201703300179
Skagit County Auditor $81.00
3/30/2017 Page 1 of 9 4:11PM

Quitclaim Deed

RECORDING REQUESTED BY Xochitl Torres
AND WHEN RECORDED MAIL TO:
1605 N. 42 PL. Grantee(s)
Mount Vernon wa.
98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171257
MAR 30 2017
Amount Paid $ 0
Skagit Co. Treasurer
By MG Deputy

Consideration: $
Property Transfer Tax: $
Assessor's Parcel No.: P111409
PREPARED BY: Xochitl Torres certifies herein that he or she has prepared this Deed.

Xochitl Torres
Signature of Preparer

3-29-17
Date of Preparation

Xochitl Torres
Printed Name of Preparer

THIS QUITCLAIM DEED, executed on 3-29-17 in the County of Skagit, State of Washington by Grantor(s), Jesus Torres A. estate Xochitl Torres, whose post office address is 1605 N. 42 PL Mt. Vernon wa., to Grantee(s), Xochitl Torres, whose post office address is 1605 N 42nd PL Mt. Vernon wa.

WITNESSETH, that the said Grantor(s), Jesus Torres A.*, for good consideration and for the sum of ~~0~~ zero dollars ($ 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

*by Surviving Spouse Xochitl Torres

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 Washington 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):

Signature of Grantor	Signature of Second Grantor (if applicable)
Print Name of Grantor	Print Name of Second Grantor (if applicable)
Signature of First Witness to Grantor(s)	Signature of Second Witness to Grantor(s)
Print Name of First Witness to Grantor(s)	Print Name of Second Witness to Grantor(s)

GRANTEE(S):

X Xochitl Torres Signature of Grantee	Signature of Second Grantee (if applicable)
Xochitl Torres Print Name of Grantee	Print Name of Second Grantee (if applicable)
Jesus Torres Jr. Signature of First Witness to Grantee(s)	Ezra Torres Signature of Second Witness to Grantee(s)
Jesus Torres Jr. Print Name of First Witness to Grantee(s)	Ezra Torres Print Name of Second Witness to Grantee(s)

Dated: 3/30/2017

Xochitl Torres

Xochitl Torres

STATE OF WA

COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Xochitl Torres

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be of her free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 3-30-17

Notary name printed or typed: Michael A. Urban
Notary Public in and for the State of WA
Residing at Mount Vernon
My appointment expires: 2-2019

MICHAEL A. URBAN
Commission Expires
NOTARY PUBLIC
02-05-2019
STATE OF WASHINGTON

Exhibit "A"

Lot 14, "Plat of thunderbird creek PUD. as per plat recorded in Volume 16 of Plats, Pages 159 through 161, Inclusive, records of Skagit County, wa.

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Xochitl Torres, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real property described below, and is wife
Relationship to decedent

of Jesus Torres A, who died on 9-27-16
Decedent/Grantor *Date*

at Stanwood Snohomish Wa.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

1605 N 42 Pl.
Mount Vernon Wa. 98273
Thunderbird Creek PUD, Lot 19, Acres 0.14

Assessor's Property Tax Parcel/Account Number: P111409
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Xochitl Torres, 53 wife
1605 N. 42nd place Mount Vernon Wa 98273

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 3-29-17

Xochitl Torres

Affiant's full name

360 333-0151

Telephone number

1605 N 42 Pl.

Street

Mount Vernon Wa. 98273

City *State* *Zip Code*

X Xochitl Torres 3/29/17

Signature *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that Xochitl Torres

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 03/29/2017

M Melody A Heidbreder

Signature of Notary Public

(SEAL OR STAMP)

NOTARY PUBLIC
MELODY A HEIDBREDER
COMM. EXPIRES
APRIL 30, 2019
STATE OF WASHINGTON

Residing at: Mt Vernon, Wa

Notary Public in and for the State of Wash.

My appointment expires: 04/30/2019

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039520 LOCAL FILE NUMBER: 3662 DATE ISSUED: 10/03/2016

FEE NUMBER: 0000000029

GIVEN NAMES: JESUS
LAST NAME: TORRES ARANDA

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: SEPTEMBER 27,2016
HOUR OF DEATH: 06:13 P.M.
SEX: MALE
AGE: 56 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: MEXICAN
RACE: LATINO

BIRTHDATE: [redacted]
BIRTHPLACE: NYARIT, MEXICO

MARITAL STATUS: MARRIED
SPOUSE: XOCHITL VELAZQUEZ

OCCUPATION: LABORER
INDUSTRY: FARMING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: XOCHITL TORRES
RELATIONSHIP: WIFE
ADDRESS: 1605 N 42ND PLACE MOUNT VERNON WA 98273

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: RAILROAD OFF 32100 PIONEER HIGHWAY
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

RESIDENCE STREET: 1605 N 42ND PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER/PARENT: CIRILO TORRES
MOTHER/PARENT: TIMOTEA [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: OCTOBER 05,2016

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. MULTIPLE BLUNT FORCE INJURIES OF HEAD, TORSO AND EXTREMITIES.
INTERVAL: SECONDS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 27,2016
HOUR OF INJURY: 06:13 P.M.
INJURY AT WORK? YES
PLACE OF INJURY: RAILROAD CROSSING ON FARM ACCESS OR IVEWAY.
LOCATION OF INJURY: 32100 PIONEER HIGHWAY

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292
COUNTY: SNOHOMISH
DESCRIBE HOW INJURY OCCURRED:
FARM TRUCK IN COLLISION WITH FREIGHT TRAIN AT RAILROAD CROSSING.

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
DRIVER

ITEM(S) AMENDED: NONE

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

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

ME/CORONER: STANLEY ADAMS, MD
TITLE: MEDICAL EXAMINER
ME/CORONER
ADDRESS: 9509 29TH AVENUE WEST
CITY,STATE,ZIP: EVERETT WA 98204
DATE SIGNED: SEPTEMBER 29,2016

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: SCME 16SN1732
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
JULIE MARTIN
DATE RECEIVED: SEPTEMBER 30,2016

DOH 01-003 (10/15)

Health

Affidavit for Correction

Center for Health Statistics

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Required information must match current information on record

Birth | Death | Marriage | Dissolution (Divorce)

Required

7. Return Mailing

Telephone Number

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 facts are

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

INSTRUCTIONS

Birth Certificates

Death Certificates

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

Marriage Dissolution

CERTIFIED

OCT 03 2016

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

G600093095