



201805110051

05/11/2018 11:02 AM Pages: 1 of 7 Fees: \$80.00  
Skagit County Auditor

When recorded return to:

Bonny Eckstein  
4214 Marine Heights Way  
Anacortes, WA 98221

### QUIT CLAIM DEED

THE GRANTOR(S) ~~Mark Root~~ *Bonny Eckstein the surviving spouse of Mark Root deceased*

for and in consideration of In Consideration of ~~Love and affection~~ *INHERITANCE*

in hand paid, conveys and quit claims to Bonny Eckstein, as her separate estate

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:

Lot 22, Marine Heights *Plat of Marine Heights according to the plat thereof recorded in Volume 16 of plats, pages 173 through 175, records of Skagit County Washington*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
*20181939*  
MAY 11 2018

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

Amount Paid \$ *5*  
Skagit Co. Treasurer  
By *man* Deputy

Tax Parcel Number(s): 4695-000-022-0000 *P-111760*

Dated:

5/11/18

*Bonny*  
Bonny ECKSTEIN

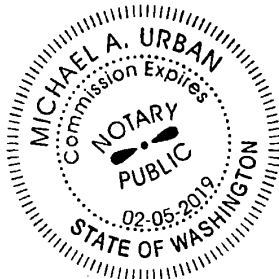
STATE OF

SS.

COUNTY OF

I certify that I know or have satisfactory evidence that *Bonny Jo Eckstein*  
(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: 5/11/18



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

**Return Address:**Bonny Eckstein4214 Marine Heights WayAnacortes, WA 98221**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Bonny Eckstein, 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 Mark Root, who died on April 28, 2018

*Decedent/Grantor**Date*

at Seattle

KingsWA*City**County**State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lot 22, "PLAT OF MARINE HEIGHTS", according to the

plat thereof recorded in Volume 16 of Plats, pages 173 through 175, records of Skagit

County, Washington

Assessor's Property Tax Parcel/Account Number: 4695-000-022-0000 P-111760  
 (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 3)

BONNY ECKSTEIN 66 YEARS OLD WIFE  
4214 MARINE HEIGHTS WAY ANACORTES WA 98221

Full name, age, relationship, address

AARON ROOT 31 YEARS OLD SON  
PO BOX 134 ANACORTES WA 98221

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

Full name, age, relationship, address

Dated : May 10, 2018Bonny Eckstein

Affiant's full name

360-941-0616

Telephone number

4214 Marine Heights WayAnacortes

City

WA

State

98221

Zip Code

Bonny Eckstein  
Signature5/9/18  
DateState of Washington County of SkagitI know or have satisfactory evidence that Bonny Eckstein  
(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: 05 / 09 / 2018(SEAL OR  
STAMP)Benjamin Deimos  
Signature of Notary PublicResiding at: Skagit County, WANotary Public in and for the State of WashingtonMy appointment expires: 08 / 11 / 2021**Notary Public**  
**State of Washington**  
**Benjamin Deimos**  
**Commission Expires 08-11-2021**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-019651

DATE ISSUED: 05/02/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARK JOSEPH

LAST NAME(S): ROOT

COUNTY OF DEATH: KING

DATE OF DEATH: APRIL 28, 2018

HOUR OF DEATH: 05:30 PM

SEX: MALE

AGE: 63 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BUFFALO, NY

MARITAL STATUS: MARRIED

SPOUSE: BONNY JO [REDACTED]

OCCUPATION: OWNER/OPERATOR

INDUSTRY: CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: BONNY J ECKSTEIN

RELATIONSHIP: WIFE

ADDRESS: 4214 MARINE HEIGHTS WAY, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE ON CHRONIC RESPIRATORY FAILURE

INTERVAL: MONTHS

B: IDIOPATHIC PULMONARY FIBROSIS

INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 4214 MARINE HEIGHTS WAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER/PARENT: KEN ROOT

MOTHER/PARENT: RITA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 01, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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

CERTIFIER NAME: KENNETH STEINBERG, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)

CITY, STATE, ZIP: SEATTLE, WA 98195

DATE SIGNED: APRIL 30, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: MAY 01, 2018



# Affidavit for Correction

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

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
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 Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <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:
8.	9.
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 2<sup>nd</sup> parent (if required):  
Printed name: Date: Printed name: Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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

# \*CERTIFIED\*

MAY 02 2018

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



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