

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

Consideration: \$

Property Transfer Tax: \$

Assessor's Parcel No.: P111409PREPARED BY: Xochitl Torres

this Deed.

Xochitl Torres

Signature of Preparer

Xochitl Torres

Printed Name of Preparer

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX20171257
MAR 30 2017Amount Paid \$
Skagit Co. Treasurer
By MG Deputy

certifies herein that he or she has prepared

3-29-17

Date of Preparation

THIS QUITCLAIM DEED, executed on 3-29-17 in the County ofSkagit, State of Washingtonby 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 S King, 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

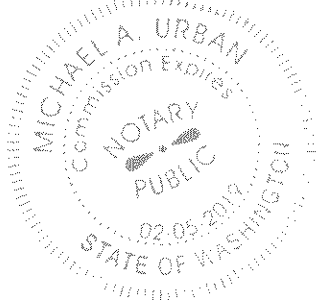


Exhibit "A"

Lot 14, "Plat of Thunderbird Creek and
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
Decedent/Grantor

A

, who died on

9-27-16

Date

at

Stanwood

City

Snohomish

County

Wa.

State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

1605 N 42 PL.

Mount Vernon wa. 98273

Thunderbird Creek PUD, Lot 14, 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)

(Page 1 of _____)

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

Full name, age, relationship, address

Dated:

3-29-17

Affiant's full name

Xochitl TORRES

Telephone number

360-333-0151

Mount Vernon

City

Street

Wa.

State

98273

Zip Code

X Xochitl Torres
Signature

3/29/17
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

Melody A. Heimbred
Signature of Notary Public

(SEAL OR
STAMP)



Residing at:

Mount Vernon, WA

Notary Public in and for the State of

Wash.

My appointment expires:

04/30/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-039520

LOCAL FILE NUMBER: 3662

DATE ISSUED: 10/03/2016

FEE NUMBER: 000000029

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: NVARIT, 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, ZIP: 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 DR
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

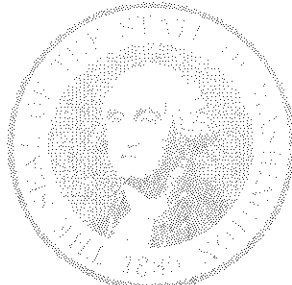
NUMBER(S): NONE
DATE(S): NONE

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



Affidavit for Correction

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

STATE OFFICE USE ONLY

County Health Statistics
 1000 1st Avenue
 Everett, WA 98201
 (360) 321-1111

State of Washington

County of Skagit

City of

Address to be printed

Required information must match current information on record

Required	Marriage	Birth	Death	Marriage	Dissolution (Divorce)
1 Name					
2 Date of Birth					
3 Name					

7 Return Marriage License

Telephone Number

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Enter correct new data

Enter true fact is

1
2
3
4

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

Signature

Date

INSTRUCTIONS

Persons who enter Social Security card information for a person who does not have birth certificate cannot be used as proof

Required information

- Birth Certificate
- Death Certificate
- Marriage License
- Divorce Decree

Birth Certificates

1. The birth certificate must be a certified copy of the original.
2. The proof of birth certificate must be a certified copy of the original.
3. The proof of birth certificate must be a certified copy of the original.

Child Certificates

- Birth certificate
- Death certificate
- Marriage license
- Divorce decree
- Adoption certificate
- Fingerprint card
- Identification card
- Driver's license
- Passport
- Social Security card
- Voter registration card
- Driver's license
- Passport
- Social Security card
- Voter registration card

Death Certificates

1. The death certificate must be a certified copy of the original.
2. The death certificate must be a certified copy of the original.
3. The death certificate must be a certified copy of the original.

Marriage Dissolution/Divorce Certificates

1. The marriage license must be a certified copy of the original.
2. The divorce decree must be a certified copy of the original.

CERTIFIED

OCT 03 2016

Signature

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

6600093095