

Prepared By

Bret Cornelius
13612 60th AVE. S.E.
Everett, Washington
98208



201805070062

05/07/2018 11:50 AM Pages: 1 of 9 Fees: \$82.00
Skagit County Auditor

may 1, 2018

After Recording Return To

Bret Cornelius
13612 60th AVE. S.E.
Everett, Washington
98208

Space Above This Line for Recorder's Use

WASHINGTON GENERAL WARRANTY DEED

State of Washington

Skagit County

KNOW ALL MEN BY THESE PRESENTS, that for and in consideration of the sum of Eight Thousand Dollars (\$8,000.00) and/or other valuable consideration to the below in hand paid to the Grantor(s) known as:

Craig Sarver, a Single individual, residing at 20231 Church Lake Drive East, Bonney Lake, Washington, 98390.

Nikalas Sarver, a single individual, residing at 20231 Church Lake Drive East, Bonney Lake, Washington, 98390.

Eben Sarver, a single individual, residing at 20231 Church Lake Drive East, Bonney Lake, Washington, 98390.

The receipt whereof is hereby acknowledged, the undersigned hereby conveys and warrants to Bret Cornelius and Kassy Cornelius, a married couple, residing at 13612 60th AVE. S.E., Everett, Washington, 98208 (hereinafter called the "Grantee(s)") as joint tenants, all the rights, title, interest, and claim in or the following described real estate, situated in Skagit County, Washington, to-wit:

CASCADE RIVER PARK NO. 2 LOT 41

P63841

To have and to hold, the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title, interest, lien, equity and claim whatsoever for the said first party, either in law or equity, to the only proper use, benefit and behoof of the said second party forever.

May 4, 2018

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 1890
MAY - 7 2018

Amount Paid \$ 147.40
Skagit Co. Treasurer
By HB Deputy

_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

Nikolas Sarver _____ Date April 27th 2018

Grantor's Signature

Nikolas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

Nikolas Sarver _____ Date April 27th 2018

Grantor's Signature

Nikolas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Eben Sarver 20231 Church Lake Drive East, Bonney Lake , Washington, 98390

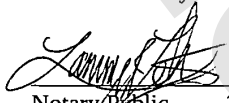
NOTARY ACKNOWLEDGMENT

State of Washington)

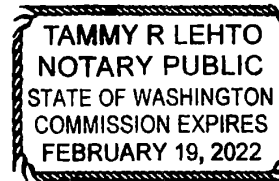
County of ~~Pierce~~ King

I, the undersigned, a Notary Public in said County, in said State, hereby certify that
Nikolas C Sarver whose names are signed to the foregoing instrument, and who
is known to me, acknowledged before me on this day that, being informed of the contents of the
instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 27th day of April, 2018.

 Tammy R Lehto (SEAL)
Notary Public

My Commission Expires: 2/19/2022



_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Nikalas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Nikalas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390



_____ Date April 27th 2018

Grantor's Signature

Eben Sarver 20231 Church Lake Drive East, Bonney Lake , Washington, 98390

NOTARY ACKNOWLEDGMENT

State of Washington)

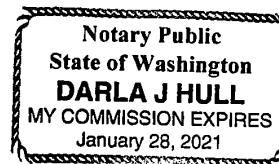
County of Whatcom WA
~~Pierce~~)

I, the undersigned, a Notary Public in said County, in said State, hereby certify that
Eben Saver whose names are signed to the foregoing instrument, and who
is known to me, acknowledged before me on this day that, being informed of the contents of the
instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 27 day of April, 2018.

Darla J Hull (SEAL)
Notary Public

My Commission Expires: 01-28-2021





_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Nikalas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Craig Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

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Grantor's Signature

Nikalas Sarver

20231 Church Lake Drive East, Bonney Lake, Washington, 98390

_____ Date April 27th 2018

Grantor's Signature

Eben Sarver 20231 Church Lake Drive East, Bonney Lake , Washington, 98390

NOTARY ACKNOWLEDGMENT

State of Washington)

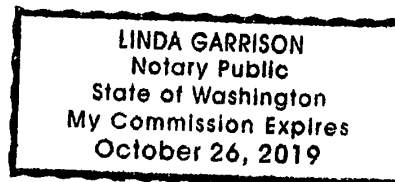
County of Pierce)

I, the undersigned, a Notary Public in said County, in said State, hereby certify that Craig Sanier whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they, executed the same voluntarily on the day the same bears date.

Given under my hand this 27 day of April, 2018.

[Signature] (SEAL)
Notary Public

My Commission Expires: 10/28/2019



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2006-003334

DATE ISSUED: 08/30/2006

FEE NUMBER: 0002712006

GIVEN NAMES: DALE CALDERWOOD
LAST NAME: SARVER

COUNTY OF DEATH: PIERCE
DATE OF DEATH: AUGUST 25, 2006
HOUR OF DEATH: 08:40 P.M.
SEX: MALE
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: EUREKA, WISCONSIN

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: ENGINEERING ELECTRICIAN
INDUSTRY: MILL EQUIPMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: CRAIG C. SARVER
RELATIONSHIP: SON
ADDRESS: 20231 CHURCH LAKE DR. E., BONNEY LAKE, WASHINGTON, 98391

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WASHINGTON STATE SOLDIERS HOME
CITY, STATE, ZIP: ORTING, WASHINGTON 98360

RESIDENCE STREET: 1301 ORTING-KAPOWSIN HWY
CITY, STATE, ZIP: ORTING, WASHINGTON 98360
INSIDE CITY LIMITS? YES
COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: ORIS GRANT SARVER
MOTHER: Breta Blanche [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES OF WA
CITY, STATE: KENT, WA
DISPOSITION DATE: AUGUST 30, 2006

FUNERAL FACILITY: FUNERAL ALTERNATIVES
ADDRESS: 1410 MAIN STREET
CITY, STATE, ZIP: SUMNER WA 98390
FUNERAL DIRECTOR: BRIAN J CURNOW

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE
INTERVAL: NOT GIVEN
B. CORONARY ARTERY DISEASE
INTERVAL: NOT GIVEN
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

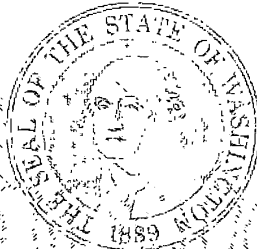
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: PAMELA LEWIS ARNP
TITLE: ARNP

ADDRESS: 1301 ORTING KAPOWSIN HWY
CITY, STATE, ZIP: ORTING WA 98360
DATE SIGNED: AUGUST 29, 2006

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

LOCAL DEPUTY REGISTRAR:
JEAN A. VEAGER
DATE RECEIVED: AUGUST 30, 2006



DOH-01-003 (5/99)



201805070062
Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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 |
| Use the section below for requesting any changes on the record. | | | | |
| Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution | | | | |
| 1. Name on record: | | 2. Date of Event: | | 3. Place of Event: (City or County) |
| 4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) | | 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) | | |
| The Record is Incorrect or Incomplete as follows: | | | | |
| 6. The Record now shows: | | 7. The True fact is: | | |
| 8. | | 9. | | |
| 10. | | 11. | | |
| 12. | | 13. | | |
| 14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) | | | | Telephone Number: |
| I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct. | | | | |
| 15. Signature: | | 16. Date: | | 17. Address: |

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

| | | | |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record | School Record |
| | Hospital Records | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
| | Insurance Records | Birth Record | Alien Registration Card (front and back) |
| | Marriage/Divorce Records | Passport | |

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

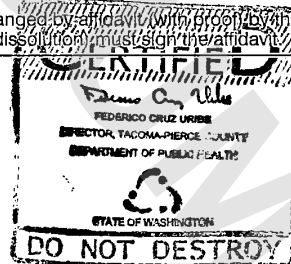
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit with proof by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



NN01316486