

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2017 5880
DEC 20 2017

Amount Paid \$87
Skagit Co. Treasurer
By *Marn* Deputy



201712200029
Skagit County Auditor

12/20/2017 Page

1 of

7

\$80.00
1:05PM

QUIT CLAIM DEED

THE GRANTOR, BARBARA ANN TINSLEY, the surviving spouse of RALPH JAMES TINSLEY (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(h)), conveys and quit claim to **GRANTEE**, BARBARA ANN TINSLEY, a single person, as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

TPN: 4460-000-001-0004 (P82871)

LOT 1, TIMBERLINE DIVISION III, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 13 OF PLATS, PAGE 79, IN SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH AND SUBJECT TO: ALL COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, AGREEMENTS, EASEMENTS AND ASSESSMENTS OF RECORD, IF ANY.

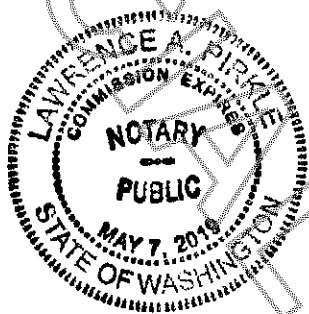
Dated the 18 day of December, 2017.

Barbara Ann Tinsley
BARBARA ANN TINSLEY,
Surviving Spouse of RALPH JAMES TINSLEY

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that BARBARA ANN TINSLEY is 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 the instrument.

Dated this 18th day of December, 2017.



LAWRENCE A. PIRKLE


NOTARY PUBLIC

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

**AFFIDAVIT OF SURVIVING SPOUSE
FOR LACK OF PROBATE AND
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

BARBARA ANN TINSLEY, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of RALPH JAMES TINSLEY, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

TPN: 4460-000-001-0004 (P82871)

LOT 1, TIMBERLINE DIVISION III, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 13 OF PLATS, PAGE 79, IN SKAGIT COUNTY, WASHINGTON.

SECOND, I was the surviving spouse of RALPH JAMES TINSLEY and we owned this property as husband and wife.

THIRD, that said Decedent passed away and was found on October 24, 2017 in Skagit County, State of Washington. Death Certificate attached as Exhibit "A", incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
BARBARA ANN TINSLEY 4210 E. Division Street Mount Vernon, WA 98274	Spouse	Legal
VICTORIA ANNE SHERLAW 7 West Golf Club Lane Paoli, PA 19301	Daughter	Legal
BRIAN JAMES TINSLEY PO Box 2549 Wrightwood, CA 92397	Son	Legal
JILL KIMBERLY ROTHE 967 James Street Penticton, Canada V2A4K8 BC	Daughter	Legal

EIGHTH, I BARBARA ANN TINSLEY, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to RCW 458-61A-202(6)(h).

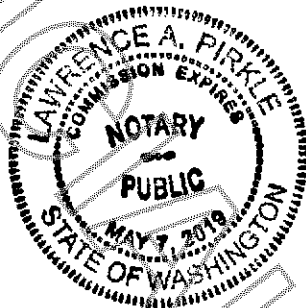
DATED this 18 day of December, 2017.


BARBARA ANN TINSLEY

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

I certify that I know or have satisfactory evidence that BARBARA ANN TINSLEY is the individual who appeared before me, and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 18th day of December, 2017.



LAWRENCE A. PIRKLE

A handwritten signature of Lawrence A. Pirkle in black ink.

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-046591

DATE ISSUED: 11/06/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RALPH JAMES
LAST NAME(S): TINSLEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 24, 2017 FOUND
HOUR OF DEATH: UNKNOWN
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BENTON, MO

MARITAL STATUS: MARRIED
SPOUSE: BARBARA ANN ROWE

OCCUPATION: RESEARCH AND DEVELOPMENT
INDUSTRY: UNITED STATES GOVERNMENT
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: YES

INFORMANT: BARBARA ANN TINSLEY
RELATIONSHIP: SPOUSE
ADDRESS: 4210 E. DIVISION STREET, MOUNT VERNON, WA 98274

CAUSE OF DEATH:
A: APPARENT SUDDEN ARRHYTHMIA
INTERVAL: UNKNOWN
B: NECROTIC CORONARY ARTERY PLAQUE
INTERVAL: UNKNOWN
C: ATHEROSCLEROTIC AND HYPERTENSIVE CARDIOVASCULAR DISEASE
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: SUPERFICIAL BURNS, SMOKE
INHALATION, DEMENTIA

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RURAL AREA

LOCATION OF INJURY: RURAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: REPORTED MISSING DEMENTIA
PATIENT FOUND NEXT TO BURNED CAR IN RURAL SKAGIT COUNTY

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: WALKER VALLEY ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 4210 E. DIVISION STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: FLOYD TINSLEY
MOTHER/PARENT: DOROTHY [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: NOVEMBER 06, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: OCTOBER 25, 2017

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 17SK0347
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: OCTOBER 31, 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
Required information must match current information on record				
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 nd parent (if required):
Printed name:	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.

DOH 422-034 October 2015

CERTIFIED

NOV 06 2017

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

