



201611280191

Prepared By:

Ms. Margaret Webster
17560 Bennett Rd
Mount Vernon, Washington 98273

Skagit County Auditor

\$77.00

11/28/2016 Page

1 of

5 2:57PM

After Recording Return To:

Ms. Margaret Webster
17560 Bennett Rd
Mount Vernon, Washington 98273

TAX PARCEL ID #: 4046-010-008-0017

QUIT CLAIM DEED

BE IT KNOWN BY ALL, that Ms. Margaret Webster surviving spouse of Pat J Webster deceased, ("Grantor"), a widowed female whose address is 17560 Bennett Rd, Mount Vernon, Washington 98273, hereby **REMISES, RELEASES AND FOREVER QUITCLAIMS TO** Ms. Margaret Webster ("Grantee"), whose address is 17560 Bennett Rd, Mount Vernon, Washington 98273, all right, title, interest and claim to the following real estate property located at 17560 Bennett Rd in the City/Township of Mount Vernon, located in the County of Skagit and State of Washington and ZIP code of 98273, to-wit:

Property having Lot No. ptn Lots 5-8 Blk 10 Plat of River View Addition Town of Avon, with the Section No. 70469, and property beginning at All of lots 6 and 7 and the West 2 feet of Lots 5 and 8 Block 10, Plat of River View Addition, town of Avon, according to the plat thereof recorded in volume 3 of Plats, page 21, records of Skagit County; Together with the vacated alley adjacent and abutting thereon which attached by operation of law; Also together with the east 50 feet of vacated Cherry street adjacent to and butting upon the West line of said Block 10 which attached by operation of law; Except from the above, that portion conveyed to Dike District no 12 by deeds recorded in volume 167 of Deeds page 33, 35 and 37 Records of Skagit County Washington.

FOR A VALUABLE CONSIDERATION, in the amount of \$10.00 dollars, given in hand and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged as of.

TO HAVE AND TO HOLD all of Grantor's right, title and interest in and to the above described property unto the said Grantee, Grantee's heirs, administrators, executors, successors and/or assigns forever; so that neither Grantor nor Grantor's heirs, administrators, executors, successors and/or assigns shall have, claim or demand any right or title to the aforesaid property, premises or appurtenances or any party thereof.

Margaret Webster surviving spouse
(Grantor's Signature)

Ms. Margaret Webster surviving spouse of Pat J Webster
deceased

(Grantor's Printed Name)

Margaret Webster
(Grantee's Signature)

Ms. Margaret Webster

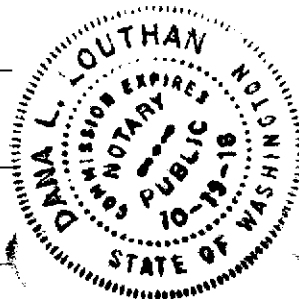
(Grantee's Printed Name)

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

20165336

NOV 28 2016

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



STATE OF WASHINGTON

COUNTY OF WHATCOM

)
) SS.
)

The foregoing Quit Claim Deed was acknowledged before me on November 21, 2016 by Ms. Margaret Webster surviving spouse of Pat J Webster deceased, who is personally known to me or who has produced a valid driver's license and/or passport as identification, and such individual(s) having executed aforementioned instrument of his/her/their free and voluntary act and deed.

IN WITNESS THEREOF, to this Quit Claim Deed, I set my hand and seal.

Signed, sealed and delivered in the presence of:

Dana L Louthan
(Signature of Notary)


Dana L Louthan
(Printed Notary Name) Whatcom, Washington

My Commission expires:

10/19/2018

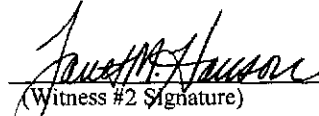
Note: The Original Copy of the Quit Claim Deed must be filed with the "Recorder of Deeds" with the Clerk of Courts having jurisdiction where this property is located and only upon payment of any associated recording fees due at time of filing with the Clerk of Courts.

Signed in our presence:

 11/21/14
(Witness #1 Signature)

Judy Stepak

(FIRST WITNESS NAME TYPED)


(Witness #2 Signature)

Janet Hanson

(SECOND WITNESS NAME TYPED)

Grantee's Address:

Ms. Margaret Webster

17560 Bennett Rd
Mount Vernon, Washington 98273

Mail Subsequent Tax Bills To:

Margaret Webster
17560 Bennett Rd
Mount Vernon, Washington 98273

Grantor's Address:

Ms. Margaret Webster Surviving Spouse Of Pat J Webster
Deceased

17560 Bennett Rd
Mount Vernon, Washington 98273

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 478.06		Washington State Certificate of Death				State File Number
1. Legal Name (Include AKA's if any) - First Middle LAST Suffix Patrick Jerome Webster					2. Death Date 06/06/2006	
3. Sex (M/F) M	4a. Age - Last Birthday 61	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit	
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Tacoma		8b. (State or Foreign Country) WA		9. Decedent's Education Some college credit	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 524 SE 5th St.) (Include Apt. No.) 17560 Bennett Road					13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country WA		13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 20 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Margaret Pauline Brown		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Heavy Equipment Operator				18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) Jerome Floyd Webster				20. Mother's Name Before First Marriage (First, Middle, Last) Ruth Jeneve [REDACTED]		
21. Informant's Name Margaret Pauline Webster		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17560 Bennett Road, Mount Vernon, WA 98273		
24. Place of Death, if Death Occurred in a Hospital: [REDACTED]				25. Facility Name (if not a facility, give number & street or location) 17560 Bennett Road		
26. City, Town, or Location of Death Mount Vernon				26b. State WA	27. Zip Code 98273	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery		30. Location-City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home & Cremation Service Burlington, WA 98233				32. Date of Disposition 06/07/2006		
33. Funeral Director Signature X <i>[Signature]</i>						
Cause of Death (See instructions and examples)						
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>Negotiated failure</i>			Interval between Onset & Death 3 weeks	
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>Circulation of heart</i>			Interval between Onset & Death months	
		c. <i>Chronic alcohol use</i>			Interval between Onset & Death years	
		d. <i>[REDACTED]</i>			Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>pneumonia</i>				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"/> Accident <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"/> Pregnant at time of 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: _____				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. X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) William Stanley 1400 East Kincaid Street, Mount Vernon, WA 98274				50. Hour of Death (24hrs) 2327		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 06/07/2006		
53. Title of Certifier M D		54. License Number		55. ME/Coroner File Number NJA 165		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) JUN - 9 2006		
59. Amendments						



DOHCHS 003 Rev 2/06/2004

DOH 01-003 (5/99)



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

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

The Record now shows:	The True fact is:
6.	7.
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:
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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:
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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	Allen 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 (if 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 020 (Rev. 5/2002)



CERTIFIED*

JUN 09 2008

Howard Calbrand
Shelan County Public Health Department
Howard Calbrand M.D., Health Officer

NN00934289