



201708080020

Skagit County Auditor  
8/8/2017 Page

1 of

\$78.00

5 11:46AM

When recorded return to:

### QUIT CLAIM DEED

THE GRANTOR(S) *Helen K. Montgomery surviving spouse  
of Delbert L. Bargewell (deceased)*

for and in consideration of  
*inheritance*

in hand paid, conveys and quit claims to  
*Helen K. Montgomery*

the following described real estate, situated in the County of *Skagit*, State of Washington

together with all after acquired title of the grantor(s) herein: *see attached*

Abbreviated Legal: (Required if full legal not inserted above.)

*# 97049 AF9810010056 Lot C, Short Plat Located in NW 1/4 SE 1/4*

Tax Parcel Number(s): *113672*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
*20173680*  
AUG 8 2017

LFB 12-05(i) rev 12/2006  
Page 1 of 2

Amount Paid \$ *0*  
Skagit Co. Treasurer  
By *HB* Deputy

Dated:

August 8, 2017

*[Handwritten signature]*

STATE OF  
COUNTY OF

ss.

I certify that I know or have satisfactory evidence that

*Helen Montgomery*

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that

signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

8.8.17

*Dan Bush*

*[Handwritten signature]*

Notary name printed or typed:

Notary Public in and for the State of *Washington*

Residing at *Skipt County*

My appointment expires: *2-26-2020*



Exhibit A

Lot C, Short Plat No. 97-0049, approved October 1, 1998, recorded October 1, 1998 in Volume 13 of Short Plats, pages 163 and 164, under Auditor's File No. 9810010056 and being a portion of the Northwest 1/4 of the Southeast 1/4, Section 20, Township 35 North, Range 3 East, W.M.

TOGETHER WITH a non-exclusive easement for ingress, egress and utilities over and across the North 60 feet of that portion of the Southeast 1/4 of Section 20, Township 35 North, Range 3 East, W.M., lying between the East line of the above described West 676 feet and the West line of the County road which runs along the East line of said Southeast 1/4.

ALSO TOGETHER WITH a non-exclusive easement for ingress, egress, drainage and utilities over, under and across that portion of Lot B of said Short Plat No. 97-0049 delineated as "Bisquet Ridge Lane" on the face of said Short Plat.

Situate in the County of Skagit, State of Washington.

Schedule "B-1"

P-102463-B

EXCEPTIONS:

A. AN EASEMENT AFFECTING THE PORTION OF SAID PREMISES AND FOR THE PURPOSES STATED HEREIN, AND INCIDENTAL PURPOSES, AS RESERVED IN INSTRUMENT HEREIN SET FORTH:

For: Ingress and egress
Reserved By: Pete Stappess and Opal Stappess, husband and wife
Instrument: Deed dated January 28, 1959, recorded February 9, 1959, under Auditor's File No. 576292
Affects: 60 foot easement portion described in the caption herein

B. AGREEMENT AND THE TERMS AND CONDITIONS THEREOF:

Between: Leif Burkland and Viola Burkland, husband and wife
And: Malvert Lee Hampel and Vicki Ann Hampel, husband and wife
Dated: May 24, 1984
Recorded: May 30, 1984
Auditor's No.: 8405300051
Regarding: Maintenance of road

C. EASEMENT AND THE TERMS AND CONDITIONS THEREOF:

Grantee: Puget Sound Power & Light Company, a Washington corporation
Purpose: One or more electric transmission and/or distribution lines
Area Affected: 60 foot easement portion described in the caption herein
Dated: May 26, 1993
Recorded: June 1, 1993
Auditor's No.: 9306010064

D. EASEMENT AND TERMS AND CONDITIONS THEREOF:

Disclosed By: Short Plat
Purpose: Ingress, egress, drainage and utilities
Area Affected: West 20 feet and portion of cul-de-sac of Bisquet Ridge Lane.

F. Covenant to bear equal share in the cost of construction or repair of Bisquet Ridge Lane. Easement for which was granted over adjacent property by instrument recorded under Auditor's No. 9810010057.

G. AGREEMENT FOR REPAIR OF COMMON EASEMENT AND THE TERMS AND CONDITIONS THEREOF:

Between: Marlen L. Knutson, et al
And: Mark A. Burrington, et al
Recorded: April 15, 1997
Auditor's No.: 9704150056
Affects: Bisquet Ridge Lane



20020300035
Skagit County Auditor

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/15/2017  
FEE NUMBER:

CERTIFICATE NUMBER: 2017-012271

FIRST AND MIDDLE NAME(S): DELBERT LLEWELLYN  
LAST NAME(S): BARGEWELL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 10, 2017  
HOUR OF DEATH: 03:03 AM  
SEX: MALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ANACORTES, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: HELEN KATHLEEN MONTGOMERY

OCCUPATION: TEACHER  
INDUSTRY: PUBLIC SCHOOLS  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: YES

INFORMANT: HELEN KATHLEEN MONTGOMERY  
RELATIONSHIP: WIFE  
ADDRESS: 13510 BISQUET RIDGE LANE, BOW, WA 98232

CAUSE OF DEATH:  
A: ALZHEIMER'S DEMENTIA  
INTERVAL: YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION,  
ANOREXIA

DATE OF INJURY:  
HOUR OF INJURY: UNKNOWN  
INJURY AT WORK: UNKNOWN  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 13510 BISQUET RIDGE LANE  
CITY, STATE, ZIP: BOW, WASHINGTON 98232

RESIDENCE STREET: 13510 BISQUET RIDGE LANE  
CITY, STATE, ZIP: BOW, WASHINGTON 98232  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER/PARENT: HERBERT BARGEWELL  
MOTHER/PARENT: ETHEL [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: MARCH 15, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: MARCH 14, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: MARCH 14, 2017



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

### Required information must match current information on record

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	
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 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

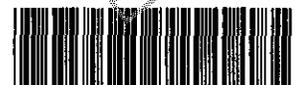
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# \*CERTIFIED\*

## MAR 15 2017

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



0 1 4 3 8 5 6 6