



201806060123

06/06/2018 04:18 PM Pages: 1 of 7 Fees: \$80.00
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) NORAH OSENBACH, a surviving spouse
of Russell J. Osenbach

for and in consideration of ten and no/100 Dollars (\$10.00), and other
valuable consideration, inheritance

in hand paid, conveys and quit claims to NORAH Osenbach

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:

TRACT 6, SAMISH RIVER PARK DIVISION NO. 1, according to
the plat thereof recorded in Volume 9 of Plats, pages
43 and 44, records of Skagit County, Washington.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016.2400
JUN 06 2018

Amount Paid \$ 10
By ME Skagit Co. Treasurer Deputy

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

Tax Parcel Number(s): P68682

Dated: 6/6/2018

Norah Osenbach

STATE OF WA
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that

Norah Osenbach

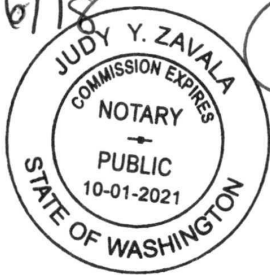
(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that

she signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 6/6/18



Judy Y. Zavala

Notary name printed or typed.

Notary Public in and for the State of WA

Residing at Burlington

My appointment expires

10-1-2021

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee NORRH Osenbach 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 Russell J. Osenbach, who died on 4/16/2018
Decedent/Grantor Date
at EVERETT Snohomish WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: TRACT 6, SAMISH RIVER PARK,
DIVISION NO. 1, according to the plat thereof recorded
in Volume 9 of Plats pages 43 and 44, records of
SKagit County, Washington

Assessor's Property Tax Parcel/Account Number: P69682
(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)

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⁷¹⁸⁸
Derek M. Osenbach, 31, Son, Steelhead Ln
Burlington, WA 98233

Full name, age, relationship, address

Ashley Osenbach, 27, Daughter, 1188 East Rio Vista
Ave., Burlington, WA 98233

Full name, age, relationship, address

David Osenbach, 61, Brother, 134 Hazel
St., Burrellville, PA 18214

Full name, age, relationship, address

John Osenbach, 60, Brother, 17 Walnut St.,
Kutztown, PA 19530

Full name, age, relationship, address

Jean Osenbach, 61, Sister, 125 Ferndale Rd.,
Zion Grove, PA 17985

Full name, age, relationship, address

Judy Osenbach, 55, Sister, 131 Railroad
St., Delano, PA 18220

Full name, age, relationship, address

Jean Osenbach, 53, Sister, 11428 Old Colony
Parkway, Knoxville, TN 37934

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 6/6/2018
Norah Osenbach

Affiant's full name
360-707-0893

Telephone number
7188 Steelhead Lane

Burlington WA 98233
City State Zip Code

Norah Osenbach 6/6/2018
Signature Date

State of WA County of Skagit

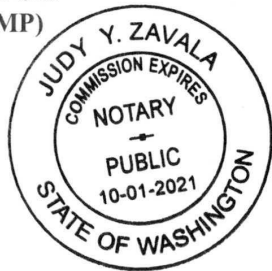
I know or have satisfactory evidence that Norah Osenbach
(name of person)

is the person who appeared before me, and said person acknowledged that (he^(s)) signed this affidavit and acknowledged it to be (his^(h)) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 6/6/18

Judy Zavala
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 10/01/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-017481

LOCAL FILE NUMBER: 1545

DATE ISSUED: 04/18/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RUSSELL JOHN
LAST NAME(S): OSENBACH

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: APRIL 16, 2018
HOUR OF DEATH: 11:38 AM
SEX: MALE AGE: 64 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPICE
FACILITY OR ADDRESS: PROVIDENCE HOSPICE & HOME CARE
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

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

RESIDENCE STREET: 7188 STEELHEAD LANE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: NEW RINGGOLD, PA

FATHER/PARENT: RUSSELL DANIEL OSENBACH
MOTHER/PARENT: EVELYN MARGARET [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: NORAH JANE FURLONG

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BOW CEMETERY

OCCUPATION: GUARDIAN AD LITEM
INDUSTRY: YOUTH PROTECTION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: BOW, WASHINGTON
DISPOSITION DATE: APRIL 20, 2018

INFORMANT: NORAH JANE OSENBACH
RELATIONSHIP: SPOUSE
ADDRESS: 7188 STEELHEAD LANE, BURLINGTON, WA 98233

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:
A: RECTAL CANCER WITH LUNG METASTASES
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PNEUMOTHORAX

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:

LOCATION OF INJURY:

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

CERTIFIER NAME: JEFFREY A. ZESIGER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2731 WETMORE AVE. SUITE 500
CITY, STATE, ZIP: EVERETT, WA 98201
DATE SIGNED: APRIL 17, 2018

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHARON MAUCH
DATE RECEIVED: APRIL 17, 2018



Affidavit for Correction

201806060123

Mail to: Center for Health Statistics
06/06/2018 04:18 PM Page 7 of 7
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 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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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: P.O. Box or Street Address City State Zip

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

- 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.

<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

- 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

APR 18 2018

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



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



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