



Skagit County Auditor 1/23/2017 Page 1 of 6 4:26PM \$78.00

Quitclaim Deed

RECORDING REQUESTED BY Debbie Knollmeyer
AND WHEN RECORDED MAIL TO:

Debbie Knollmeyer Grantee(s)
505 W. Blackhawk Rd
Mount Vernon, WA

Consideration: \$ No Consideration
Property Transfer Tax: \$ 0
Assessor's Parcel No.: P52837

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017271

JAN 23 2017

Amount Paid \$
Skagit Co. Treasurer
By MB Deputy

PREPARED BY: Debbie Knollmeyer certifies herein that he or she has prepared this Deed.

Debbie Knollmeyer
Signature of Preparer

1/23/2017
Date of Preparation

Debbie Knollmeyer
Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 1/23/2017 in the County of Skagit, State of WA
by Grantor(s), Raymond S Johnson by daughter, Debbie Knollmeyer,
whose post office address is Deceased -,
to Grantee(s), Debbie Knollmeyer-Knollmeyer,
whose post office address is 505 W. Blackhawk Rd.

WITNESSETH, that the said Grantor(s), Raymond S. Johnson - Deceased
for good consideration and for the sum of \$ 0
(\$ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Skagit, State of WA and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Raymond S Johnson
Signature of Grantor

Deceased
Print Name of Grantor

Yael Alexander
Signature of First Witness to Grantor(s)

Yael Alexander
Print Name of First Witness to Grantor(s)

Debbie Knollmeyer
Signature of Second Grantor (if applicable)

Debbie Knollmeyer
Print Name of Second Grantor (if applicable)

Yael Alexander
Signature of Second Witness to Grantor(s)

Yael Alexander
Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Debbie Knollmeyer
Signature of Grantee

Debbie Knollmeyer
Print Name of Grantee

Yael Alexander
Signature of First Witness to Grantee(s)

Yael Alexander
Print Name of First Witness to Grantee(s)

Signature of Second Grantee (if applicable)

Print Name of Second Grantee (if applicable)

Signature of Second Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of Washington

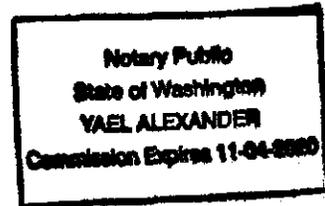
County of Skagit

On 1/23/2017, before me, Yael Alexander, a notary public in and for said state, personally appeared, Debbie Knollmeyer

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Yael Alexander
Signature of Notary



Affiant Known _____ Produced ID

Type of ID Washington state DL

(Seal)

Legal description

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

That portion of Lots 6 and 7 in Block 5, "FISHER'S REPLAT OF BLOCK 5 - 6 AND PART TRACT 'H' McLEAN'S THIRD STREET ADDITION TO MOUNT VERNON", as per plat recorded in Volume 5 of Plats, page 34, records of Skagit County, Washington, described as follows:

Beginning at the Southeast corner of said Lot 6; thence North along the East line of said Lot 100 feet; thence West to a point on the West line of Lot 7 which is 100 feet North of the Southwest corner of said Lot 7; thence South to the Southwest corner of Lot 7; thence East to the point of beginning;

TOGETHER WITH that portion of the East ½ of vacated alley adjacent to Lot 7 which has reverted to said premises by operation of law;

EXCEPT from the above described tracts, the South 10 feet thereof conveyed to the City of Mount Vernon for street purposes by deed dated July 31, 1973, recorded August 14, 1973 under Auditor's File No. 789369.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045567

DATE ISSUED: 11/14/2016

FEE NUMBER: 0000000029

GIVEN NAMES: RAYMOND S
LAST NAME: JOHNSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 06, 2016
HOUR OF DEATH: 08:50 P.M.
SEX: MALE
AGE: 84 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 505 W. BLACKBURN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 505 W. BLACKBURN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: LEON E JOHNSON
MOTHER/PARENT: SYLVIA EDNA [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: OVERLY, BOTTINEAU CNTY, NORTH DAKOTA

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 10, 2016

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: 8 YEARS
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

INFORMANT: DEBBIE KNOLLMEYER
RELATIONSHIP: DAUGHTER
ADDRESS: 505 W. BLACKBURN RD MOUNT VERNON, WA 98273

- CAUSE OF DEATH:
- A. ACUTE ON CHRONIC CONGESTIVE HEART DISEASE
INTERVAL: DAYS
 - B. HYPERTENSION
INTERVAL: YEARS
 - C. _____
INTERVAL: _____
 - D. _____
INTERVAL: _____

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: SUZANNE ROBERTSON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: NOVEMBER 10, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
SUZANNE ROBERTSON MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: NOVEMBER 10, 2016

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





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47614
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

Required	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 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Other (specify) _____

7. Return Mailing Address: _____

Telephone Number: _____ Fax 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: _____ Date: _____ 16b. Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS go to _____ 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 Num dent 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.

<p>Child under 18</p> <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 parent's 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 	<p>Adult (18 years or older)</p> <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
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*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

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). 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.
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.

DOH 422-034 October 2015



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

GG00094348