

When recorded return to:

Joe A. Carlson
1123 Curtis Street
Burlington, WA 98233



201608020090

Skagit County Auditor

\$79.00

8/2/2016 Page

1 of

7 3:54PM

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620028034

CHICAGO TITLE
4/76

STATUTORY WARRANTY DEED

THE GRANTOR(S) Michelle Renee Solomon and Christopher Ray Gutierrez, Personal Representative of the Estate of Esta Mae Asher

for and in consideration of Ten And No/100 Dollars (\$10.00), and other valuable consideration

in hand paid, conveys, and warrants to Joe A. Carlson, married as separate property

the following described real estate, situated in the County of Skagit, State of Washington:

Lot 1, UMBARGER TRACTS, according to the plat thereof recorded in Volume 9 of Plats, pages 107 and 108, records of Skagit County, Washington.

Situated in Skagit County, Washington.

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P72840/4095-000-001-0007

Subject to:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2016 3340
AUG 02 2016

Amount Paid \$ 3885.40
Skagit Co. Treasurer
By *man* Deputy

STATUTORY WARRANTY DEED
(continued)

Dated: July 26, 2016

Estate of Esta Mae Asher

BY: Michelle R. Solomon
Michelle Renee Solomon
Personal Representative

BY: Christopher Ray Gutierrez
Christopher Ray Gutierrez
Personal Representative

STATUTORY WARRANTY DEED
(continued)

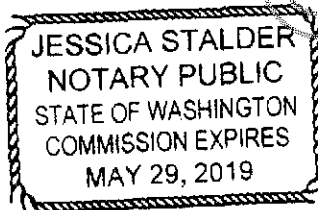
State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that Christopher Gutierrez

☒ is/are the person(s) who appeared before me, and said person acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was authorized to execute the instrument and acknowledged it as the Personal Representative of Estate of Esta Mae Asher to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: July 29, 2016



Jessica Stalder
Name: Jessica Stalder
Notary Public in and for the State of WA
Residing at: Wt Vernon, WA
My appointment expires: 5/29/19

STATUTORY WARRANTY DEED

(continued)

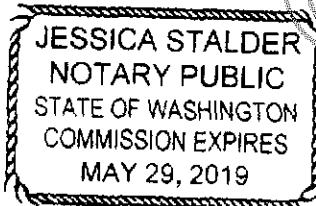
State of Washington

County of Skagit

I certify that I know or have satisfactory evidence that Michelle Solomon

is are the person(s) who appeared before me, and said person acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was authorized to execute the instrument and acknowledged it as the Personal Representative of Estate of Esta Mae Asher to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: August 1, 2014



Jessica Stalder
Name: Jessica Stalder
Notary Public in and for the State of WA
Residing at: Wt. Union, WA
My appointment expires: 5/29/19

MAVIS E. BETZ, CO. CLERK
Deputy

**SKAGIT COUNTY, WASH
FILED**

ESTATE OF: ESTA MAE ASHER Deceased	CASE NO. 15-4-00396-8 LETTERS TESTAMENTARY
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The seal of the State of Washington Superior Court of Clark County is circular. It features a central profile portrait of George Washington facing left. The words "STATE OF WASHINGTON" are written in a circle around the portrait. Above the portrait, it says "SUPERIOR COURT", and below the portrait, it says "CLARK COUNTY".

By W. A. D.
Deputy Clerk

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-029799

DATE ISSUED: 11/05/2015

FEE NUMBER: 0000000029

GIVEN NAMES: ESTA MAE
LAST NAME: ASHER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 21, 2015
HOUR OF DEATH: 01:25 A.M.
SEX: FEMALE
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: 539-36-7042

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: DECEMBER 12, 1941
BIRTHPLACE: FRANKLIN, NORTH CAROLINA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: CUSTOMER SERVICE
INDUSTRY: RETAIL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: CHRISTOPHER R. GUTIERREZ
RELATIONSHIP: SON
ADDRESS: 1465 EAST RIO VISTA AVENUE, BURLINGTON, WA 98233

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1123 CURTIS STREET
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: RAY DILLS
MOTHER: EDNA BOSTON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BURLINGTON CEMETERY
CITY, STATE: BURLINGTON, WA
DISPOSITION DATE: NOVEMBER 02, 2015

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S. BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A. BILATERAL PNEUMONIA BACTERIAL
INTERVAL: DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC MYCOBACTERIUM AVIUM COMPLEX PNEUMONIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MALNUTRITION

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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DONALD G. SPIELMANN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: OCTOBER 28, 2015

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: NJA 633
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: OCTOBER 29, 2015



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
Required information must match current information on record			
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
1. Name on Record:		2. Date of Event:	
3. Place of Event:			
4. Father/Parent Full Birth 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct			
16a. Signature:		16b. Signature of 2 nd parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS - go to 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:			
<ul style="list-style-type: none"> • 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			
1. 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 2. 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 3. Documentary proof must be five or more years old or established within five years of birth			
Child under 18		Adult (18 years or older)	
<ul style="list-style-type: none"> • 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 		<ul style="list-style-type: none"> • 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 using this form, 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			
1. 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
Marriage/Dissolution (Divorce) Certificates			
1. 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 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit			

CERTIFIED

NOV 05 2015


 Skagit County Health Department
 Howard Librand M.D., Health Officer

DD00350122