

201801110064

Skagit County Auditor

\$81.00

1/11/2018 Page

1 of

8 4:01PM

Quitclaim Deed

RECORDING REQUESTED BY N/A

AND WHEN RECORDED MAIL TO:

N/A, Grantee(s)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2015150
JAN 11 2018

Consideration: \$ 0

Property Transfer Tax: \$ 18

Assessor's Parcel No.: P79929

Amount Paid \$ 0
Skagit Co. Treasurer
By Mc Deputy

PREPARED BY: N/A certifies herein that he or she has prepared this Deed.

N/A
Signature of Preparer

N/A
Date of Preparation

N/A
Printed Name of Preparer
LAKE TYEE, DIV 3, LOT 44, BLOCK B

THIS QUITCLAIM DEED, executed on 1-11-18 in the County of SKAGIT, State of WASHINGTON

by Grantor(s), JUDITH KAYE THOLSTRUP, SURVIVING SPOUSE OF KARL WAYNE THOLSTRUP, whose post office address is 24892 MINKLER RD # 24, SEDRO WOOLLEY, WA 98284

to Grantee(s), Jim C Davis, whose post office address is 3050 N WEMPIRE

WITNESSETH, that the said Grantor(s), JUDITH KAYE THOLSTRUP, SURVIVING SPOUSE* for good consideration and for the sum of GIFT

(\$ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

* OF KARL WAYNE THOLSTRUP

interest and claim which the said Grantor(s) have in and to the following described parcel of land and improvements and appurtenances thereto in the County of SKAGIT, State of WASHINGTON and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference ST MAU

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Judith K. Tholstrup
Signature of Grantor

JUDITH K. THOLSTRUP
Print Name of Grantor

Signature of Second Grantor (if applicable)

Print Name of Second Grantor (if applicable)

Signature of First Witness to Grantor(s)

Print Name of First Witness to Grantor(s)

Signature of Second Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Jim C. Davis
Signature of Grantee

Jim C. Davis
Print Name of Grantee

Signature of Second Grantee (if applicable)

Print Name of Second Grantee (if applicable)

Signature of First Witness to Grantee(s)

Print Name of First Witness to Grantee(s)

Signature of Second Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of WA

County of Skagit

On January 11th, 2018, before me, Michael A. Urban, a notary public in and for said state, personally appeared, Judith K. Thalstrup

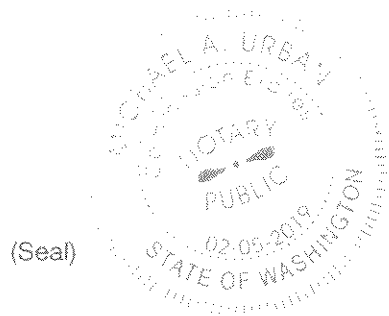
who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]
Signature of Notary

Affiant Known _____ Produced ID WADU

Type of ID



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-008505

DATE ISSUED: 03/02/2016

FEE NUMBER: 000000029

GIVEN NAMES: KARL WAYNE
LAST NAME: THOLSTRUP

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 28, 2016
HOUR OF DEATH: 08:55 A.M.
SEX: MALE
AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JUDITH KINCAID

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: JUDITH THOLSTRUP
RELATIONSHIP: WIFE
ADDRESS: 24892 MINKLER ROAD #24, SEDRO WOOLLEY, WASHINGTON 98284

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 24892 MINKLER RD UNIT 24
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 982849779
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: RALPH THOLSTRUP
MOTHER/PARENT: DELLA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: MARCH 04, 2016

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE
ADDRESS: 3803 132ND PLACE NE
CITY, STATE, ZIP: MARYSVILLE WA 98271
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:
A. METASTATIC NEUROENDOCRINE BETA ISLET CELL TUMOR OF PANCREAS
INTERVAL: 8 YEARS

B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

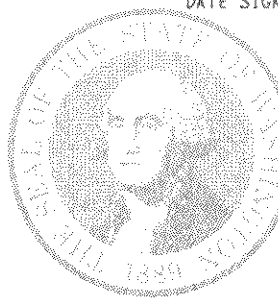
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BENJAMIN MCLAUGHLIN, DO
TITLE: OSTEOPATHIC PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 01, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 01, 2016

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JUDITH K. THOLSTRUP 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 SPOUSE
Relationship to decedent

of KARL W. THOLSTRUP, who died on 2-28-16
Decedent/Grantor *Date*

at MT. VERNON, SKAGIT WA.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 45288 ITSWOOD TRAIL

CONCRETE, WA 98237

LAKE TYEE DIV 3 LOT 44 BLOCK B

Assessor's Property Tax Parcel/Account Number: 79929
(Attach full legal description of the property)

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 4)

JUDITH KAYE THOLSTRUP, 64
24892 MINKLER RD # 24 SEDRO WOOLLEY, WA

Full name, age, relationship, address

BRIAN JOSEPH THOLSTRUP, 47, SON
PEAVY RD, SEDRO WOOLLEY, WA 98284

Full name, age, relationship, address

TRAVIS WAYNE THOLSTRUP, 45, SON
SPOKANE VALLEY, WA:

Full name, age, relationship, address

SHARON MAE CHAPIN, , SISTER
SEDRO WOOLLEY, WA

Full name, age, relationship, address

KRISTINA PEARL DAVIS, , SISTER
SEDRO WOOLLEY, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

UNFILED DOCUMENT

Dated: 1-11-18

Affiant's full name

JUDITH KAY THOLSTRUP

Telephone number

360-856-9035

24892 MINKLER RD ^{Street} 24

City SEDO WOOLLEY

State WA

Zip Code 98284

Signature

Judith K. Tholstrup

Date

1-11-18

State of WA

County of Skagit

I know or have satisfactory evidence that

Judith K. Tholstrup
(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/hers) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 1-11-18

[Signature]

Signature of Notary Public

(SEAL OR STAMP)

Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2-19-19