

201901280140

01/28/2019 03:51 PM Pages: 1 of 6 Fees: \$104.00  
Skagit County Auditor

## Quitclaim Deed

RECORDING REQUESTED BY DAVID G. PARKER

AND WHEN RECORDED MAIL TO:

DAVID PARKER, Grantee(s)

PO BOX 543  
CLEAR LAKE, WA 98235

Consideration: \$ 0

Property Transfer Tax: \$ \_\_\_\_\_

Assessor's Parcel No.: P74934

PREPARED BY: \_\_\_\_\_ certifies herein that he or she has prepared this Deed.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

101220  
JAN 28 2019

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

Signature of Preparer

Date of Preparation

Printed Name of Preparer

LTS 1-6 Naylor's Central, Add.

THIS QUITCLAIM DEED, executed on 1/28/2019 in the County of

SKAGIT, State of WASHINGTON

by Grantor(s), DAVID G. PARKER, SURVIVING SPOUSE OF PEGGY S. PARKER

whose post office address is PO BOX 543 CLEAR LAKE, WA 98235,

to Grantee(s), DAVID G. PARKER,

whose post office address is PO BOX 543 CLEAR LAKE, WA 98235,

WITNESSETH, that the said Grantor(s), DAVID G. PARKER, SURVIVING SPOUSE,  
for good consideration and for the sum of \_\_\_\_\_

(\$ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,  
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

X OF PEGGY S. PARKER

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of SNAPE, State of WASHINGTON and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

**IN WITNESS WHEREOF**, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

**GRANTOR(S):**

David G. Parker  
Signature of Grantor

DAVID G. PARKER  
Print Name of Grantor

\_\_\_\_\_  
Signature of Second Grantor (if applicable)

\_\_\_\_\_  
Print Name of Second Grantor (if applicable)

\_\_\_\_\_  
Signature of First Witness to Grantor(s)

\_\_\_\_\_  
Print Name of First Witness to Grantor(s)

\_\_\_\_\_  
Signature of Second Witness to Grantor(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantor(s)

**GRANTEE(S):**

\_\_\_\_\_  
Signature of Grantee

\_\_\_\_\_  
Print Name of Grantee

\_\_\_\_\_  
Signature of Second Grantee (if applicable)

\_\_\_\_\_  
Print Name of Second Grantee (if applicable)

\_\_\_\_\_  
Signature of First Witness to Grantee(s)

\_\_\_\_\_  
Print Name of First Witness to Grantee(s)

\_\_\_\_\_  
Signature of Second Witness to Grantee(s)

\_\_\_\_\_  
Print Name of Second Witness to Grantee(s)

## NOTARY ACKNOWLEDGMENT

State of Washington  
County of Snohomish  
On JAN. 28 2019, before me, Jennifer J. Lind, a notary  
public in and for said state, personally appeared, David G. Parker

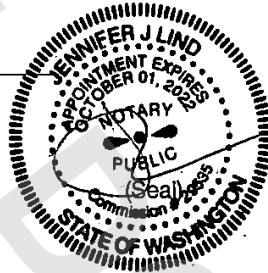
who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons  
whose names are subscribed to the within instrument and acknowledged to me that they ex-  
ecuted the same in their authorized capacities, and that by their signatures on the instrument the  
persons, or the entity upon behalf of which the persons acted, executed the instrument.

**WITNESS** my hand and official seal.

Signature of Notary

Affiant Known \_\_\_\_\_ Produced ID \_\_\_\_\_

Type of ID Driver's License



LOTS 1, 2, 3, 4, 5 AND 6 NAYLOR'S CENTRAL ADDITION TO CLEAR LAKE, ACCORDING TO THE PLAT THEREOF ON FILE IN THE OFFICE OF AUDITOR OF SKAGIT COUNTY, IN VOLUME 4 OF PLATS, PAGE 18; SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON; TOGETHER WITH ADJACENT AND ABUTTING UNOPENED VACATED ROAD RIGHT-OF-WAY PER SKAGIT COUNTY CONTRACT NUMBER C20030466, RECORDED UNDER AF #200311070105, DESCRIBED AS FOLLOWS: LOCATED IN SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 34, RANGE 4 EAST, W.M., UNOPENED COUNTY RIGHT-OF-WAY, SOUTH OF MUD LAKE ROAD AND WEST OF STATE ROUTE 9, APPROXIMATELY 295 FEET BY 16 FEET IN THE EAST-WEST DIRECTION BORDED BY LOTS 15 AND 16 AND ENDING AT LOTS 10 AND 21, AND 280 FEET BY 16 FEET IN THE NORTH-SOUTH DIRECTION BY LOTS 9 AND 10 AND ENDING AT LOTS 1 AND 21; THAT PORTION OF NAYLOR'S CENTRAL ADDITION TO CLEAR LAKE FILED IN VOLUME 4 OF PLATS AT PAGE 18, RECORDS OF SKAGIT COUNTY, WASHINGTON. SUBJECT TO AND TOGETHER WITH COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, RIGHTS AND EASEMENTS OF RECORD, IF ANY.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-004431

DATE ISSUED: 01/31/2017

FEE NUMBER: 0000000037

GIVEN NAMES: PEGGY SUE  
LAST NAME: PARKER

COUNTY OF DEATH: KING  
DATE OF DEATH: JANUARY 23, 2017  
HOUR OF DEATH: 11:00 A.M.  
SEX: FEMALE  
AGE: 56 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: KANSAS CITY, MISSOURI

MARITAL STATUS: MARRIED  
SPOUSE: DAVID PARKER

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

INFORMANT: DAVID PARKER  
RELATIONSHIP: SPOUSE  
ADDRESS: 4404 76TH ST. SW MUKILTEO, WA 98275

PLACE OF DEATH: HOSPICE FACILITY  
FACILITY OR ADDRESS: EVERGREEN HEALTH HOSPICE  
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 4404 76TH ST. SW  
CITY, STATE, ZIP: MUKILTEO, WASHINGTON 98275

INSIDE CITY LIMITS? YES

COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: JOHN HARRISON  
MOTHER/PARENT:

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: BAYVIEW CEMETERY  
CITY, STATE: BELLINGHAM, WA  
DISPOSITION DATE: FEBRUARY 04, 2017

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM  
ADDRESS: 2465 LAKEWAY DR  
CITY, STATE, ZIP: BELLINGHAM WA 98229  
FUNERAL DIRECTOR: BRIAN L. FLOWERS

CAUSE OF DEATH:  
A. BREAST CANCER  
INTERVAL: 3 YEARS 4 MONTHS  
B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

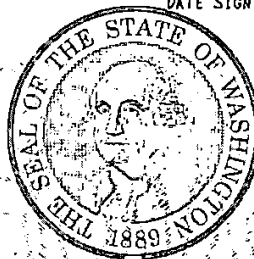
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANN MARIE O'NEILL, ARNP  
TITLE: ARNP  
CERTIFIER  
ADDRESS: 12040 NE 128TH ST, MS9  
CITY, STATE, ZIP: KIRKLAND WA 98034  
DATE SIGNED: JANUARY 25, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:  
DIANE BOGAN  
DATE RECEIVED: JANUARY 30, 2017



# Affidavit for Correction

01/28/2019 03:51 PM  
 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
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**Required information must match current information on record**

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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 foregoing is true and correct**

16a. Signature: 16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name: Date: Printed name: Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

**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**

- 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.

CERTIFIED  
 TRUE AND CORRECT  
 HEALTH DEPARTMENT  
 DO NOT DESTROY

Greg Stern MD  
 GREG STERN, M.D.  
 HEALTH OFFICER

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