

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
PO Box 1788  
Mount Vernon, WA 98273  
(360) 336-6587



Skagit County Auditor \$79.00  
7/20/2017 Page 1 of 7 12:56PM

**QUIT CLAIM DEED**

THE GRANTOR, LORETTA WETSCH, surviving spouse of TONY A. WETSCH (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit in Support of Community Property, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(h)), conveys and quit claim to GRANTEE, LORETTA WETSCH, a single person as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

TPN: 3739-001-007-0102 (P53447)

The East 116 feet of Lot 7, Block 1, "MCLEAN'S THIRD STREET ADDITION TO MT. VERNON", as per Plat recorded in Volume 3 of Plats, page 66, Records of Skagit County, Washington. Situate in the City of Mount Vernon, County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, assessments, easements and rights of way and zoning ordinances of record, if any, enforceable in law and equity.

Dated the 13<sup>th</sup> day of July, 2017.

  
LORETTA WETSCH,  
Surviving spouse

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

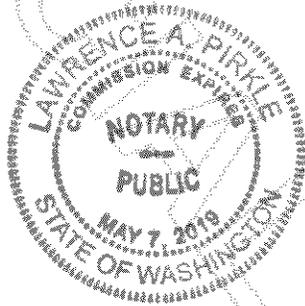
20173324  
JUL 20 2017

Amount Paid \$  
Skagit Co. Treasurer  
By MB Deputy

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that LORETTA WETSCH is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 13<sup>th</sup> day of July, 2017.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My appointment expires: 5/7/19



SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

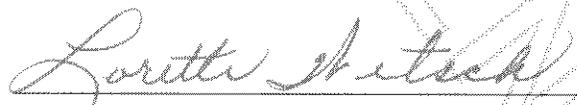
SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
LORETTA WETSCH 1805 S. 3rd Mount Vernon, WA 98273	Spouse	Legal
PEGGY M. WELLS 16506 Spruce Way, Unit B Lynnwood, WA 98037	Daughter	Legal
KATHERINE A. HANSEN 18706 Blackberry Lane Mount Vernon, WA 98274	Daughter	Legal
ANTHONY J. WETSCH 1805 S. 3rd Mount Vernon, WA 98273	Son	Legal
JEFFREY A. WETSCH 1519 Fowler Mount Vernon, WA 98273	Son	Legal

EIGHTH, I LORETTA WETSCH, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(6)(h).

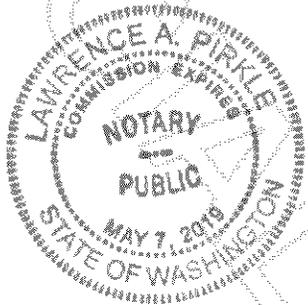
DATED this 13th day of July, 2017.

  
LORETTA WETSCH

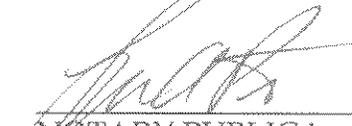
STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that LORETTA WETSCH is the individual who appeared before me, and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 13th day of July, 2017.



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Residing at Mount Vernon  
My appointment expires: 5/7/19

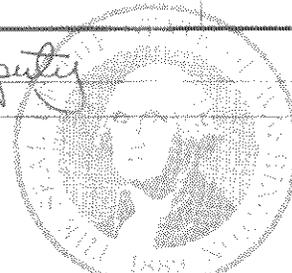
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **554-08**

## Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any): First Middle LAST Suffix <b>Anthony Adolf Wetsch</b>				2. Death Date <b>06/29/2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>73</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>New Salem</b>	8b. (State or Foreign Country) <b>North Dakota</b>		9. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence (Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1805 S. 3rd St.</b>				13b. City or Town <b>Mount Vernon</b>	
13c. Residence County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98273</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>42 Years</b>	15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's Name (Give name prior to first marriage) <b>Loretta Krumm</b>			
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE KEYWORDS)			18. Kind of Business/Industry (Do not use Company Name) <b>Flooring</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>John Wetsch</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ida [REDACTED]</b>		
21. Informant's Name <b>Loretta Wetsch</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: (House and Boxes or P.O. No.) (City or Town) State Zip <b>Mount Vernon WA 98273</b>		
24. Place of Death, if Death Occurred in a Hospital. <b>Residence</b>			25. Facility Name (if not a facility, give number & street or location) <b>1805 S. 3rd St.</b>		
26a. City, Town, or Location of Death <b>Mount Vernon</b>		26b. State <b>WA</b>	27. Zip Code <b>98273</b>		
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Hawthorne Memorial Park</b>		30. Location-City/Town, and State <b>Mount Vernon, WA</b>	
31. Name and Complete Address of Funeral Facility <b>Hawthorne Funeral Home 1825 E. College Way Mount Vernon WA 98273-0398</b>				32. Date of Disposition <b>July 2, 2008</b>	
33. Funeral Director Signature X <i>[Signature]</i>					
<b>Cause of Death (See instructions and examples)</b>					
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <b>Metastatic pancreatic cancer</b>		Interval between Onset & Death <b>4 m</b>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. _____		Interval between Onset & Death	
		c. _____		Interval between Onset & Death	
		d. _____		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury to (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury, Number & Street				46. Describe how injury occurred	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician <i>[Signature]</i>			48b. Medical Examiner/Coroner <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Robert Raish, Dr. 307 S. 13th St Mount Vernon, WA 98274-</b>				50. Hour of Death (24hrs) <b>0230</b>	
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>July 01, 2008</b>	
53. Title of Certifier <b>Dr.</b>	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <b>JUL -2 2008</b>	
59. Amendments					



DOH/CHS 003 Rev 2006/2004

Affidavit for Correction

I, the undersigned, being duly sworn, depose and say that the above is a true and correct copy of the original as the same appears in the records of the County of Santa Clara.

I, the undersigned, depose and say that the above is a true and correct copy of the original as the same appears in the records of the County of Santa Clara.

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

Notary Public for the State of California

My Commission Expires \_\_\_\_\_

**Dissolution**

Case No. \_\_\_\_\_ (County of Santa Clara)

Case No. \_\_\_\_\_ (County of Santa Clara)

The True Fact is \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

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Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

**CERTIFIED\***

JUL 02 2008

*Howard Colbrand*  
County Public Health Department  
Howard Colbrand, M.D., Health Officer

PP00518588

UNOFFICIAL DOCUMENT