

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587



201901080051

01/08/2019 01:12 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR, SYLVIA D. HEERSPINK, surviving spouse of JOHN HEERSPINK, (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit in Support of Community Property, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(h)), conveys and quit claim to **GRANTEE**, SYLVIA D. HEERSPINK, a single person as her 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 therein.

TPN: 4159-000-010-0009 P76442

Tract "J", "OTTO GREENSTREET" ADDITION TO SEDRO WOOLLEY", as per Plat recorded in Volume 6 of Plats, page 18, Records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, assessments, easements of record, if any.

Dated the 7th day of January, 2019.

Sylvia D. Heerspink
SYLVIA D. HEERSPINK,
Surviving spouse

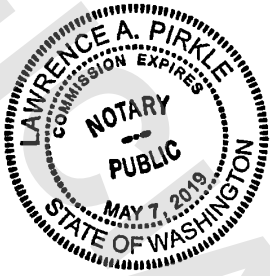
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
201971
JAN 08 2019

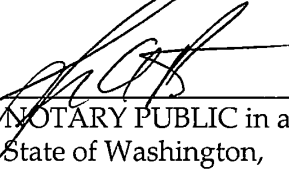
Amount Paid \$0
Skagit Co. Treasurer
By Mm Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that SYLVIA D. HEERSPINK is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 7th day of January, 2019.



LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

UNOFFICIAL DOCUMENT

**AFFIDAVIT OF SURVIVING SPOUSE
FOR LACK OF PROBATE AND
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT

SYLVIA D. HEERSPINK, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of JOHN HEERSPINK, JR., deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the following described real property located in Skagit County, Washington:

TPN: 4159-000-010-0009 P76442

Tract "J", "OTTO GREENSTREET" ADDITION TO SEDRO WOOLLEY", as per Plat recorded in Volume 6 of Plats, page 18, Records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, assessments, easements of record, if any.

SECOND, I am the surviving spouse of JOHN HEERSPINK, JR. and we owned this property as husband and wife.

THIRD, that said Decedent passed away on April 9, 2018 in Skagit County, State of Washington. Death Certificate attached as Exhibit "A", incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements of other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditor's of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
SYLVIA D. HEERSPINK 815 Greenstreet Blvd. Sedro Woolley, WA 98284	Spouse	Legal
FRANKLIN J. HEERSPINK PO Box 105 Buckley, WA 98321	Son	Legal
EUGENE W. HEERSPINK 3353 N. Acacia Way Buckeye, AZ 85396-7719	Son	Legal
SHANE M. PARKER 811 Sauk Mountain Dr. Sedro Woolley, WA 98284	Step-Son	Legal

EIGHTH, I SYLVIA D. HEERSPINK, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

DATED this 7th day of January, 2019.


SYLVIA D. HEERSPINK

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-016030

DATE ISSUED: 04/11/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN
LAST NAME(S): HEERSPINK JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 09, 2018
HOUR OF DEATH: 08:28 PM
SEX: MALE AGE: 76 YEARS
SOCIAL SECURITY NUMBER: 539-36-6923

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 815 GREENSTREET BLVD
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 39 YEARS

BIRTH DATE: MARCH 27, 1942
BIRTHPLACE: NETHERLANDS

FATHER/PARENT: JOHN HEERSPINK SR
MOTHER/PARENT: DORA KLOESTER

MARITAL STATUS: MARRIED
SPOUSE: SYLVIA TAFT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN CREMATION, LLC

OCCUPATION: TRUCK DRIVER
INDUSTRY: TIMBER
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: OAK HARBOR, WASHINGTON
DISPOSITION DATE: APRIL 11, 2018

INFORMANT: SYLVIA HEERSPINK
RELATIONSHIP: SPOUSE
ADDRESS: 815 GREENSTREET BLVD SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

- CAUSE OF DEATH:
- A: RESPIRATORY FAILURE
INTERVAL: HOURS
- B: ASPIRATION PNEUMONIA
INTERVAL: HOURS
- C: ACUTE ENCEPHALOPATHY
INTERVAL: DAYS
- D: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: APRIL 10, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 10, 2018



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
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

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event
4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:

8. The record now shows, 9. The true fact is:
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

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).
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
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.
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

CERTIFIED

APR 11 2018

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



0 1 8 0 3 5 5 4

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