



201712190099

Skagit County Auditor 12/19/2017 Page 1 of 6 \$79.00 2:07PM

When recorded return to:

Marian K. Butler
31704 cedar flats LN
Sedro Woolley, WA 98284

QUIT CLAIM DEED

THE GRANTOR(S) Marian K. Butler surviving spouse of James P. Butler deceased

for and in consideration of Inheritance

in hand paid, conveys and quit claims to Marian K. Butler

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:

Including Manufactured Home 199 KIT NO. 1071 Serial Number 601793251300

Tract 3 REVISED SKAGIT COUNTY SHORT PLAT NO. 40-79, approved January 11, 1982, And recorded January 11, 1982, in volume 5 of short plates, page 161, under Auditor's File No. 8201110028, records of Skagit County, Washington; being a portion of the North Half Of the Southeast Quarter of Section 8, Township 35 North, Range 6 East of the Willamette Meridian.

Situated in Skagit County, Washington

Tax Parcel Number(s): 350608-4-004-0011

40872

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20175867
DEC 19 2017

Dated:

12-19-17

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

Marian K Butler

Marian K Butler
(is/are) the person(s) who appeared

I certify that I know or have satisfactory evidence that

STATE OF *Washington*

COUNTY OF *Skagit*

ss.

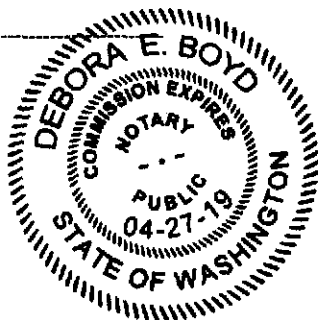
before me, and said person(s) acknowledged that signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

12-19-17

Debra E Boyd

Notary name printed or typed:
Notary Public in and for the State of
Residing at
My appointment expires:



Return Address:

3104 Cedar Lake Lane
Sedro Woolley WA
98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Marian K Butler, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is wife
Relationship to decedent

of James P Butler, who died on 11-23-17
Decedent/Grantor Date

at LYMAN SKagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

TRACT 3, short Plat NO 40-79, N 1/2 SE QTR
S 8, Township 35N, R 6E.

Assessor's Property Tax Parcel/Account Number: 350608-4-004-0011
(Attach full legal description of the property) 350608-4-004-107

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Kory Butler

son

Full name, age, relationship, address

201 Livingston DAY SHORE DR CAMO Island

Falecia Amadi

Full name, age, relationship, address

Daughter

31704 Cedar FLATS Ln Seabe Woolley WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 12-19-17

MARIAN K Butler

Affiant's full name

360-826-3368

Telephone number

31704 Cedar Flats Lane

Sedro Woolley

City

WA

State

98284

Zip Code

Marian K Butler

Signature

12-19-17

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Marian K Butler

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 12/19/17

Debora E Boyd

Signature of Notary Public

(SEAL OR STAMP)



Residing at: Lyman

Notary Public in and for the State of Washington

My appointment expires: 4 / 27 / 2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-050657

DATE ISSUED: 12/19/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JAMES PAUL
LAST NAME(S): BUTLER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 23, 2017
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 31704 CEDAR FLATS LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 31704 CEDAR FLATS LANE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 31 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ROGERSVILLE, AL

FATHER/PARENT: WILLIAM EDWARD BUTLER
MOTHER/PARENT: MAMIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: MARIAN KATHLEEN [REDACTED]

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

OCCUPATION: HEAVY EQUIPMENT OPERATOR
INDUSTRY: ROAD CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 27, 2017

INFORMANT: MARIAN KATHLEEN BUTLER
RELATIONSHIP: WIFE
ADDRESS: 31704 CEDAR FLATS LANE, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A: SUDDEN CARDIAC DEATH
INTERVAL: MINUTES
 - B: ISCHEMIC CARDIOMYOPATHY
INTERVAL: YEARS
 - C: CORONARY ARTERY DISEASE
INTERVAL: YEARS
 - D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RENAL INSUFFICIENCY

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

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

CERTIFIER NAME: ERIC STARK, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: PO BOX 450
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
DATE SIGNED: NOVEMBER 27, 2017

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 27, 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

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name of 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 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to 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.

CERTIFIED

DEC 19 2017

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

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 1 5 2 0 5 8 9