201706140039
Skagit County Auditor $80.00
6/14/2017 Page 1 of 8 1:47PM

When recorded return to:

Dana Aldridge
Po Box 55
Rockport, WA 98283

Filed for Record at Request of
Guardian Northwest Title
Escrow Number: 113575

GUARDIAN NORTHWEST TITLE CO.

QUIT CLAIM DEED 113575

Abbreviated Legal:

Lots 2, 3 and 4, Block 3, Rockport

THE GRANTOR THE ESTATE OF ED ALDRIDGE, WHO ALSO APPEARS OF RECORD AS EDDIE T. ALDRIDGE AND WHOSE CERTIFICATE OF DEATH SHOWS HIM AS THOMAS EDDIE ALDRIDGE, AND THE ESTATE OF CAROLYN A. ALDRIDGE, BOTH DECEASED for and in consideration of Inheritance conveys and quit claims to Eddie W. Aldridge, Debbie S. Martin, Brian T. Aldridge, Jackie L. Aldridge Dana Aldridge and Joey L. Aldridge, Heirs of Ed Aldridge and Carolyn A. Aldridge the following described real estate, situated in the County of Skagit State of Washington, together with all after acquired title of the Grantor therein:

Lots 2, 3 and 4 in Block 3, Rockport, according to the recorded plat thereof in the office of the auditor of Skagit County, Washington, in Volume 3 of Plats, page 79.

Tax Parcel Number(s): **P75165, 4146-003-002-0009, P75166, 4146-003-004-0007**

Dated: 5-14-17

Debbie S. Martin

Eddie W. Aldridge

Brian T. Aldridge

Jackie L. Aldridge

Joey L. Aldridge

Dana Aldridge

State of Washington }
County of Skagit } **SS:**

I certify that I know or have satisfactory evidence that _Debbie S. Martin, Eddie W. Aldridge, Brian T. Aldridge, Jackie L. Aldridge, Joey L. Aldridge and Dana Aldridge ___the person who appeared before me, and said person acknowledge that _they signed this instrument and acknowledge it to be _their_ free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 5-14-2017

Pamela G. Aldridge

Notary Public in and for the State of Washington
Residing at: Sedro Woolley
My appointment expires: 11-26-17

PAMELA G. ALDRIDGE NOTARY PUBLIC STATE OF WASHINGTON 11-26-2017

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20172602
JUN 14 2017

Amount Paid $0
Skagit Co. Treasurer
By MAM Deputy

LPB-12

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Eddie w Aldridge Jacqui Aldridge, being first duly sworn
Name of Affiant Jackie Aldridge / Dana Aldridge / Brian T Aldridge / Dolores Martin Aldridge

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 children
Relationship to decedent

of Eddie Aldridge, who died on 3 -
Decedent/Grantor *Date*

at Rockport (City) Skagit (County) Washington (State)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Railroad Ave Rockport Wa 98283. P75165 4146-003-002-0001 & P75166 4146-003-004-0007

Assessor's Property Tax Parcel/Account Number: P75165 & P75166
(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)

Dated: 4-28-17

Eddie W Aldridge / Debbie S Martin Aldridge / Brian T Aldridge
Affiant's full name Jackie E Aldridge / Jacy C Aldridge / Dana Aldridge

360-708-3418 / 360-708-4564 / 360 / 360-391-5036
Telephone number 360/395-8033 / 360-853-3879

PO Box 56
Street

Rockport | WA | 98283
City | *State* | *Zip Code*

Eddie W Aldridge
Debbie S Aldridge Martin
Jacy C Aldridge
Jackie E Aldridge
Dana Aldridge
Signature

4-28-2017
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Eddie Aldridge / Debbie S Aldridge Martin / Jacy Aldridge / Dana Aldridge / Jackie E Aldridge / Brian Aldridge
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: 4/28/17

Pamela D. Aldridge
Signature of Notary Public

(SEAL OR STAMP)

PAMELA D. ALDRIDGE
NOTARY PUBLIC
STATE OF WASHINGTON
11-26-2017

Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 11-26-2017

REV 84 0017 (1/3/17)

Escrow No.: 113575

EXHIBIT "A"

LEGAL DESCRIPTION

Lots 2, 3 and 4 in Block 3, Rockport, according to the recorded plat thereof in the office of the auditor of Skagit County, Washington, in Volume 3 of Plats, page 79.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-003818

DATE ISSUED: 04/05/2012

FEE NUMBER: 0000000029

GIVEN NAMES: THOMAS EDDIE
LAST NAME: ALDRIDGE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 31,2012
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: AVERY CNTY, NORTH CAROLINA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: EXCAVATOR OPERATOR
INDUSTRY: CONSTRUCTION
EDUCATION: 7 YEARS
US ARMED FORCES? YES

INFORMANT: JACKIE ALDRIDGE
RELATIONSHIP: SON
ADDRESS: 7899 PINELLI ROAD, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 52729 RAILROAD AVE.
CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283

RESIDENCE STREET: 52729 RAILROAD AVE.
CITY, STATE, ZIP: ROCKPORT, WASHINGTON 98283
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER: THOMAS EDGAR ALDRIDGE
MOTHER: NAOMI [redacted]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: FOREST PARK CEMETERY
CITY, STATE: CONCRETE, WA
DISPOSITION DATE: APRIL 07,2012

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:
A. MYOCARDIAL INFARCTION
INTERVAL: 30 MINUTES
B. CORONARY HEART DISEASE
INTERVAL: 20 YEARS
C. HYPERTENSION
INTERVAL: 30 YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: DANIEL H. GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 7438 SOUTH D AVENUE, SUITE A
CITY,STATE,ZIP: CONCRETE WA 98237
DATE SIGNED: APRIL 02,2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 059-12
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: APRIL 04,2012

DOH 01-003 (6/10)

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

Birth Death Marriage Dissolution

Guardian Informant

CERTIFIED

APR 05 2012

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

VV00263087

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
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TYPE OR PRINT IN PERMANENT BLACK INK

180
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

1469 10980
STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
CAROLYN	ANN	ALDRIDGE	Female	March 9, 1999

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
61			[redacted]	Crossnore, NC	No	Skagit

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—MARK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☒ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Sedro-Woolley	United General Hospital	Yes

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
			Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Thomas Ed Aldridge	[redacted]	11	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Care Giver	In Home Healthcare	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
5069 Railroad Avenue	Rockport	No	Skagit	48 yrs	WA	98283

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Wendell Johnson	Bernice [redacted]

INFORMANT

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Ed Aldridge	PO Box 55	Rockport,	WA	98283

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	Mar 12, 1999	Forest Park Cemetery	Concrete, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X Richard Lemley	Lemley Chapel	1008 3rd St Sedro-Woolley, WA 98284

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X Houshang Shetabi MD, FACP

40. DATE SIGNED (Mo., Day, Yr.)	41. HOUR OF DEATH (24 Hrs.)
March 9, 1999	1205 hrs

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X

44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo., Day, Yr.)	47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Houshang Shetabi, MD 1971 Hospital Dr. Sedro-Woolley, WA 98284

49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
a.	Multibacterial and Candida Pneumonitis	2-3 weeks
DUE TO, OR AS A CONSEQUENCE OF: b.	Non Small Cell Cancer of Lung + Bronchus Metastasis	3 months
DUE TO, OR AS A CONSEQUENCE OF: c.	Advanced chronic obstructive Pulmonary disease	many years
DUE TO, OR AS A CONSEQUENCE OF: d.	Smoking	44 years

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	No	No

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62. REGISTRAR SIGNATURE	63. DATE RECEIVED (Mo., Day, Yr.)
				X Sharon D. Beeson, Deputy	3-11-99

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly OSHS 9-150)

A

DOH 422-131 (4/16)

Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

Required

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. Return Mailing Address

Telephone Number ( ) | Email 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 | 16b. Signature of 2nd parent (if required).

Printed name | Date: | Printed name | Date:

INSTRUCTIONS – go to www.doh.wa.gov 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 Numident 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.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' 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

Adult (18 years or older)

- 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

*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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

Certificate not valid unless the Seal of the State of Washington changes color when rubbed.

0 1 0 2 4 7 5 3