



201811280061

11/28/2018 03:52 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

When recorded return to:

Wesley S. & Deborah J. Frank
20379 Aliston Ln.
Burlington WA 98233

QUIT CLAIM DEED

THE GRANTOR(S) Wesley S. Frank, individually and as the surviving spouse of Joleen A. Frank

for and in consideration of no consideration *inheritance w/*

in hand paid, conveys and quit claims to Wesley S. Frank, as his separate property

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:

Evergreen Acres Lot 33

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20185191
NOV 28 2018

Amount Paid \$0
Skagit Co. Treasurer
By *mlm* Deputy

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

Tax Parcel Number(s): P77668

Dated: 11/28/18

[Handwritten Signature]

STATE OF *Washington*
COUNTY OF *Skaagit* ss.

I certify that I know or have satisfactory evidence that *Wesky Frank*

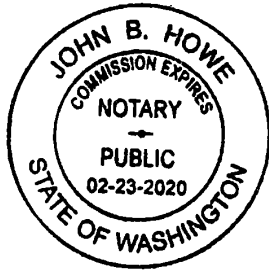
(is) the person(s) who appeared before me, and said person(s) acknowledged that *he* signed this instrument, on oath stated that *he is* authorized to execute the instrument and acknowledge it as the *Grantor* of

Evergreen Acres Lot 33 to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: *November 28, 2018*

[Handwritten Signature]

Notary name printed or typed: *John Howe*
Notary Public in and for the State of *Washington*
Residing at *Skaagit County*
My appointment expires: *2/23/2020*



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-015300

DATE ISSUED: 11/27/2012

FEE NUMBER: 000000029

GIVEN NAMES: JOLEEN ANN
LAST NAME: FRANK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 19, 2012
HOUR OF DEATH: UNKNOWN
SEX: FEMALE
AGE: 61 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 20379 ALISTON LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 20379 ALISTON LANE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: REDWOOD CITY, MINNESOTA

FATHER: ALLEN MONSON
MOTHER: CLEONE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: WESLEY SHEREDON FRANK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: NOVEMBER 21, 2012

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: HULBUSH FUNERAL HOME
ADDRESS: 281 SOUTH BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

INFORMANT: WES FRANK
RELATIONSHIP: HUSBAND
ADDRESS: 20379 ALISTON LANE, BURLINGTON, WA 98233

- CAUSE OF DEATH:
- A. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
OBESITY, INTACT ABDOMINAL AORTIC ANEURYSM

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

MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

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

ME/CORONER: DANIEL F. DEMPSEY, RN
TITLE: CORONER
ME/CORONER
ADDRESS: 700 S. 2ND STREET, ROOM 100
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: NOVEMBER 21, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 193-12
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: NOVEMBER 21, 2012

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

DOH 01-009 (12/11)



Affidavit for Correction 201811280061

Center for Health Statistics
P.O. Box 47814
Seattle, WA 98147-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter. 11/28/2018 03:52 PM Page 1 of 1

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director 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:
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All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization, Hospital /Medical Record, Life Insurance Policy, Marriage/Divorce Record, Numident Report (Social Security Administration), Military Record (DD-214), Birth Record, Passport, School Transcripts (Official), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back).
 We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

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.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 023a January 2012

CERTIFIED

NOV 27 2012

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

XX00024833

Return Address:

Wesley S Frank
20379 Aliston Ln.
Burlington WA 98233

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wesley S Frank, 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 husband
Relationship to decedent
of Toleen A. Frank, who died on 11/19/2012
Decedent/Grantor Date
at Burlington Skagit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Evergreen Acres Lot 33

Assessor's Property Tax Parcel/Account Number: P77668
(Attach full legal description of the property) same as above

- 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)

Wesleys Frank, Husband, Age 56

20379 Aliston Ln Burlington WA 98233

Full name, age, relationship, address

Justin Monson, son, Age 40

address unknown

Full name, age, relationship, address

Daniell Morphey, daughter, Age 30

address unknown

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: 11/28/2018

Wesley S Frank
Affiant's full name

360-757-6276
Telephone number

20379 Aliston Ln.

Burlington ^{Street} WA 98233
City State Zip Code

[Signature] 11/28/18
Signature Date

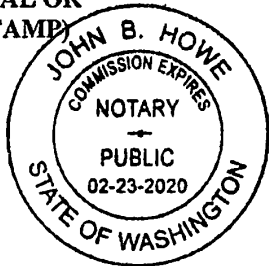
State of Washington County of Snohomish

I know or have satisfactory evidence that Wesley Frank
(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: 11/28/2018 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Snohomish County

Notary Public in and for the State of Washington

My appointment expires: 2/23/2020