

When recorded return to:

Leigh Bennett
Bennett & Bennett
400 Dayton St. Suite A
Edmonds, WA 98020



201804230240
Skagit County Auditor \$81.00
4/23/2018 Page 1 of 8 4:15PM

DOCUMENT TITLE: Affidavit of Surviving Transfer On Death Deed Beneficiaries (following the death of Grantor)

GRANTOR: Sullivan, Mary Margaret, a single woman (deceased)

GRANTEES/BENEFICIARIES: Burrows, Kerry A., a single woman,
Sullivan, Timothy D., Jr., a married man but as to his separate property,
Bennett, Mary Christine, a married woman but as to her separate property
Sullivan, Shaun P., a single man, and
Lúcia, Margaret Mary, a single woman, as "transfer on death beneficiaries

LEGAL DESCRIPTION: Lot 8, together with First Class Tideland in front thereof, "Rancho San Juan Del Mar, Subdivision No. 1", according to the plat recorded in Volume 5 of Plats, page 27, Records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

ASSESSOR'S TAX PARCEL NOS.: 39720000080000

REFERENCE NO. OF PRIOR TRANSFER ON DEATH DEED: 201708030055

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20181635
APR 23 2018
Amount Paid \$
By Skagit Co. Treasurer
Deputy

ORIGINAL

UNPROBATE
AFFIDAVIT

THAT there is no Federal Estate tax due as a result of decedent's death;

THAT this affidavit has been executed for three purposes: (1) to confirm the death of the real property owner, (2) to confirm the property's subsequent vesting pursuant to the terms of the decedent/Grantor's previously recorded Transfer on Death Deed, and (3) to induce a title company to issue its policies of title insurance on real property passing to the affiants herein in reliance upon the representations set forth above. Affiants agrees to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Kerry A. Burrows
KERRY A. BURROWS, Beneficiary

DATED: March 30, 2018

Timothy D. Sullivan, Jr.
TIMOTHY D. SULLIVAN, JR., Beneficiary

DATED: 4/17/2018

Mary Christine Bennett
MARY CHRISTINE BENNETT, Beneficiary

DATED: 4-2-18

Shaun P. Sullivan
SHAUN P. SULLIVAN, Beneficiary

DATED: 4-2-18

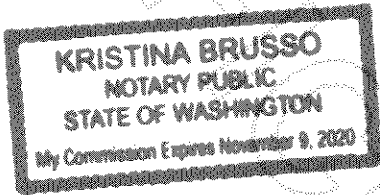
Margaret Mary Lucia
MARGARET MARY LUCIA, Beneficiary

DATED: 4/12/18

STATE OF WASHINGTON)
)
) SS
COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that KERRY A. BURROWS signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30 day of March, 2018.

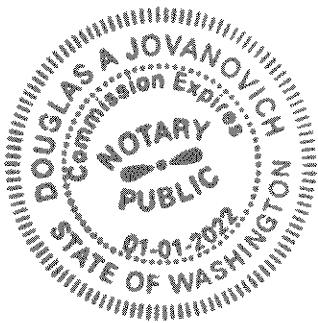


Kristina Brusso
Notary Public in and for the State of Washington
Residing at Everett
My commission expires: 11-9-20

STATE OF WASHINGTON)
)
) SS
COUNTY OF KING)

I certify that I know or have satisfactory evidence that TIMOTHY D. SULLIVAN, JR. signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 17 day of April, 2018.

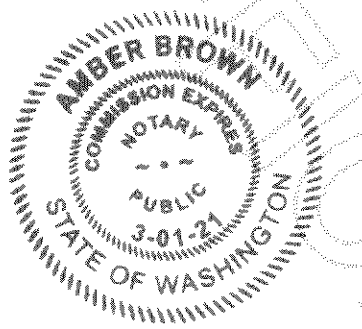


DOUGLAS A. JOVANOVIICH
Notary Public in and for the State of Washington
Residing at Kenmore
My commission expires: 01/01/2022

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM) SS

I certify that I know or have satisfactory evidence that MARY CHRISTINE BENNETT signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 2nd day of April, 2018.

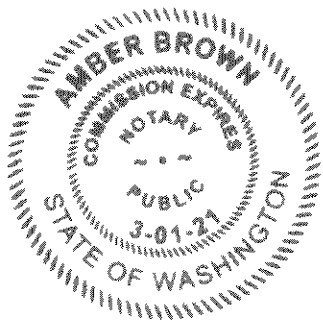


Amber Brown
Notary Public in and for the State of Washington
Residing at Bellingham WA
My commission expires: 3/1/21

STATE OF WASHINGTON)
)
COUNTY OF WHATCOM) SS

I certify that I know or have satisfactory evidence that SHAUN P. SULLIVAN signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 2nd day of April, 2018.



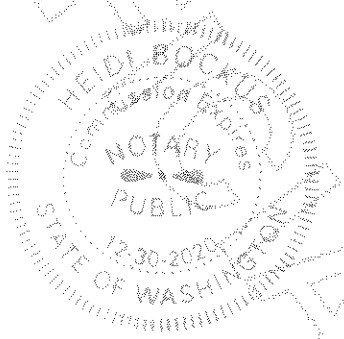
Amber Brown
Notary Public in and for the State of Washington
Residing at Bellingham WA
My commission expires: 3/1/21

STATE OF WASHINGTON)
)
COUNTY OF King)

SS

I certify that I know or have satisfactory evidence that MARGARET MARY LUCIA signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 12th day of April, 2018.



Heidi Beckus
Notary Public in and for the State of Washington
Residing at Seattle, WA
My commission expires: 12/30/20

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

EXHIBIT A
CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-008892

DATE ISSUED: 03/20/2018
FEE NUMBER: 1706014

FIRST AND MIDDLE NAME(S): MARY MARGARET
LAST NAME(S): SULLIVAN

COUNTY OF DEATH: KING
DATE OF DEATH: FEBRUARY 15, 2018
HOUR OF DEATH: 11:25 AM
SEX: FEMALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER: 539-18-0635

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PROVIDENCE MT. ST. VINCENT/4831 35TH AVE.
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98126

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

RESIDENCE STREET: 4831 35TH AVE. S. W.
CITY, STATE, ZIP: SEATTLE, WA 98126
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

BIRTH DATE: DECEMBER 08, 1921
BIRTHPLACE: SEATTLE, WA

FATHER/PARENT: PAUL G REBHAWN
MOTHER/PARENT: ANNE G KELLY

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: OFFICE MANAGER
INDUSTRY: CUSTOM WINDOW DRESSINGS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: FEBRUARY 27, 2018

INFORMANT: KERRY BURROWS
RELATIONSHIP: DAUGHTER
ADDRESS: 1016 WALNUT, EDMONDS, WA 98020

FUNERAL FACILITY: HOFFNER FISHER & HARVEY

ADDRESS: 508 NORTH 36TH STREET
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98103
FUNERAL DIRECTOR: THOMAS J. HARVEY

CAUSE OF DEATH:
A: PRESUMED ACUTE MYOCARDIAL INFARCTION
INTERVAL: 24 HOURS
B: ACUTE ONSET TACHYCARDIA RATE 190S
INTERVAL: 24 HOURS
C: ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, AORTIC
STENOSIS, HYPERLIPIDEMIA, HISTORY OF CEREBRAL VASCULAR ACCIDENT

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

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

CERTIFIER NAME: LORRAINE BERGE, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: PO BOX 1526
CITY, STATE, ZIP: MERCER ISLAND, WA 98040
DATE SIGNED: FEBRUARY 15, 2018

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: FEBRUARY 27, 2018



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
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Required

Required information must match current information on record

Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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:

8. The record now shows:	9. The true fact is:
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 2nd parent (if required): _____

Printed name: _____ Date: _____ 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

- 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.
- 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.
- 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)

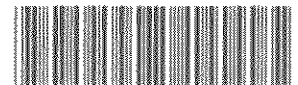
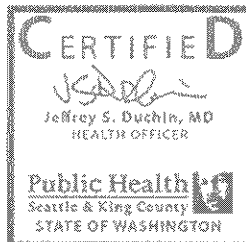
Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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



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

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