



201802210065

Skagit County Auditor

2/21/2018 Page

1 of

\$77.00

4 10:37AM

Recording Requested by And
When Recorded Mail To:

Kenneth A. Bloch
Keller Rohrback, L.L.P.
1201 Third Avenue, Ste. 3200
Seattle WA 98101

QUIT CLAIM DEED

THE GRANTOR, MARTHA J. WALL, Successor Trustee of the S. Merle Christensen Declaration of Trust, executed January 24, 2001 and as amended by First Amendment to the S. Merle Christensen Declaration of Trust, executed July 17, 2012, conveys and quit claims to DALE H. CHRISTENSEN, a single man, all interest in the real estate legally described as follows:

Abbreviated Legal: (2.8500 ac) STONEBRIDGE CONDOMINIUM, LOT 15, ACRES 2.85, SIXTH AMENDMENT TO SURVEY MAP AND PLANS FOR STONEBRIDGE CONDOMINIUM RECORDED UNDER AF#200308200026. (FORMERLY STONEBRIDGE CONDO AND SECOND AMENDMENT TO STONEBRIDGE CONDO AND THIRD AMENDMENT TO STONE

Full Legal: Unit 15, Stonebridge Condominium, according to the Sixth Amended Declaration thereof recorded August 20, 2003, under Auditor's File Number 200308200025, and Fourth Amended Survey Map and Plans thereof recorded August 20, 2003 under Auditor's File Number 200308200026, records of Skagit County, Washington.

Tax Parcel No. P119604 - 4775-000-015-0000

Commonly known as 2500 Stonebridge Way, Mt. Vernon WA 98273

situated in the County of Skagit, State of Washington, together with all after-acquired title of the Grantor therein.

DATED January 31, 2017.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018660
FEB 21 2018

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

Marta J. Wall
MARTHA J. WALL, Trustee

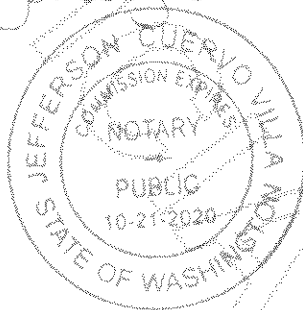
STATE OF WASHINGTON)

) ss

COUNTY OF Snohomish)

I certify that I know or have satisfactory evidence that MARTHA J. WALL is the person who appeared before me, and said person acknowledged that she signed this instrument in her capacity as Successor Trustee of the S. Merle Christensen Declaration of Trust and amendment thereto, and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED October 31st, 2017.



[Signature]
Jefferson Cuervo Villa
[print name]

NOTARY PUBLIC in and for the State
of Washington, residing at 17540 E. 1st Dr.
Bellingham, WA 98233

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-005735

DATE ISSUED: 04/02/2013

FEE NUMBER: 0000000029

GIVEN NAMES: SYLVIA MERLE
LAST NAME: CHRISTENSEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 28, 2013
HOUR OF DEATH: 08:45 P.M.
SEX: FEMALE
AGE: 91 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: MARTI WALL
RELATIONSHIP: DAUGHTER
ADDRESS: 9343 SAMISH ISLAND ROAD BOW, WA 98239

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2500 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 2500 STONEBRIDGE WAY
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: IVAL VERN EVANS
MOTHER: [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MT. VERNON CEMETERY CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 02, 2013

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

CAUSE OF DEATH:
A. CRITICAL AORTIC STENOSIS
INTERVAL: 6 MONTHS
B. SEVERE ISCHEMIC CARDIOMYOPATHY
INTERVAL: 6 MONTHS
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: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 29, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

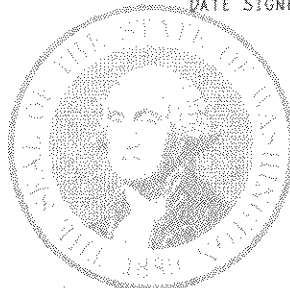
ITEM(S) AMENDED: NONE

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

□

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-183
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 01, 2013



Affidavit for Correction

Under the Oregon Statute

is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record.

1. ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

2. ☐ I request a change in the following information:

3. ☐ I request a change in the following information:

4. ☐ I request a change in the following information:

5. ☐ I request a change in the following information:

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18. ☐ I request a change in the following information:

19. ☐ I request a change in the following information:

20. ☐ I request a change in the following information:

CERTIFIED

APR 02 2013

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

XX00241275