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Adaptive Law Firm PS
904 South Third Street
Mount Vernon, WA 98273



Skagit County Auditor \$77.00
6/16/2017 Page 1 of 5 11:39AM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20162651
JUN 16 2017
Amount Paid \$
Skagit Co. Treasurer
By *[Signature]* Deputy

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant and grantee, Gretchen M. Stewart, being first duly sworn, deposes and states that she is the rightful heir as listed on heirs at law, to the real property described below, and is the daughter of Kathryn Lunde, who died March 15, 1998, at Marblemount, Skagit County, WA.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Lot 52, Block "D", CAPE HORN ON THE SKAGIT, DIVISION NO. 1, as per plat recorded in Volume 8 of Plats at page 92 to 97, inclusive, in the records of Skagit County Washington. Situate in the County of Skagit, State of Washington.

Abbreviated legal: CAPE HORN ON THE SKAGIT LOT 52 BLK D
Tax Parcel Number(s): P63020

Decedent left no Last Will. Affiant hereby identifies all heirs at law of the decedent:

NELS M. LUNDE, Husband, DIED January 31, 2003 in Marblemount, Skagit County, WA
GRETCHEN M. STEWART, Daughter, PO Box 31, Marblemount, WA 98267

Dated this 12 day of May, 2017.

[Signature: Gretchen M. Stewart]
Gretchen M. Stewart

STATE OF WASHINGTON)
)
) ss.
COUNTY OF SKAGIT)

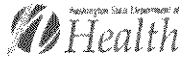
I certify that I know or have satisfactory evidence that Gretchen M. Stewart is the person who appeared before me, and said person acknowledged she signed this instrument, as her free and voluntary act for the uses and purposes mentioned in this instrument.

DATED: May 12, 2017



[Signature: Hollie Del Vecchio]
Notary Public for the State of Washington
My commission expires: May 9, 2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

TYPE (EITHER IN PRINTMENT OR ALK) (PK)

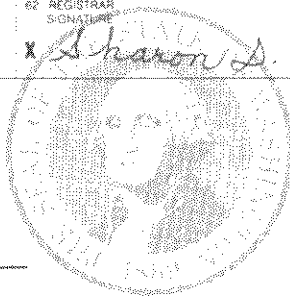
190

146

LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME (Print) KATHRYN IRENE LUNDE				2 SEX (M / F) F		3 DEATH DATE (Mo, Day, Yr) MARCH 15, 1998	
4 AGE LAST BIRTHDAY (4) 78	5 UNDER 1 YEAR DAYS	6 UNDER 1 DAY HOURS MIN	7 BIRTHDATE (Mo, Day, Yr)	8 BIRTH-PLACE (City, State or Foreign Country) Lincoln, Nebraska	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10 COUNTY OF DEATH Skagit	
11 CITY, TOWN OR LOCATION OF DEATH Marblemount			12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME XXX HOME 3 IN TRANSPORT 4 EMERG. RM/OUT. PTN 5 HOSP. 6 NUR HOME 6 OTHER PLACE G0581 Hwy 20			13 SMOKING IN LAST 15 YEARS? (Yes / No) Yes	
14 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife, give maiden name) Nels Lunde		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5-)	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Food Handler		19 KIND OF BUSINESS OR INDUSTRY Canary Business		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify) (2) RACE (Specify) (Yes / No) (Specify) No White			
22 RESIDENCE—NUMBER AND STREET 60581 Hwy 20		23 CITY, TOWN, OR LOCATION Marblemount		24 INSIDE CITY LIMITS? (Yes / No) No		25 COUNTY Skagit	
26 LENGTH OF RES. IN CD 23		27 STATE Wa		28 ZIP CODE 98267			
29 FATHER'S NAME—FIRST, MIDDLE, LAST Ernest Townsend				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Josephine Unknown			
31 INFORMANT—NAME Nels Lunde		32 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 60581 Hwy 20 Marblemount, Wa 98267					
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo, Day, Yr) Mar 20, 1998		35 CEMETERY, CREMATORY—NAME Bow Cemetery		36 LOCATION—CITY/TOWN, STATE Bow, Washington	
37 FUNERAL DIRECTOR SIGNATURE [Signature]		38 NAME OF FACILITY Lemley Chapel Inc		39 ADDRESS OF FACILITY 1008 Third St Sedro Woolley, Wa 98284			
40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 [Signature] M.D.				41 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 [Signature]			
42 DATE SIGNED (Mo, Day, Yr) March 17, 1998		43 HOUR OF DEATH (24 Hrs.) 1130		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs.)	
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stephen Aldrich MD 1030 Fairhaven Ave Burlington, Wa 98233				47 PRONOUNCED DEAD (Mo, Day, Yr)		48 HOUR PRONOUNCED DEAD (24 Hrs.)	
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stephen Aldrich MD 1030 Fairhaven Ave Burlington, Wa 98233				48 MEDICORNER FILE NUMBER NJA-107			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Intractable Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 9 months	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		B Critical Aortic Stenosis & Severe Mitral Regurgitation				INTERVAL BETWEEN ONSET AND DEATH 4 years	
Sequitarily list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Cause of injury which initiated events resulting in death) LAST.		C				INTERVAL BETWEEN ONSET AND DEATH	
		D				INTERVAL BETWEEN ONSET AND DEATH	
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Severe Emphysema				52 ALTOUS? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54 ACC. SUICIDE, HOMICIDE, 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 (Register use only) ITEM DOCUMENTARY RECEIVED BY DATE				62 REGISTRAR SIGNATURE [Signature]		63 DATE RECEIVED (Mo, Day, Yr) 3-18-98	



Howard Leibrand M.D.
Health Officer

Signed **[Signature]**
(Skagit County Deputy Registrar) 003 (8/96)

Date **MAR 20 1998**

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NAME OF THE PERSON (FIRST & LAST)		MIDDLE		DATE OF BIRTH		AFFIDAVIT NUMBER	
STATE OFFICE USE ONLY				STATE OFFICE USE ONLY			
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		DATE FILE NUMBER		DATE FILED		COUNTY	
I REPRESENT THE PERSON AS (FATHER, MOTHER, GUARDIAN, ETC.) SPECIFY				I REPRESENT (FATHER, MOTHER, GUARDIAN, ETC.) SPECIFY			
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS				THE TRUE FACT IS			
1				1			
2				2			
3				3			
4				4			
PHONE NUMBER							
SIGNATURE							
DATE							

All vital records requested as received. Charges must be paid by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate may be returned within 30 days of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- The proof must match exactly the essential true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name as Mary Ann Doe. Mrs. A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof of the name must be five or more years old, while proof of the date of birth or ages must have been established within five years of birth.
- Examples of documents of proof:

Duplication Certificate	Marriage Record	School Record
Census Record	Medical Record	Driver's Registration Card
Hospital Record	Military Record (DD-131)	1940 Census (selective dates)
Insurance Records	Yearly Child Birth Record	Birth
- Surname changes require a certified copy of a court-ordered name change, except for minor spelling changes may be made with an affidavit and documentary proof.
- Parents may change their child's first or middle name with only their signature and the child's birth initials.
- This affidavit cannot be used to add a father to a birth certificate.

Death Certificates

- Only the informant, the funeral director or sworn medical examiners of evidence confirming such position is presented may change the non-medical information.
- The medical information on cause of death may be changed only by the attending physician, pathologist or medical examiner.

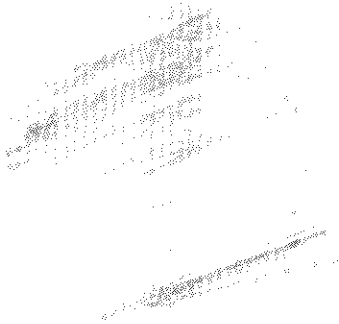
Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in birth proof.
- Divorce certificate is not a legal document, the only legal document is the court official certificate with the affidavit.

Please send the provider and this form certificate to:

Wm. Cargenous
 Center for Health Statistics
 1117 Commerce Street South
 P.O. Box 5799
 Columbia, WA 99707-5799

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



STATE OF WASHINGTON DEPARTMENT OF HEALTH



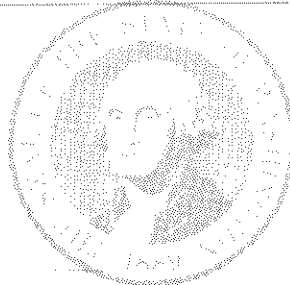
CERTIFICATE OF DEATH

92-03
LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME — First Middle Last NELS MIKKEL LUNDE			2. SEX (M, F) Male		3. DEATH DATE (Mo, Day, Yr) January 31, 2003		
4. AGE LAST BIRTHDAY (Yrs) 88		5. UNDER 1 YEAR MCS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Jul 2, 1914		8. BIRTHPLACE (City, State or Foreign Country) Minnesota	
11. CITY/TOWN OR LOCATION OF DEATH Marblemount			12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 60581 Highway 20			13. SMOKING IN LAST 15 YEARS? (Yes/No) No	
14. MARITAL STATUS — Married Never married Widowed Divorced (Specify)		15. SURVIVING SPOUSE (if wife give maiden name)		16. SOCIAL SECURITY NO. 534-07-3231		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+)	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RESERVE)		19. KIND OF BUSINESS OR INDUSTRY Dairy Product		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban Mexican Puerto Rican etc.) No		21. RACE (Specify) Caucasian	
22. RESIDENCE — NUMBER AND STREET 60581 Highway 20		23. CITY/TOWN, OR LOCATION Marblemount		24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 28 yrs		26. STATE WA		27. ZIP CODE 98267			
28. FATHER'S NAME — FIRST MIDDLE LAST Mikkel Bakken Lunde				29. MOTHER'S NAME — FIRST MIDDLE MAIDEN SURNAME Marie Saier			
30. INFORMANT — NAME Gretchen Lunde Stewart			31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP PO Box 31 Marblemount, WA 98267				
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		33. DATE (Mo, Day, Yr) Feb 6, 2003		34. CEMETERY/CREMATORY — NAME Bow Cemetery		35. LOCATION — CITY/TOWN, STATE Bow, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Lemley Chapel Inc. 1008 Third St Sedro-Woolley, WA 98284					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
38. 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 <i>[Signature]</i> X				43. ON THE BASIS OF EXAMINATION AND/OR GIVE SITUATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 1-31-03		41. HOUR OF DEATH (24 Hrs) 0045		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier Type or Print) Stephen Aldrich, M.D.				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) Wayne S. Martin, M.D. 1030 E. Fairhaven Blvd Burlington, WA 98233				49. ME/CORONER FILE NUMBER NJA-033			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. CONGESTIVE HEART FAILURE				INTERVAL BETWEEN ONSET AND DEATH SEVERAL YEARS	
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.		B. CORONARY ARTERY DISEASE				INTERVAL BETWEEN ONSET AND DEATH YEARS	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Use Abbrev)						52. AUTOPSY? (Yes/No) No	
53. PERIPHERAL VASCULAR INSUFFICIENCY						54. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HOMICIDE, 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) — TEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE X Dorothy Eppe, deputy		63. DATE RECEIVED (Mo, Day, Yr) FEB - 5 2003			



Affidavit for Correction

Center for Health Statistics
211 1st St
Olympia, WA 98501-9910
360-336-4242

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

STATE OFFICE USE ONLY

State File Number	File Number	Event	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type	<input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on Record	2. Date of Event	3. Place of Event (City or County)
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4. Father's Full Name (For Birth) / Husband for Marriage or Dissolution	5. Mother's Full Name (For Birth) / Wife for Marriage or Dissolution
---	--

The Record is Incorrect or Incomplete as follows:

6. The Record here shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

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

15. Signature	16. Date	17. Address
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All vital records are registered as received. An item may be changed by affidavit only when documentation changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued or you will receive a replacement copy, free of charge.

All changes must be established by documentary proof submitted with the affidavit. Examples of documentary proof: Certificate of Marriage, Hospital Records, Insurance Records, Managerial Director Records, Marriage License, Birth Record, School Record, Voters Registration Card (if it bears an effective date), Alien Registration Card (front and back).

Birth Certificates

- Only the parent, legal guardian of the child, or either parent if the child is under 18 may change the birth certificate.
- The proof(s) must match exactly the original you want. For example, if the full name was Mary Ann Doe, then the proof must show the name as Mary Ann Doe, Mary A. (Use M.A. Do not use her initials, name, etc.).
- Proof must be five (5) years old or have been established within five years of the date of the original certificate.
- Up to age one, the parents or legal guardian may change the child's name without court order if the following conditions are provided:
 - This is a one-time only change to a required change and requires a certified copy of a court order for a name change.
 - The new name must be the mother's maiden name, or father's name of parent, or the child's name, or any combination of the two.
 - After age one, last name changes require a certified copy of a court order for name change. Name changes after age one may be made with an affidavit and documentary proof.
- Parents may change their child's first or middle names by completing and signing an affidavit for the change until their child's 18th birthday.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DOH-021)

Death Certificates

- Only the informant, the funeral director, or a close relative of the decedent (for non-medical information) may change the non-medical information.
- The non-medical information to places of death may be changed only by the medical director or a funeral director.
- If a less than sixty days from date of death please contact the county health department where the death occurred for changes.

Marriage/Dissolution (Divorce) Certificates

- Personal (and/or) lower case letters in name, date or place of birth or residence may be changed by affidavit if provided by the person.
- To change the date or place of marriage or dissolution, the affidavit must include a date of divorce or dissolution filed in the court.

917-360-4242

CERTIFIED

FEB 05 2003

Howard Leibrand
Skagit County Health Department
Howard Leibrand M.D., Health Officer
KK00056067