

When recorded return to:

Barbara Bartlett  
PO Box 6  
Darrington, WA 98241-0006



201803060064

Skagit County Auditor \$82.00  
3/6/2018 Page 1 of 9 10:42AM

### QUIT CLAIM DEED

THE GRANTOR(S) Barbara A Bartlett, surviving spouse of Irvin D Bartlett, deceased

for and in consideration of Inheritance

in hand paid, conveys and quit claims to Barbara A Bartlett

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:

That certain tract of land listed and described on Exhibit "A" attached hereto and by reference made part hereto.

See attached for full legal description.

*EPC 20 TWP 36 R04*

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

Tax Parcel Number(s): P49515 (360420-0-008-0002)

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2018866*

MAR 06 2018

Amount Paid \$  
Skagit Co. Treasurer  
By *JNAM* Deputy

Dated:

MARCH 6, 2018

*Barbara Bartlett*

STATE OF WASHINGTON

ss.

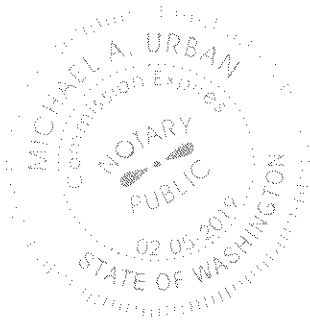
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that *Barbara A. Bartlett* (is/are) the person(s) who appeared before me, and said person(s) acknowledged that *she* signed this instrument and acknowledged it to be *her own* free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: *3-6-18*

*[Signature]*

Notary name printed or typed: *Michael Urban*  
Notary Public in and for the State of *WA*  
Residing at *Mount Verdon*  
My appointment expires: *2-19*



That portion of the Northwest 1/4 of the Southwest 1/4 of Section 21, Township 36 North, Range 4 East, W.M., described as follows:

Commencing at the intersection of the Northerly line of the established C.C.C. County Road (30 feet Northerly of the centerline as measured at right angles) and the East line of the West 1/2 of said Northwest 1/4 of the Southwest 1/4, or the Southerly projection of said East line; thence Northwesterly along said Northerly line a distance of 400.00 feet to the Southwest corner of that certain tract Quiet Titled to Irvin D. Bartlett and Barbara A. Bartlett, husband and wife, by Skagit County Superior Court Order to Quiet Title No. 40544, dated February 4, 1990; thence Northerly 515.11 feet along the West line of said Bartlett Quiet Title tract (also being the East line of that certain tract conveyed to Irvin D. Bartlett and Barbara A. Bartlett, husband and wife, by Statutory Warranty Deed recorded under Skagit County Auditor's File No. 867180) to the Northwest corner of said Bartlett Quiet Title tract and the TRUE POINT OF BEGINNING; thence continue Northerly 4.75 feet on the Northerly projection of the West line of said Bartlett Quiet Title tract to an existing East-West fence line and the Southeast Corner of Lot "B" of Skagit County Short Plat No. 17-79 approved June 10, 1980 and recorded June 10, 1980 in Book 4 of Short Plats, page 108; thence Southeasterly 21.29 feet along said East-West fence line and the Southerly line of Lot "C" of said Short Plat No. 17-79 to an angle point on the Westerly line of said Lot "C" (also being a Northeasterly fence corner); thence Southerly 4.92 feet along the Westerly line of said Short Plat No. 17-79 (along an existing North-South fence line) and the Northerly projection of the East line of said Bartlett Quiet Title tract to the Northeast Corner of said Bartlett Quiet Title tract; thence Northwesterly 21.29 feet along the North line of said Bartlett Quiet title tract to the TRUE POINT OF BEGINNING.

Situate in the County of Skagit, State of Washington

3204210070

EXHIBIT "A"

BK1069PG0031

0424 1992

0516 2093

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Barbara A Bartlett 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 Irvin DeWane Bartlett, who died on May 28, 2016  
*Decedent/Grantor* *Date*

at Sedro Woolley Skaagit Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: 20027 Rason Creek

2.3200 PTM NW 1/4 SW 1/4 Sec 21 NE 1/4  
SE 1/4

Assessor's Property Tax Parcel/Account Number: 49515  
(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)

Barbara A Bartlett

P.O. Box 6 Darrington W9

Full name, age, relationship, address

Daughter Teresa P.O. Box 988 Maple Falls W9 98266

Full name, age, relationship, address

Michael Bartlett

20027 Parson Creek Road Sedro Woolley W9 98284

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

UNOFFICIAL DOCUMENT

Dated: March 6, 2018

Barbara A Bartlett  
Affiant's full name

360-599-9759  
Telephone number

746 Fullerton Ave P.O. Box 6  
Street  
Darrington Washington 98241  
City State Zip Code

Barbara Bartlett March 6, 2018  
Signature Date

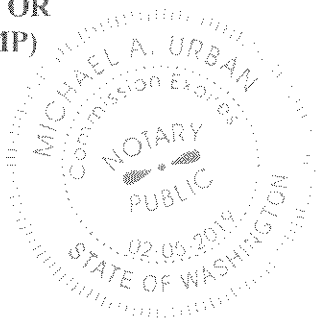
State of WA County of Skagit

I know or have satisfactory evidence that Barbara A Bartlett  
(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: 3/6/18  
[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

That portion of the Northwest 1/4 of the Southwest 1/4 of Section 21, Township 36 North, Range 4 East, W.M., described as follows:

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Situate in the County of Skagit, State of Washington

9204210070

EXHIBIT "A"

BK1069PG0031

0424 1992

0516 2093

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-022504

DATE ISSUED: 06/02/2016

FEE NUMBER: 000000029

GIVEN NAMES: IRVIN DEWANE  
LAST NAME: BARTLETT

SUFFIX: JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 28, 2016  
HOUR OF DEATH: 09:00 A.M.  
SEX: MALE  
AGE: 74 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 740 FULLERTON AVE.  
CITY, STATE, ZIP: DARRINGTON, WASHINGTON 98241  
INSIDE CITY LIMITS? YES  
COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: IRVIN DEWANE BARTLETT SR  
MOTHER/PARENT: MAGGIE [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: APPLETON, POPE CNTY, ARKANSAS

MARITAL STATUS: MARRIED  
SPOUSE: BARBARA ANN SCHNIDER

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE, ZIP: MOUNT VERNON, WA  
DISPOSITION DATE: JUNE 02, 2016

OCCUPATION: SAWYER  
INDUSTRY: LUMBER MILL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

INFORMANT: BARBARA ANN BARTLETT  
RELATIONSHIP: WIFE  
ADDRESS: P. O. BOX 6, DARRINGTON, WA 98241

- CAUSE OF DEATH:
- A. ASPIRATION PNEUMONIA  
INTERVAL: ONE WEEK
  - B. DYSPHAGIA  
INTERVAL: 2 YEARS
  - C. STROKE  
INTERVAL: MANY YEARS
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: ROBERT R. JACOBSEN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: JUNE 01, 2016

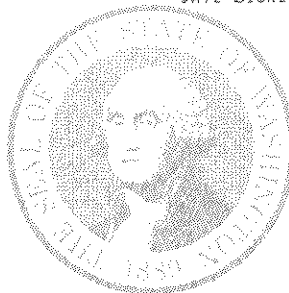
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER? NO  
FILE NUMBER: NJA# 358  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: JUNE 02, 2016



# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47811  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

Slack File Number \_\_\_\_\_ File 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 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 Reporting Certificate _____ Responsibility to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parents <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:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

10a. Signature \_\_\_\_\_ Date \_\_\_\_\_ 10b. Signature of 2<sup>nd</sup> parent if required \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

### INSTRUCTIONS go to \_\_\_\_\_ 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 (M) / 14
- School transcripts
- Social Security Number Report
- Certificate of Naturalization
- Hospital medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

1. Only a parent, legal guardian of the child or under 18 or older may change the birth certificate
2. The proof(s) must match the asserted facts. For example, if the affidavit states 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 guardians include child's last name, previous guardianship
- Up to age one, the name can be changed once to either parent's name on certificate, can be any new name 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, new documentary proof is required
- To correct the sex of the child, new 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 a parent's name, signatures from both parents listed on the certificate are required. To change a parent's name to match a court order, include a court order 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 executor/administrator of a will or court ruling such position is present 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 information (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\***  
 JUN 02 2016  
 Howland  
 Skagit County Health Department  
 Howard Lebrand M.D., Health Officer

EE00086702