



201612150105

Skagit County Auditor
12/15/2016 Page

1 of 4
\$76.00
2:44PM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 5650

DEC 15 2016

Amount Paid \$ 0
Skagit Co. Treasurer
By Deputy

After recording, return to (Name, Address, Zip):

Marion N. Seelye
13062 Avon Allen Rd.
Mt. Vernon WA 98273

QUITCLAIM DEED (Statutory Form)

Grantor(s): Marion N. Seelye surviving spouse of Ernest M. Seelye (deceased)
Grantee(s): Marion N. Seelye
Abbreviated Legal Description: See Attached
Assessor's Property Tax Parcel or Account No: p# 21440
Reference No(s) of Documents Assigned or Released:

Marion N. Seelye surviving spouse of Ernest M. Seelye (deceased)
of 13062 Avon Allen Rd. Mt. Vernon, WA, Grantor,
for and in consideration of past love and devotion

conveys and quitclaims to Marion N. Seelye of 13062 Avon Allen Rd.
Mt. Vernon WA, Grantee,
all right, title and interest in the following described real estate, situated in Skagit
County, State of Washington, together with all after acquired title of the Grantor therein:

See Attached

PTN. NE NE Sec. 11, T34N, R3E w.m. see legal description
attached hereto and by reference made a part hereof.

DATED 12/15/16 Marion Seelye

STATE OF WASHINGTON, County of Skagit
I certify that I know or have satisfactory evidence that Marion Seelye
is/are the individual(s) who appeared before me, and who
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act
for the uses and purposes mentioned in this instrument.

DATED 12/15/16
Notary Public for Washington
My appointment expires 7/1/2019



PUBLISHER'S NOTE: If a corporate grantor, complete and attach Form No. 68, Corporate Acknowledgment.



Form No. 289 - Quitclaim Deed (Statutory Form) ES
© 2006 Washington Legal Blank, Portland, OR www.wlforms.com

NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

EXHIBIT 'A'

Description:

That portion of the Northeast Quarter of the Northeast Quarter of Section 11, Township 34 North, Range 3 East of the Willamette Meridian, described as follows:

Beginning at a point on the West line of the county road a distance of 224 feet Southerly from its intersection with the South line of Railroad Street in the plat of MAP OF NORTH AVON, according to the plat thereof recorded in Volume 2 of Plats, page 91, records of Skagit County, Washington;

Thence at right angles to said county road $60^{\circ}50'$ West a distance of 248.4 feet;

Thence South $29^{\circ}10'$ East to the South line of Cedar Street;

Thence North $60^{\circ}50'$ East to the county road;

Thence Northerly along the West side of the county road to the point of beginning;

EXCEPT that portion lying South of the following described line:

Beginning at the intersection of the South line of Cedar Street with the West line of the Avon Alien county road, as shown on the MAP OF NORTH AVON, according to the plat thereof recorded in Volume 2 of Plats, page 91, records of Skagit County, Washington;

Thence North $28^{\circ}20'45''$ West along the West line of said county road a distance of 414.50 feet to the true point of beginning of said line;

Thence South $61^{\circ}39'15''$ West a distance of 248.40 feet to the terminal point of said line.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-002242

DATE ISSUED: 03/01/2012

FEE NUMBER: 000000029

GIVEN NAMES: ERNEST MARVIN
LAST NAME: SEELYE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 27, 2012
HOUR OF DEATH: 01:00 P.M.
SEX: MALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: LUMMI ISLAND, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARION NORMA STEPHENS

OCCUPATION: LOGGER
INDUSTRY: LOGGING
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: MARION N. SEELYE
RELATIONSHIP: WIFE
ADDRESS: 13062 AVON ALLEN ROAD MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 13062 AVON ALLEN ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 13062 AVON ALLEN ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: FRANK CRANDALL SEELYE
MOTHER: ALFA BONNILL [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: LUMMI NATION CEMETERY
CITY, STATE, ZIP: BELLINGHAM, WA
DISPOSITION DATE: MARCH 10, 2012

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 SOUTH THIRD STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

- CAUSE OF DEATH:
- A. CHOLANGIOCARCINOMA
INTERVAL: 1.5 YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PERIPHERAL ARTERIAL DISEASE, HYPERTENSION, CEREBROVASCULAR ACCIDENT 2007, DYSLIPIDEMIA

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JOHANNA SANTOS MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 29, 2012

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: N/A-134

ATTENDING PHYSICIAN:
JOHANNA SANTOS MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 01, 2012

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504 7614
(360) 226-4300

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 this 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 of Record	2. Date of Event	3. Place of Event: (City or County)
4. Father's Full Name (For Birth); (Sponsor for Marriage or Dissolution)	5. Mother's Full Name (For Birth); (Wife for Marriage or Dissolution)	

If the Record is incorrect or Incomplete as follows:

6. The Record may show:	7. The True fact is:
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.

14. I represent the person as: Self Parent Guardian Informant Funeral Director 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.

16. Signature	18. Date	17. Address
---------------	----------	-------------

All vital records are registered as received.
All changes must be substantiated by documentary proof submitted with the affidavit.
Examples of documentary proof: Certificate of Naturalization, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD 214), Birth Record, Passport, School Transcripts, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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 void a father to a birth certificate. (Use the paternity affidavit form DOH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (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.
- Within 60 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 023a 2/14/11

CERTIFIED

MAR 01 2012

Howard Leibrand

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

VV00261846