When Recorded Please Return To: LAWRENCE A. PIRKLE P.O. Box 1788 Mount Vernon, WA 98273 (360) 336-6587



Skagit County Auditor 7/20/2015 Page

1 of

\$76,00

5 12:44PM

This space for Recorder's use only

QUIT CLAIM DEED

THE GRANTOR, FLORA E. EGBERS, Trustee of the Egbers Family Trust dated January 20, 1998, for and in consideration of distribution from Trust to original Grantor/Beneficiary (WAC 458-61A-211(2h)), conveys and quit claims to GRANTEE, FLORA E. EGBERS, a single person, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

Assessor's Parcel No: P21123

340305-0-019-0001

Assessor's Parcel No: P21130

340305-2-002-0105

Abbreviated Legal: Ptn SE 1/4 NW 1/4 of Section 5 Township 34 N, Range 3 E WM. More fully described on Schedule "A-1" and incorporated herein by this reference.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record, if any.

*** NOTE: Original Co-Trustee, VERNON G. EGBERS passed away on November 11, 2014 as evidenced by his Certificate of Death attached as Exhibit B".

Dated 14 day of July

FLORA E. EGBERS, Trustee

of the Egbers Family Trust

dated January 20, 1998

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

JUL 2 0 2015

Amount Paid & Skagit Co. Treasure Deputy

STATE OF WASHINGTON	`	
" DIKI S OF WASHINGTON	,	
)	SS
COUNTY OF SKAGIT)	

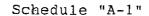
I certify that I know or have satisfactory evidence that FLORA E. EGBERS is the person who appeared before me and said person acknowledged that she signed this instrument, on oath stated that she is authorized to execute the instrument and acknowledged it as the Trustee of the Egbers Family Trust dated January 20, 1998 to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN under my hand and official seal this 14th day of July

2015.

NOTARY **PUBLIC**

RENCE A. PIRKLE Notary Public in and for the State of Washington Residing at Mount Vernon My Commission Expires: 5/7/19



TPN: P21123 & TPN: P21130

The land referred to is situated in the County of Skagit, State of Washington, and is described as follows:

That portion of the following described property lying Northeasterly of the base of the hill commonly known as "Bayview Ridge," in the Southeast '4 of the Northwest '4 of Section 5, Township 34 North, Range 3 East, W.M.

Beginning at the Northwest corner of the Southwest ¼ of the Northeast ¼ of said Section 5:

thence South 89°17'40" East along the North line thereof, a distance of 237.58 feet;

thence South 0°41'15" West, a distance of 632,53 feet;

thence North 89°18'45" West a distance of 323.14 feet to the true point of beginning;

thence North 0°41'15" East, a distance of 414.05 feet;

thence North 89°18'45" West, a distance of 347.60 feet;

thence South 59°46'48" West, a distance of 365.97 feet, more or less, to the base of the hill commonly known as "Bayview Ridge";

thence Southeasterly along the base of the hill on the following courses and distances:

South 34°10'46" East, 226.32 feet; South 18°01'55" East, 58.66 feet;

thence North 75°58'16" East, a distance of 59.75 feet, departing from the base of the hill, to the approximate centerline of that County road commonly referred to as the Egbers-Kalso Road as constructed;

thence South 89°18'45" East, a distance of 455.60 feet, more or less, to the point of beginning,

EXCEPT THEREFROM all as-built and existing County roads,

AND EXCEPT the County road, if any, pursuant to Petition dated March 26, 1880 present to the Whatcom County Board of Commissioners for the establishment of the Bay View and Skagit River Road;

AND ALSO EXCEPT the Egbers-Kalso Road in the Southeast ¼ of the Northwest ¼ of said Section 5 formerly known as the Bay View and Skagit River Road No. 31230;

AND ALSO EXCEPT Diking District No. 8 right-of-way as condemned in Skagin County Superior Court Cause No. 2865;

AND ALSO EXCEPT Drainage District No. 19 right-of-way as condemned in Skagit County Superior Court Cause No. 8889.

Situate in the County of Skagit, State of Washington.

ĸŜŢĀŢĿŢŎŗĸŴĀSĤŢŅĠŢŎŇ; ĎĔŖĀŖŢŊĿĔŊŢŎŗĸĦĿĀĹŢĤ

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-025962

LOCAL FILE NUMBER: 998

DATE ISSUED: 12/05/2014

FEE NUNBER: 0000000029

GIVEN NAMES: VERNON GILBERT LAST NAME: EGBERS

COUNTY OF DEATH: SKAGIT DATE OF DEATH: NOVEMBER 11,2014 HOUR OF DEATH: 10:00 ...

HOUR OF VEATHS 10 TOU

AGE: 89 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: FLORA EUNICE SEMRAU

Occupation: BANKER INDUSTRY: FINANCE

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES? YES

INFORMANT: NEURA K. DONALDSON

RELATIONSHIP: DAUGHTER

ADDRESS: 13355 EGBERS KALSO ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A. METASTATIC PROSTATE CANCER

INTERVAL: YEARS

8. INTERVAL:

C.

INTERVAL:

Ο.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

Hour of Injury:

INJURY AT WORK?

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, LIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:

ITEM(S) AMENDED: RESIDENCE, INFORMANT ADDR, FACILITY

NUMBER(S): 2014065838

DATE(S): 11/17/2014

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 13371 EGBERS KALSO ROAD CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 13371 EGBERS KALSO ROAD CITY, STATE, 119: MOUNT VERNON, WASHINGTON 98273

INSIDE CITY LIMITS? NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 89 YEARS

FATHER: HENRY FREDERICK EGBERS

MOTHER: MADGE B

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATOR

CITY, STATE: SEATTLE, WA DISPOSITION DATE: NOVEMBER 14,2014

FUNERAL FACILITY: NEPTUNE SOCIETY

ADDRESS: 19324 - 40TH AVE W, STE A

CITY, STATE, ZIP: LYNNWOOD WA 98036 FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO COMPLETE THE EXUSE OF SENTH? NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH! NO PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NANCY H. LLEWELLYN, AND

TITLE: PHYSICIAN

CERTIFIER

ADDRESS: PO BOX 190

CITY, STATE, ZIP: LA CONNER WA 98259

DATE SIGNED: NOVEMBER 13,2014

CASE REFERRED TO ME/CORONER NO FILE NUMBER: 705 ATTENDING PHYSICIAN:

NOT APPLICABLE
LOCAL DEPUTY REGISTRAR:

CHERYL PETERSON DATE RECEIVED: NOVEMBER 14,2014



WHealth Th

Affidavit for Correction

Amidavit for Correction

Mail to: Center for Health Statistics P.O. Box 47814

Olympia, WA 98504-7814 360-236-4300

⊢' // THealth [™]	his is a legal docume	nt. Complete in i	nk and	do not alter.	360-236-4300 www.doh.wa.gov		
	ST ST	ATE OFFICE USE	ONLY		WWW.dolf.Wa.gov		
State File Number	Fee Number		tials	Date	Affidavit Number		
	Use the section below	v for requesting an	y chang	es on the record			
Record Type: // Birth	☐ Death		Marriag	e	□ Dissolution		
1. Name on record:			2. Da	ite of Event:	3. Place of Event:		
4. Father/Parent Full Birth Name		5. Moth	5. Mother/Parent Full Birth Name				
	The record is	incorrect or incom	plete a	s follows:			
The record	now shows:			The true	e fact is:		
6.		7					
8.		9.					
10.		11.					
12.	A STATE OF THE STA	13.					
14. I represent the person as:	☐ Self ☐ Pare	ent Guardian Other (Spec		Informant	Telephone Number:		
I declare under penalty of perju	ry under the laws of the	State of Washing	ton tha	t the forgoing is to	rue and correct.		
15. Signature;		. Date: 17. Addr			***		
(Printed Name)							
documentary proof: Birth Certificates 1. Only a parent, legal guardian (if the 2 to be Mary Ann Doe. Mary A. Doe 3. Child under 18 Guardian must submit certified coubehalf of child(ren). Up to age one, the last name of the mother/parent full birth name, fathe certificate) or any combination of the name change is required. Parent(s) may change the child's fatfidavit of correction. No proof is a 1 to correct parent's information, on the five (or more) years old or have 1 to correct the sex of the child, subtended.	ord Full Numice of Naturalization Marriage Pecord (DD-214) Life Insurance child is under 18), or the nate asserted true fact(s). For each M. A. Doe does not prove art order giving them authority eachild can be changed once, ear/parent full birth name (if prove two. After age one a court lirst or middle name by completeded.	dent Report (Social Section Divorce Record ance Policy armed individual (if 18 of example, if the affidavite the name is Mary Anroy to act on a first are seent on the ordered legal are to eting this provider.	vider) m says the bos duff (18 y lly the ad ne first or e equired he first, no correct, to correct poof is req poof mustings	nistration) School T. Alien Reg Hospital/line and change the birth cename is Mary Ann Dears or older) all themselves can changle and/or last name opicious of document opicious of document befive (or more) year	ranscripts (Official) gistration (front and back) Medical Record ertificate. oe, then the proof must show the name range the birth certificate. ent, three pieces of documentary proof the is misspelled, or date of birth is tary proof are required. tice of birth, or name, one documentary as old or have been established within five		
 This affidavit cannot be used to Death Certificates Only the informant, the funeral direction information. Proof is required to make registered domestic partner, parer informant is requesting the change of the medical information (cause of the cause of the cause of the medical information (cause of the cause of the	ector, or executors/administra ake changes if requested by it, sibling or adult child or step	itors (if evidence confir a family member not lis ochild). Marital status re	ming suc ited as th equires a	h position is presente the informant on the ce certified copy of a co	d) may change the non-medical rificate (family members are spouse or urt order it someone other than the		
Marriage/Dissolution (Divorce) Certif		op mo oei mynid buyar	o-carror as	o coroneinmourem ex			

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 clark of court (dissolution) must sign the affidavit.

DOH 472

LEGIS 2014

Skaglt County Health Department Howard Leibrand M.D., Health Officer DOH 422-034 June 2014