

**When recorded return to:**

Johanne M. Brautaset  
22166 State Route 9  
Mount Vernon, WA 98274



201710020224

Skagit County Auditor

\$79.00

10/2/2017 Page

1 of

6 2:39PM

Escrow Number: JM1957

**QUIT CLAIM DEED**

THE GRANTOR JOHANNE M. BRAUTASET AS SURVIVING SPOUSE OF JENS BRAUTASET for and in consideration of conveyance of Community Property conveys and quit claims to JOHANNES M. BRAUTASET, A SINGLE WOMAN, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

That portion of the Southwest ¼ of the Southeast ¼ of Section 24, Township 33 North, Range 4 East, W.M. as more fully described on Exhibit "A" hereto.

SUBJECT TO MATTERS OF RECORD.

Tax Parcel Number(s): P115882 and P17181.

Dated: October 2, 2017.

Johanne M. Brautaset

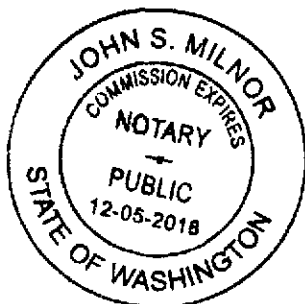
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20174653  
OCT 02 2017

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

State of Washington }  
County of Skagit } SS:

I certify that I know or have satisfactory evidence that Johanne M. Brautaset 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 this instrument.

Dated: October 2, 2017



*John S. Milnor*  
John S. Milnor  
Notary Public in and for the State of Washington  
Residing at: Mount Vernon  
My appointment expires: December 5, 2018

Exhibit "A"

The Southwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$  of Section 24, Township 33 North, Range 4 East, W.M., EXCEPT that portion thereof described as follows:

Begin at the Northeast corner of said Southwest  $\frac{1}{4}$  of the Southeast  $\frac{1}{4}$ ; Thence South  $00^{\circ} 39' 02''$  West along the East line thereof, as shown on Record of Surveys filed in Volume 13 of Surveys on Page 43, records of Skagit County, a distance of 450.00 feet; thence North  $30^{\circ} 42' 29''$  West, a distance of 320.00 feet; thence North  $44^{\circ} 55' 20''$  East, a distance of 144.69 feet; thence North  $00^{\circ} 33' 45''$  East, a distance of 75.00 feet to a point on the North line of said subdivision, lying 270.00 feet from the Point of Beginning; thence South  $89^{\circ} 26' 15''$  East, a distance of 270.00 feet to the Point of Beginning.

TOGETHER WITH a 60-foot wide non-exclusive easement for ingress, egress and utilities as set forth on "Contract Of Sale" attached to Statutory Warranty Deed recorded April 2, 1990 as Auditor's File No. 9004020057 and as more particularly described on "Addendum No. 1 to Contract of Sale dated 16 February 1990" recorded July 30, 1996 as Auditor's File No. 96073001123

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COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 9 day  
of May, 1978, by and between JENS BRAUTASET and JOHANNE M.  
BRAUTASET, husband and wife, of Edmonds, Washington, pursuant  
to the provisions of Section 26.16.120, Revised Code of  
Washington, providing for agreements between husband and wife  
for the fixing of the status and disposition of community  
property to take effect upon the death of either, Witnesseth:

That, in consideration of the love and affection that  
each of said parties has for the other, and in consideration  
of the mutual benefits to be derived by the parties hereto,  
it is hereby agreed, covenanted and promised as follows:

First: That all property of whatsoever nature or  
description whether real, personal or mixed and wheresoever  
situated, now owned or hereafter acquired by them or either  
of them, shall be considered and is hereby declared to be  
community property.

Second: That upon the death of either of the parties  
hereto, title to all community property as defined in the  
preceding paragraph shall immediately vest in fee simple in  
the survivor of them.

IN WITNESS WHEREOF, the said JENS BRAUTASET and JOHANNE  
M. BRAUTASET have hereunto set their hands and seals this  
9 day of May, 1978.

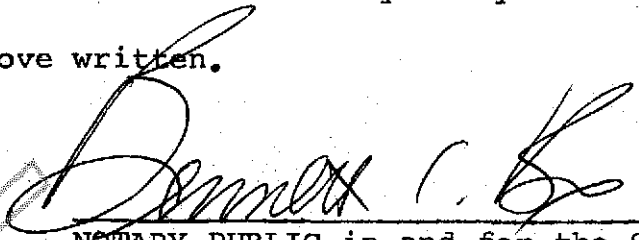
  
JENS BRAUTASET

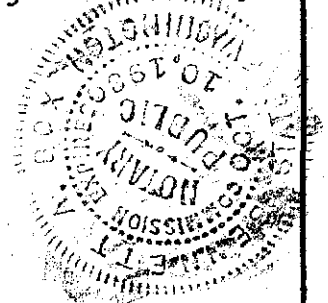
  
JOHANNE BRAUTASET

1 STATE OF WASHINGTON )  
2 ) ss.  
3 COUNTY OF SNOHOMISH )

4 This certifies that on this 9 day of May, 1978,  
5 personally appeared before me JENS BRAUTASET and JOHANNE  
6 BRAUTASET, to me known to be the individuals who executed the  
7 foregoing instrument, and acknowledged the same as their free  
8 and voluntary act and deed for the uses and purposes therein  
9 mentioned.

10 WITNESS my hand and official seal the day and year in  
11 this certificate first above written.

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15 NOTARY PUBLIC in and for the State  
16 of Washington, residing at Edmonds.  
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-040599

LOCAL FILE NUMBER: 3678

DATE ISSUED: 09/25/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JENS  
LAST NAME(S): BRAUTASET

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: SEPTEMBER 17, 2017  
HOUR OF DEATH: 09:10 PM

SEX: MALE AGE: 90 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ORSTA NORWAY

MARITAL STATUS: MARRIED  
SPOUSE: JOHANNE VATNE

OCCUPATION: CIVIL ENGINEER  
INDUSTRY: CONSULTING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: PER BRAUTASET  
RELATIONSHIP: SON  
ADDRESS: 2821 2ND AVE. #2103, SEATTLE, WA 98121

CAUSE OF DEATH:  
A: SEVERE SEPSIS  
INTERVAL: DAYS  
B: ASPIRATION PNEUMONIA  
INTERVAL: DAYS  
C: DIASTOLIC CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL  
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER  
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 22166 STATE ROUTE 9  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 21 YEARS

FATHER/PARENT: PETTER BRAUTASET  
MOTHER/PARENT: PERNILLE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: SEPTEMBER 21, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

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: MARGARET A. MULLIN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1700 13TH STREET  
CITY, STATE, ZIP: EVERETT, WA 98201  
DATE SIGNED: SEPTEMBER 20, 2017

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

LOCAL DEPUTY REGISTRAR: JESSICA L. DYKSTRA  
DATE RECEIVED: SEPTEMBER 20, 2017



# 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
<b>Required information must match current information on record</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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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

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

**\*CERTIFIED\***

SEP 25 2017

*Howard Lebrand*

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



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