

When recorded return to:

VIVIAN E MEYER
1606 ANACO BEACH ROAD
ANACORTES, WA 98221-3164



Skagit County Auditor
10/18/2017 Page

1 of

4

\$77.00
1:31PM

QUIT CLAIM DEED

THE GRANTOR
VIVIAN E. MEYER, INDIVIDUALLY AND SURVIVING
SPOUSE OF ALAN P. MEYER
for and in consideration of
DEATH OF SPOUSE, ALAN P. MEYER

conveys and quit claims to

VIVIAN E MEYER, AS HER SEPARATE ESTATE
the following described real estate, situated in the County of SKAGIT, State of Washington.

SEE EXHIBIT A ATTACHED

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

PTN. TRACT A AND LOT 41, "SKYLINE NO. 3"

Tax Parcel Number(s):

P59214, 3819-000-108-0014

Dated:

OCTOBER 17, 2017

Vivian E Meyer

State of Washington }
County of Skagit } SS:

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

Dated: 10/17/17

Robin J Barefield

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20174008
OCT 18 2017

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

Notary Public in and for the State of Washington
Residing at: Anacortes
My appointment expires: 3/9/19

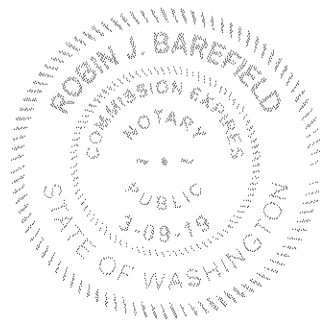


Exhibit 'A'

Parcel "A":

Tract A, "SKYLINE NO. 3", according to the plat thereof recorded and 55, records of Skagit County, Washington.

Parcel "B":

That portion of Lot 41, "SKYLINE NO. 3", according to the plat th Plats, pages 54 and 55, records of Skagit County, Washington, desc

Commencing at the North corner of said Lot 41; thence Southerly 1 of said lot, which is 58.91 feet Southeasterly of the Southerly come NO. 3"; thence Northwesterly along the Southwesterly line of Lot Southerly corner of Tract A; thence North $36^{\circ}13'49''$ East, 90.77 1

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 119-11 Washington State Certificate of Death State File Number _____

1. Legal Name (Section 40A's parts 1, First Middle Last) Alan Patrick Meyer 2. Death Date Feb 14, 2011

3. Sex (M/F) M 4a. Age - Last Birthday 65 4b. Under 1 Year Months 4c. Under 1 Day Hours 5. Social Security Number [REDACTED] 6. County of Death Skagit

7. Birthdate [REDACTED] 8a. Birthplace (City, Town, or County) Vancouver, BC 8b. (State or Foreign Country) Canada 9. Decedent's Education Some college, no degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s) Caucasian 12. Was Decedent ever in U.S. Armed Forces? Yes

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1606 Anaco Beach Road 13b. City or Town Anacortes

13c. Residence: County Skagit 13d. Final Reservation Name (if applicable) Washington 13e. State or Foreign Country Washington 13f. Zip Code + 4 98221 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence 4 Years 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Vivian Elaine [REDACTED]

17. Usual Occupation (Indicate type of work done during most of working life. Do not use RETIRED) Owner/Operator 18. Kind of Business/Industry (Do not use Company Name) Moving Services

19. Father's Name (First, Middle, Last, Suffix) Ernest Alan Meyer 20. Mother's Name Before First Marriage (First, Middle, Last) Sybil Ena [REDACTED]

21. Informant's Name Vivian E. Meyer 22. Relationship to Decedent Wife 23. Mailing Address (Number and Street or RFD No. City or Town State Zip) 1606 Anaco Beach Road Anacortes WA 98221

24. Place of Death, if Death Occurred in a Hospital Decedent's Residence (Place of Death if Death Occurred Somewhere Other than a Hospital)

25. Facility Name (If not a hospital, specify type of facility) 1606 Anaco Beach Road 26a. City, Town, or Location of Death Anacortes 26b. State WA 27. Zip Code 98221

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of facility, cemetery, other place) Northwest Crematory 30. Local (City/Town) and State Anacortes, Washington

31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street, Anacortes Washington 98221 32. Date of Disposition Feb 16, 2011

33. Funeral Director Signature X [Signature]

34. Enter the chain of events - 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. MYOASTATIC PARANOTIC CA Interval between Onset & Death 7 days

Sequentially list cond. cons. 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? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending

39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy) _____ 42. Hour of injury (24hrs) _____ 43. Place of injury (e.g., Decedent's home, construction site, restaurant, wooded area) _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street _____ Apt. No. _____

City or Town _____ County _____ State _____ Zip Code + 4 _____

46. Describe how injury occurred _____

47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify) _____

48a. Certifying Physician: (If the physician is deceased, please indicate the date of death and the name of the physician's estate.) Oliver L. Stalsbrotten, M.D.

48b. Medical Examiner/Coroner: (If the medical examiner or coroner is deceased, please indicate the date of death and the name of the medical examiner or coroner's estate.) _____

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Oliver L. Stalsbrotten, M.D. 2511 M Avenue, Suite B Anacortes, WA 98221

50. Hour of Death (24hrs) 2021

51. Name and Title of Attending Physician if other than Certifier (Type or Print) _____

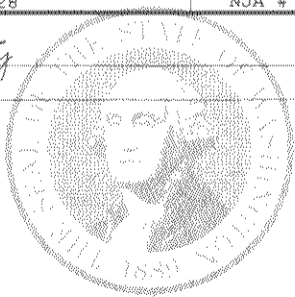
52. Date Signed (mm/dd/yyyy) Feb 16, 2011

53. Title of Certifier Dr. 54. License Number MD00018028 55. ME/Coroner File Number NJA # 083 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature [Signature] Deputy

58. Date Received (mm/dd/yyyy) FEB 16 2011

59. Amendments _____



DOH/DHS 003 Rev 01/09/07

DOH 01-003 (6/10)

UNRECORDED

Affidavit for Correction

This record is to be corrected only and do not alter
OFFICE USE ONLY

Use this form to correct any changes on the record

10. Name	11. Sex	12. Race	13. Birth date	14. Birth place	15. Birth certificate number	16. Date of birth	17. Date of death	18. Cause of death	19. Date of burial	20. Burial place	21. Date of cremation	22. Cremation place	23. Date of interment	24. Interment place	25. Date of inhumation	26. Inhumation place	27. Date of exhumation	28. Exhumation place	29. Date of reinterment	30. Reinterment place	31. Date of removal	32. Removal place	33. Date of return	34. Return place	35. Date of identification	36. Identification place	37. Date of identification	38. Identification place	39. Date of identification	40. Identification place	41. Date of identification	42. Identification place	43. Date of identification	44. Identification place	45. Date of identification	46. Identification place	47. Date of identification	48. Identification place	49. Date of identification	50. Identification place	51. Date of identification	52. Identification place	53. Date of identification	54. Identification place	55. Date of identification	56. Identification place	57. Date of identification	58. Identification place	59. Date of identification	60. Identification place	61. Date of identification	62. Identification place	63. Date of identification	64. Identification place	65. Date of identification	66. Identification place	67. Date of identification	68. Identification place	69. Date of identification	70. Identification place	71. Date of identification	72. Identification place	73. Date of identification	74. Identification place	75. Date of identification	76. Identification place	77. Date of identification	78. Identification place	79. Date of identification	80. Identification place	81. Date of identification	82. Identification place	83. Date of identification	84. Identification place	85. Date of identification	86. Identification place	87. Date of identification	88. Identification place	89. Date of identification	90. Identification place	91. Date of identification	92. Identification place	93. Date of identification	94. Identification place	95. Date of identification	96. Identification place	97. Date of identification	98. Identification place	99. Date of identification	100. Identification place
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CERTIFIED

FEB 23 2011

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

JU000005483

UNOFFICIAL DOCUMENT