



201604290194

Skagit County Auditor \$77.00  
4/29/2016 Page 1 of 5 2:11PM

Filed for Record at request of  
and return to:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20161671  
APR 29 2016

STILES LAW INC., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

Amount Paid \$0  
Skagit Co. Treasurer  
By *mm* Deputy

Grantor: Patty A. Christison, surviving spouse and sole heir of the estate of Donald J. Christison  
Grantee: Patty A. Christison  
Tax Parcel # 350513-2-001-0103 / P39004

**QUIT CLAIM DEED**

The Grantor, Patty A. Christison, as the surviving spouse of Donald J. Christison and sole heir of the Estate of Donald J. Christison, conveys and quit claims to Patty A. Christison, as her separate property, in accordance with the attached Affidavit of Surviving Spouse, the following described real estate situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

That portion of the Northwest ¼ of Section 13, Township 35 North, Range 5 East, W.M., being more particularly described as follows:

Commencing at the North quarter corner of said Section 13; thence North 89 degrees 51'51" West along the North line of said subdivision, 1,031.20 feet to the true point of beginning; thence continue North 89 degrees 51'51" West, 630.0 feet; thence South 0 degrees 08'41" West, 1,532.70 feet to the intersection with the North right of way margin of State Route 20; thence in a Northeasterly direction along said North margin, 695.71 feet to a point which bears South 1 degree 17'59" East from the true point of beginning; thence North 1 degree 17'59" West, 1,324.91 feet to the true point of beginning. (Also known as Tract 4)

EXCEPT mineral reservations as reserved in documents recorded under Auditor's File Nos. 8810110042 and 9104160086, AND TOGETHER WITH non-exclusive easements for ingress, egress and utilities as created in instrument recorded under Auditor's File No. 891030086.

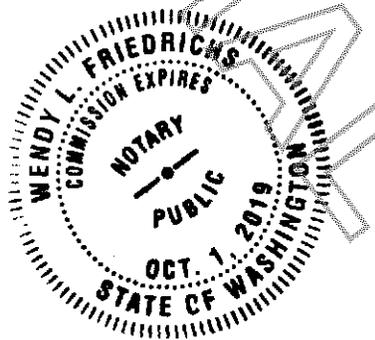
DATED: April 27, 2016

Patty A. Christison  
Patty A. Christison, Grantor

STATE OF WASHINGTON       )  
COUNTY OF Skagit        ) ss.

On this day personally appeared before me **Patty A. Christison**, 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 27 day of April, 2016



Wendy L. Friedrichs  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley WA  
Commission Expires: 10-1-19

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of Skagit

Name of deceased Donald J. Christison

I, (survivor's name) Patty A. Christison affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) P39004 / 350513-2-001-0103

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

Signed this 27<sup>th</sup> day of April, 2016 at Sedro-Woolley WA  
(month) (year) (city) (state)

Patty A. Christison  
(Signature of surviving spouse or registered domestic partner)

Patty A. Christison  
(Printed name of surviving spouse or registered domestic partner)

29248 Outlook Lane Sedro-Woolley WA 98284  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

*Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.*

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-014807

DATE ISSUED: 04/12/2016

FEE NUMBER: 1756476139

GIVEN NAMES: DONALD JAMES  
LAST NAME: CHRISTISON

COUNTY OF DEATH: KING  
DATE OF DEATH: APRIL 05, 2016  
HOUR OF DEATH: 08:15 A.M.  
SEX: MALE  
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: MINNEAPOLIS, HENNEPIN CNTY, MINNESOTA

MARITAL STATUS: MARRIED  
SPOUSE: PATTY ANNE CHAPPELL

OCCUPATION: PRODUCTION PLANNER  
INDUSTRY: AEROSPACE  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: PATTY ANNE CHRISTISON  
RELATIONSHIP: WIFE  
ADDRESS: 29248 OUTLOOK LANE, SEDRO WOOLLEY, WASHINGTON 98284

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - CHERRY HILL  
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 29248 OUTLOOK LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 982848418  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: MILTON GEORGE CHRISTISON  
MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATORY  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: APRIL 13, 2016

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE  
ADDRESS: 3803 132ND PLACE NE  
CITY, STATE, ZIP: MARYSVILLE WA 98271  
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:  
A. METASTATIC SMALL CELL CANCER  
INTERVAL: 2 DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
SPINAL METASTASES WITH CORD COMPRESSION AND PARAPLEGIA, BRAIN METASTASES

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SUSAN MASONIS, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 925 SENECA STREET  
CITY, STATE, ZIP: SEATTLE WA 98111  
DATE SIGNED: APRIL 08, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:  
RUTH ROBERSON  
DATE RECEIVED: APRIL 11, 2016



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
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
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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) \_\_\_\_\_ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) \_\_\_\_\_

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct**

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

**Birth Certificates**

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

**Adult (18 years or older)**

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

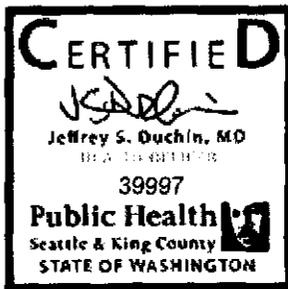
**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015



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