



201806060096

06/06/2018 02:03 PM Pages: 1 of 8 Fees: \$81.00
Skagit County Auditor

When recorded return to:

Lauren Pyatt
8950 garden terrace Ln
Sedro Woolley, WA
98284

QUIT CLAIM DEED

THE GRANTOR(S)

Lauren Pyatt, Daughter of Stephen A. Pyatt,
deceased

for and in consideration of

inheritance

in hand paid, conveys and quit claims to

509 N. Barker St. Mount Vernon, WA
98273

~~STEP~~ Lauren Pyatt

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 10, in Section 19, TOWNSHIP 34 NORTH,
RANGE 4 EAST.

Full legal Attached

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20182413
JUN 06 2018

Amount Paid \$
By Skagit Co. Treasurer
Deputy
Ma

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

Tax Parcel Number(s):

P26415

Dated:

06/06/18

Lauren Pyatt
Lauren Pyatt

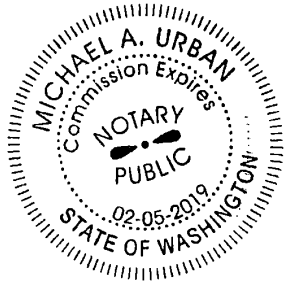
STATE OF WA
COUNTY OF Skagit ss.

I certify that I know or have satisfactory evidence that *Lauren E. Pyatt*
(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: 6/6/18

[Signature]

Notary name printed or typed: *Miko Urban*
Notary Public in and for the State of *wa*
Residing at *Mount Vernon*
My appointment expires: *2-2019*



That portion of Government Lot 10, in Section 19, Township 34 North, Range 4 East, described as follows:

Beginning at a point on the East line of Wall Street as conveyed to the City of Mount Vernon, which is 711 feet North of the Southwest corner of Block 14 of "BEHRENS AND MOODY'S ADDITION TO WEST MOUNT VERNON, SKAGIT COUNTY, WASHINGTON", as per plat thereof recorded in Volume 2 of Plats, page 101, records of Skagit County; thence East, 153.9 feet; thence North 0° 35' East, 5 feet to the true point of beginning of this description; thence East, 155 feet; thence North 0° 35' East, 62.9 feet; thence South 86° West to a point which lies North 0°35' East from the true point of beginning; thence South 0°35' West to the true point of beginning.

Return Address:

8950 garden terrace Ln
Seedro Woolley WA
98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lauren Pyatt ~~Amstrong~~, 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 Daughter
Relationship to decedent
of Stephen A. Pyatt, who died on May 4, 2018
Decedent/Grantor Date
at Mount Vernon SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 509 N. Barker St. Mount Vernon, WA
98273 ... See Attached

LOT 10, in Section 19, Township 34 North,
Range 4 East,

Assessor's Property Tax Parcel/Account Number: P26415
(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 _____)

Deanna Pyatt, 32, Daughter
7439 N. Taya Vista dr. Payson, AZ 85541
Full name, age, relationship, address

Ashleigh Pyatt, 28, Daughter
1415 grant st. Bellingham, WA 98225
Full name, age, relationship, address

Stephanie Pyatt, 26, Daughter
1415 grant st Bellingham, WA 98225
Full name, age, relationship, address

Lauren Pyatt ~~25~~ 30, Daughter
8950 garden terrace Ln Sedro Woolly, WA 98284
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 6/8/18 ^W

Lauren Pyatt
Affiant's full name

360-503-8625
Telephone number

3950 garden terrace Ln
Street

Sedro Woolley WA 98284
City State Zip Code

[Signature] 6/8/18 ^W
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Lauren Pyatt
(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: ^W 06/06/2018

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon WA

Notary Public in and for the State of WA

My appointment expires: 04/19/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-021182

DATE ISSUED: 05/14/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEPHEN ANTHONY
LAST NAME(S): PYATT

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 04, 2018
HOUR OF DEATH: 02:40 AM
SEX: MALE AGE: 55 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 509 NORTH BARKER STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: WEST PALM BEACH, FL

FATHER/PARENT: DARRYL PYATT
MOTHER/PARENT: DELORES [REDACTED]

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: WEAPON SPECIALIST
INDUSTRY: AVIATION ORDINANCE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 14, 2018

INFORMANT: LAUREN PYATT
RELATIONSHIP: DAUGHTER
ADDRESS: 8950 GARDEN TERRACE, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: 7 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRRHOSIS, ALCOHOL
DEPENDENCE, SEPTIC SHOCK, RIGHT HEMOTHORAX

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: ALLEN L. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MAY 08, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DAWN M. KOENIG
DATE RECEIVED: MAY 11, 2018



Affidavit for Correction

201806060096

06/06/2018 02:03 PM

Center for Health Statistics
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: <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 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

1. 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.
2. **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.
3. Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

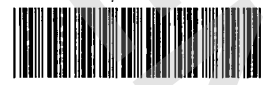
Marriage/Dissolution (Divorce) Certificates

1. Personal 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.
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

MAY 14 2018

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



0 1 8 0 4 8 3 7

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

DOH 422-034 October 2015