature <i>Debra Sullivan, Deputy Registrar</i>			
58. Date Received (mm/dd/yyyy) <b>JUN 14 2006</b>		59. Amendments			



201105200043  
Skagit County Auditor



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
--	-------------------

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
----------------	-----------	--------------

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD 214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



201105200043  
Skagit County Auditor

5/20/2011 Page 8 of 8 12:52PM

**\*CERTIFIED\***

JUN 14 2006

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

NN00933884