



201812070059

12/07/2018 03:21 PM Pages: 1 of 8 Fees: \$106.00
Skagit County Auditor

When recorded return to:

Todd Wiersum
12054 Marine Dr
Anacortes, WA 98221

STATUTORY WARRANTY DEED

THE GRANTOR(S) Todd Wiersum surviving spouse of Brooke Wiersum (deceased)

for and in consideration of Inheritance

in hand paid, conveys, and warrants to Todd Wiersum

the following described real estate, situated in the County of Skagit, State of Washington:

See attached

Abbreviated Legal: (Required if full legal not inserted above) Ptn of lot 11, Sp #690

Tax Parcel Number(s): P105249

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

201812070059
DEC 07 2018

Amount Paid \$
Skagit Co. Treasurer
By [Signature] Deputy

LPB 10-05(i)
Page 1 of 2

Dated: 12/7/18



STATE OF Washington
 COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that

Todd Wiersom

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

before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to behis

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

Dated: 12/07/2018

Notary name printed or typed: Jennifer J LindNotary Public in and for the State of WAResiding at BosMy appointment expires: 10/01/2022

Exhibit "A"

Lot 11, Skagit County Short Plat No. 6-90, approved March 12, 1991 and recorded March 12, 1991 in Volume 9 of Short Plats, page 326 under Auditor's File No. 9103120066, being in a portion of revised Short Plat No. 68-80 and 90-77 in the Northwest Quarter of Section 2, Township 34 North, Range 1 East of the Willamette Meridian, AND EXCEPT that portion described as follows: Commencing at the Northeast corner of said Lot 11, Short Plat No. 6-90; thence South 88 16'17" West 54.00 feet along the North line of said Lot 11 to the true point of beginning; thence South 63 04'51" West 91.04 feet; thence North 69 41'47" West 103.42 feet, more or less, to said North line of Lot 11 at a point bearing South 88 16'17" West from the true point of beginning; thence North 88 16'17" East 178.25 feet along said North line of Lot 11 to the true point of beginning. Situated in Skagit County, Washington.

Return Address:

Todd Wiersum

12054 Marine Dr.

Anacortes, WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Todd Wiersum, 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 the spouse
Relationship to decedent
of Brooke A Wiersum, who died on 08/14/2018
Decedent/Grantor *Date*
at Anacortes, Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PTN Lot 11, SP#6-90

See Exhibit "A" Which is hereto attached and made a part hereof.

Assessor's Property Tax Parcel/Account Number: 340102-2-006-008-0403
(Attach full legal description of the property) P105249

☐ 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 2)

Colton Wiersum, 19 Son

Anacortes, WA

Full name, age, relationship, address

Alexnder Wiersum, 5 Son

Anacortes, WA

Full name, age, relationship, address

Blaire Marshal, 44 Brother

Lake Stevens, WA

Full name, age, relationship, address

Elizabeth Jo Marshall, 76 Mother

Freeland, WA

Full name, age, relationship, address

Rick Marshall, 75 Father

Freeland, WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 11/29/2018

Todd Wiersum

Affiant's full name

360-770-9270

Telephone number

12054 Marine Dr

Anacortes

City

Street
WA

State

98221

Zip Code

Signature

12/7/18

Date

State of Washington County of SkaagitI know or have satisfactory evidence that Todd Wiersum
(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: 12/07/2018

Signature of Notary Public

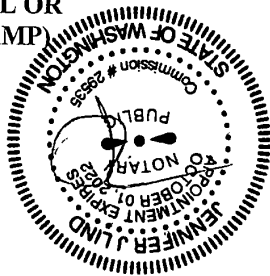
(SEAL OR
STAMP)Residing at: BowNotary Public in and for the State of WAMy appointment expires: 10/1/2022

Exhibit "A"

Lot 11, Skagit County Short Plat No. 6-90, approved March 12, 1991 and recorded March 12, 1991 in Volume 9 of Short Plats, page 326 under Auditor's File No. 9103120066, being in a portion of revised Short Plat No. 68-80 and 90-77 in the Northwest Quarter of Section 2, Township 34 North, Range 1 East of the Willamette Meridian, AND EXCEPT that portion described as follows: Commencing at the Northeast corner of said Lot 11, Short Plat No. 6-90; thence South 88 16'17" West 54.00 feet along the North line of said Lot 11 to the true point of beginning; thence South 63 04'51" West 91.04 feet; thence North 69 41'47" West 103.42 feet, more or less, to said North line of Lot 11 at a point bearing South 88 16'17" West from the true point of beginning; thence North 88 16'17" East 178.25 feet along said North line of Lot 11 to the true point of beginning. Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

201612070059

2018-03-21 PM Page 7 of 8

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-036119

DATE ISSUED: 08/21/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): BROOKE ASHLEE

LAST NAME(S): WIERSUM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: AUGUST 14, 2018

HOUR OF DEATH: 11:35 AM

SEX: FEMALE AGE: 46 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: TODD EDWARD WIERSUM

OCCUPATION: OWNER OPERATOR

INDUSTRY: ACCOUNTING BUSINESS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: TODD WIERSUM

RELATIONSHIP: HUSBAND

ADDRESS: PO BOX 127, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE SPONTANEOUS SUBARACHNOID HEMORRHAGE

INTERVAL: 1 HOUR

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: AUGUST 14, 2018

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: LOCAL BUSINESSES

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN

COUNTY:

DESCRIBE HOW INJURY OCCURRED: UNKNOWN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: EMERGENCY ROOM

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 12054 MARINE DRIVE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: RICK MARSHALL

MOTHER/PARENT: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 20, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & 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: UNKNOWN IF PREGNANT WITHIN THE
PAST YEAR

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: AUGUST 20, 2018

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 18SK0248

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: AUGUST 20, 2018

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201812070059

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

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

12/07/2018 03:21 PM Page 4 of 8

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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: 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 2 nd parent (if required):
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.

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

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.

DOH 422-034 October 2015



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

CERTIFIED

AUG 21 2018

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



0 2 0 1 9 6 9 9