



Skagit County Auditor

\$78.00

9/22/2017 Page

1 of

5 2:49PM

PREPARED BY:

Mark L. Norton
5705 Lakewood Road
Stanwood, WA 98292

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

Mark L. Norton
5705 Lakewood Road
Stanwood, WA 98292

MAIL TAX STATEMENTS TO:

Mark L. & Darcel D. Norton
5705 Lakewood Road
Stanwood, WA 98292

2017 4491
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 22 2017

Amount Paid \$ 13⁹⁰
Skagit Co. Treasurer
By *mf* Deputy

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

GENERAL WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS GENERAL WARRANTY DEED, made and entered into on the 28th day of AUGUST, 20 17, between Kiyo or Eugene A. Danielson, a single person, whose address is 10415 130th NE, Kirkland, Washington 98033 ("Grantor"), and Mark L. Norton, whose address is 5705 Lakewood Road, Stanwood, Washington 98292, and Darcel D. Norton, whose address is 5705 Lakewood Road, Stanwood, Washington 98292, a married couple ("Grantees").

For and in consideration of the sum of \$500, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby Grants, Bargains, Sells, and Conveys with general warranty covenants to Grantees, as Tenants in Common, the property located in Skagit County, Washington, described as:

Cascade River Park No 3 Lt 27 (Parcel P63900)

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Subject to existing taxes, assessments, liens, encumbrances, covenants, conditions, restrictions, rights of way and easements of record the Grantor hereby covenants with the Grantees that the Grantor is lawfully seized in fee simple of the above granted premises and has good right to sell and convey the same, and that the Grantor, Grantor's heirs, executors and administrators shall warrant and defend the title unto the Grantees, Grantees' heirs and assigns against all lawful claims whatsoever.

Tax/Parcel ID Number: 63900

IN WITNESS WHEREOF the Grantor has executed this deed on the 28th day of AUGUST, 2017.

08/28/17
Date

Kiyor Eugene A. Danielson
Kiyor Eugene A. Danielson, Grantor

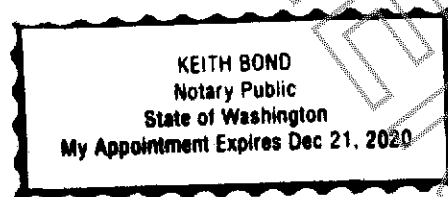
State of WA
County of King

I certify that I know or have satisfactory evidence that Kiyor Eugene A. Danielson is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 08/28/17
Keith Bond
Signature of Notary Public

Title: Notary Public
My appointment expires: 12/21/2020

(Seal or Stamp)



UNOFFICIAL DOCUMENT

IN WITNESS WHEREOF the Grantees have executed this deed on the 15TH day of September, 2017

15 Sep 2017
Date

Mark L. Norton, Grantee

15 SEP 17
Date

Darcel D. Norton, Grantee

State of WASHINGTON
County of KING

I certify that I know or have satisfactory evidence that MARK NORTON / DARCEL NORTON is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 9/15/2017

Pendora Shumate
Signature of Notary Public

Title: NOTARY

My appointment expires: 10/19/2017

(Seal or Stamp)



**CERTIFIED
COPY**



Superior Court of Washington
County of King

FILED
DEC 21 2000
Superior Court Clerk
KING COUNTY, WASH.

IN RE THE ESTATE OF

EUGENE A. DANIELSON

00-4-05758-7 SEA

NO: _____

LETTERS TESTAMENTARY

DECEASED

The last will of the above named decedent was duly exhibited, proven and filed on DEC 21 2000. It appears in and by said will that:

KIYO S. DANIELSON

is named Executor(s) and by order

of this court is authorized to execute said will according to law.

WITNESS my hand and seal of said Court: DEC 21 2000

PAUL L. SHERFEY
King County Superior Court Clerk

By: [Signature], Deputy Clerk

PAUL M. DEALTA-CLARK

STATE OF WASHINGTON)
County of King)

I, PAUL L. SHERFEY, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle on this date _____.

STATE OF WASHINGTON } ss.
County of King }

PAUL L. SHERFEY, Superior Court Clerk

By: _____, Deputy Clerk

I, BARBARA MINER, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle this _____ day of SEP 06 2017 20____.

BARBARA MINER Superior Court Clerk

By: [Signature]
Deputy Clerk



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

U11227

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: EUGENE Middle: ARNOLD Last: DANIELSON				2. SEX (M / F) MALE		3. DEATH DATE (Mo, Day, Yr) NOV. 20, 2000		
4. AGE LAST BIRTHDAY (Yrs) 81		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) [REDACTED]		8. BIRTHPLACE (City, State or Foreign Country) ABERDEEN, WA		
11. CITY, TOWN OR LOCATION OF DEATH KIRKLAND				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RMOUPT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 10415 130TH AVE NE			13. SMOKING IN LAST 15 YEARS? (Yes / No) NO	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) KIYO S. SAKIYAMA		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 2		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) ELECTRICIAN		19. KIND OF BUSINESS OR INDUSTRY ELECTRICAL		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 10415 130TH AVE NE		23. CITY/TOWN OR LOCATION KIRKLAND		24. INSIDE CITY (LIMITS?) YES		25A. COUNTY KING		
				25B. LENGTH OF RES. IN CO. 50 YRS		26. STATE WA		
						27. ZIP CODE 98033		
28. FATHER'S NAME — FIRST, MIDDLE, LAST EDWARD DANIELSON				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME LULU [REDACTED]				
30. INFORMANT — NAME MARGARET DANIELSON (DTR)				31. MAILING ADDRESS — STREET OR RFD NO. CITY OR TOWN STATE ZIP 10638 134TH AVE NE KIRKLAND WA 98033				
32. BURIAL CREMATION REMOVAL, OTHER (Specify) CREMATION		33. DATE (Mo, Day, Yr) NOV 28, 2000		34. CEMETERY/CREMATORY — NAME SUNSET CREMATORY		35. LOCATION — CITY/TOWN, STATE BELLEVUE, WA		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY GREEN FUNERAL HOME		38. ADDRESS OF FACILITY 400 STATE STREET, KIRKLAND, WA 98033				
39. 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 X <i>[Signature]</i> 40. DATE SIGNED (Mo, Day, Yr) 11/22/00				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) 11/22/00				
41. HOUR OF DEATH (24 Hrs) 2325 HRS				45. HOUR OF DEATH (24 Hrs) 2325 HRS				
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JOHN KASCHKO, MD, 2701 156TH AVE NE #A, REDMOND, WA 98052				46. PROVOINCED DEAD (Mo, Day, Yr) NO				
47. HOUR PRONOUNCED DEAD (24 Hrs) NO				48. ME/CORONER FILE NUMBER NJA 4409-00				
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.		A. Coronary Heart failure				INTERVAL BETWEEN ONSET AND DEATH		
		B. Atherosclerotic coronary disease				INTERVAL BETWEEN ONSET AND DEATH		
		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: Diabetes, Cerebrovascular disease				52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES		
54. ACC, SUICIDE, HOMICIDE, UNDETERMINED 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 REVIEWED BY DATE				62. SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo, Day, Yr) NOV 27 2000		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-15)

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.