



201904050007

04/05/2019 09:28 AM Pages: 1 of 16 Fees: \$114.00  
Skagit County Auditor

AFTER RECORDING RETURN TO:  
ANACORTES MARINE ENTERPRISES, INC.  
P.O. BOX 55697  
SHORELINE, WA 98133

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2019 1204  
APR 05 2019

Skagit County  
PROPERTY ID # 282800

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

**ANACORTES MARINA  
PARTIAL ASSIGNMENT OF LEASE**

In consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable considerations, the receipt and sufficiency which are hereby acknowledged,

**Estate of Peggy A. Talbot, Brenda Berg, Personal Representative**

as Assignor, whose address is:

1422 – 151<sup>st</sup> Pl. NE, Bellevue, WA 98007

hereby conveys, assigns, transfers and sets over to:

**Timothy A. Berg & Brenda J. Berg Trust, Timothy Berg and Brenda Berg TTEES**

as Assignee, whose address is:

1422 – 151<sup>st</sup> Pl. NE, Bellevue, WA 98007

that leasehold interest in Skagit County, Washington as evidenced by that certain Partial Assignment of Lease (the "Original Assignment") dated the 1st day of November, 1984, and recorded on November 1, 1984 in Skagit County, Washington under Auditor's Filing No. 8411010027, wherein Anacortes Marine Enterprises, Inc., a Washington corporation, appears as Grantor, and

Joseph G. Wynne & Bette J. Wynne, Husband and Wife  
appears as Grantee.

Subsequent assignments from:

Joseph & Bette Wynne H&W to Joseph & Bette Wynne, TinC, File No. 8811180074

Joseph & Bette Wynne to Wynne Family Trust, Quit Claim, File No. 9411080116

Wynne Family Trust to Paul F. Talbot and Peggy A. Talbot, File No. 9706190156

Said leasehold interest is more particularly described as follows:

Apartment and/or moorage slip **D-15, Phase IV** of the Anacortes Marina Condominium (the "Condominium"), according to the Condominium Declaration of Anacortes Marina Condominium recorded under Skagit County Auditor's Filing No. 8106010012, as amended by amendment recorded under Skagit County Auditor's Filing Nos. 8106260020, 8108120086, 8306160023, 8307190014, 201606170112, and

201811080010 (as amended and as it may in the future be amended, the "Condominium Declaration"), and as shown on the Plans and Survey recorded under Skagit County Auditor's Filing Nos. 8106010014, 199912200131, 8108120085, 8306160022, and 8307190013. Together with that undivided percentage interest in the Common Areas and Facilities appertaining to the Apartment and/or Moorage Slip.

The leasehold interest is hereafter referred to as the "Apartment and/or Moorage Slip".

THE APARTMENT AND/OR MOORAGE SLIP IS SUBJECT TO ALL EASEMENTS, RESERVATIONS, RESTRICTIONS, COVENANTS, CONDITIONS AND AGREEMENTS OF RECORD INCLUDING, WITHOUT LIMITATION, THE FOLLOWING:

1. The terms and conditions of that certain Lease, dated April 22, 1981, by and between Fidalgo, Inc., as lessor, and Anacortes Marine Enterprises, Inc., as lessee, recorded on April 24, 1981, under Skagit County Auditor's Filing No. 8104240010, as it may be amended (the "Fidalgo Lease");
2. The terms and conditions of that certain Aquatic Lands Lease No. 22-A02510, dated as of April 5, 2017, by and between the State of Washington Department of Natural Resources, as lessor, and Anacortes Marina Owners Association, as lessee, recorded on May 11, 2017, under Skagit County Auditor's Filing No. 201705110008, as it may be amended (the "DNR Lease");
3. The terms, provisions, definitions, covenants, options, obligations and restrictions contained in the Condominium Declaration or in any By-Laws adopted pursuant to the Condominium Declaration;
4. The liability of the Apartment and/or Moorage Slip for assessments due or to become due to the Anacortes Marina Owners Association pursuant to the Condominium Declaration, including, without limitation, the Apartment and/or Moorage Slip's prorata share of sums due under the Fidalgo Lease and DNR Lease;
5. The terms, provisions and limitations contained in the Horizontal Property Regimes Act, Chapter 156, Laws of 1963, as now or hereafter amended (commonly known and referred to as RCW64.32 et seq.);

The Apartment and/or Moorage Slip may be used for moorage purposes only. The post office address of the property is 2415 'T' Avenue, Anacortes, Washington 98221.

[Signatures on Next Page]

IN WITNESS WHEREOF, the undersigned Assignor has executed this Partial Assignment of Lease this 13 day of February 2019

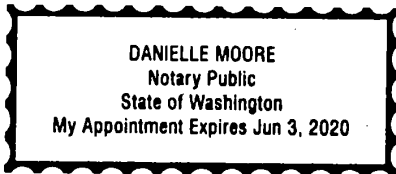
ASSIGNOR(S):  
Estate of Peggy A. Talbot,

Brenda Berg PR  
Brenda Berg, Personal Representative

STATE OF WA )  
COUNTY OF King ) SS.

On this 13<sup>th</sup> day of February 2019, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Brenda Berg to me known to be the individual(s) described in and who executed the foregoing instrument and acknowledged to me that She signed and sealed the said instrument as Her free and voluntary act and deed for the purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.



Danielle Moore  
Notary Public in and for the  
State of Washington  
Residing at Federal Way

ACCEPTANCE OF PARTIAL ASSIGNMENT AND POWER OF ATTORNEY

In consideration of the foregoing Partial Assignment of Lease, the undersigned hereby accepts said Partial Assignment of Lease. By acceptance of this Partial Assignment of Lease, Assignee agrees to perform all obligations of an Apartment and/or Moorage Slip Owner pursuant to the Condominium Declaration, the Fidalgo Lease or the DNR Lease, or any amendments or restatements thereof now in existence and/or hereafter executed. By acceptance of this Partial Assignment of Lease, Assignee further agrees to be bound by and to comply with all of the terms and conditions of each of the documents and provisions to which this Partial Assignment is subject.

Assignee acknowledge(s) receipt of copies of the Condominium Declaration, the Plans and Survey, the Fidalgo Lease and the DNR Lease. Assignee acknowledges that the Apartment and/or Moorage Slip is subject to the provisions of Subparagraph 23.5 of the Condominium Declaration which restricts the right of Assignee to sell, assign, and/or transfer the Apartment and/or Moorage Slip or any interest therein without the prior written consent of (i) Anacortes Marina Enterprises, Inc. or its successors, or (ii) after the period provided in Subparagraph 10.1 of the Condominium Declaration, the Anacortes Marina Owners Association.

Assignee further acknowledges that a portion of the property occupied by the Anacortes Marina Owners Association is state-owned aquatic lands subject to a lease granted by the Washington State Department of Natural Resources ("DNR") to Anacortes Marina Owners Association under DNR lease number 22-A02510 ("DNR Lease"). Any interest Assignee acquires in the Anacortes Marina Owners Association is subject to the terms of this DNR Lease. Assignee can inspect the DNR Lease at the offices of the Anacortes Marina located at 2415 T Avenue, Suite 1, Anacortes, WA 98221 during normal business hours. The DNR Lease is scheduled to expire on July 31, 2047. Expiration or termination of the DNR Lease will eliminate this leasehold from the Condominium Property. The DNR Lease is not subject to renewal. Solely at its discretion, DNR may issue a new lease to the current tenant. DNR has no obligation to re-lease this property to the Anacortes Marina Owners Association, its successors, or assigns. Apartment owners, either individually or collectively, have no reversionary interest in the leasehold. Apartment owners, either individually or collectively, have no right to lease the property upon termination or expiration of the DNR Lease.

Assignee accepts the Apartment and/or Moorage Slip and Common and Limited Common Areas in their present condition.

By acceptance of this Partial Assignment of Lease, Assignee hereby appoints and constitutes Anacortes Marine Enterprises, Inc., a Washington Corporation, the Declarant of the Condominium and/or the Anacortes Marina Owners Association, if constituted, as his true and lawful attorney(s)-in-fact and agent for the following purposes (and only said

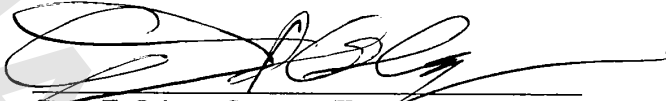


CONSENT OF DECLARANT

ANACORTES MARINE ENTERPRISES, INC., the grantor in the above described Original Assignment, does hereby consent to the above assignment of the aforesaid Original Assignment subject to payments being made from time to time by the Assignee(s) hereof in accordance with said Partial Assignment to cover purchase of Partial Assignment and assessments for the Anacortes Marina Owners Association, as they become due. This consent does not relieve the Assignor(s) from the obligation to make said payments in the event the Assignee(s) does not make said payments. By this consent Anacortes Marine Enterprises, Inc. does also consent to this assignment of membership in the Anacortes Marina Owners Association to the Assignee(s) subject to the approval of the Board of Directors of the Anacortes Marina Owners Association.

DATED this 10<sup>th</sup> day of January, 2019

ANACORTES MARINE ENTERPRISES, INC.



Grant T. Osberg, Secretary/Treasurer

FILED

2018 DEC 13 PM 4: 11

KING COUNTY  
SUPERIOR COURT CLERK  
RENT, WA

**CERTIFIED  
COPY**

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR THE COUNTY OF KING

IN RE THE ESTATE OF  <u>PEGGY TALBOT,</u>  DECEASED.	NO: 18-4-61062-9 KNT  LETTERS TESTAMENTARY (LTRTS)
------------------------------------------------------------------	-------------------------------------------------------------

The last will of the above named decedent was duly exhibited, proven and filed on December 13, 2018. It appears in and by said will that BRENDA J. BERG is named Executors and by order of this court is/are authorized to execute said will according to law.

WITNESS my hand and seal of said Court: December 13, 2018.

BARBARA MINER  
King County Superior Court Clerk

By:  Deputy Clerk  
O. Childress-White

• NOT OFFICIAL WITHOUT SEAL •



I, BARBARA MINER, Clerk of the Superior Court of the State of Washington, for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this Seal of said Superior Court at my office, at Seattle on this date DEC 13 2018



BARBARA MINER, Superior Court Clerk

By:  Deputy Clerk  
**O. CHILDRESS-WHITE**

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-038406

DATE ISSUED: 09/05/2018

FEE NUMBER: 310918

FIRST AND MIDDLE NAME(S): PAUL FRANK

LAST NAME(S): TALBOT

COUNTY OF DEATH: KING

DATE OF DEATH: AUGUST 24, 2018

HOUR OF DEATH: 06:38 AM

SEX: MALE AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: PEGGY ANN ROUSE

OCCUPATION: MANAGER

INDUSTRY: HVAC INDUSTRY

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: PEGGY ANN TALBOT

RELATIONSHIP: SPOUSE

ADDRESS: 933 111TH AVENUE NE, APT. 459, BELLEVUE, WA 98004

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK

INTERVAL: 3 DAYS

B: END STAGE CONGESTIVE HEART FAILURE

INTERVAL: MONTHS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: OVERLAKE HOSPITAL MEDICAL CENTER

CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

RESIDENCE STREET: 933 111TH AVENUE NE, APT. 459

CITY, STATE, ZIP: BELLEVUE, WA 98004

INSIDE CITY LIMITS: YES COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: PAUL ABBOT TALBOT

MOTHER/PARENT: MABEL ISOBEL [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: SEPTEMBER 05, 2018

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

FUNERAL DIRECTOR: AMY H. BERMAN

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

CERTIFIER NAME: DAVID CHU, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1035 116TH AVE NE

CITY, STATE, ZIP: BELLEVUE, WA 98004

DATE SIGNED: AUGUST 27, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: SEPTEMBER 05, 2018



Affidavit for Correction

04/05/2019 09:28 AM Page 2 of 16
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 (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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:

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 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
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 Adult (18 years or older)
• 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
• 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.



0 2 4 6 7 5 7 9

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-050391

DATE ISSUED: 11/20/2018

FEE NUMBER: 311118

FIRST AND MIDDLE NAME(S): PEGGY ANN  
LAST NAME(S): TALBOT

COUNTY OF DEATH: KING  
DATE OF DEATH: NOVEMBER 14, 2018  
HOUR OF DEATH: 06:25 AM  
SEX: FEMALE AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: CARY, KY

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: YES

INFORMANT: BRENDA J BERG  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1422 151ST PLACE NE, BELLEVUE, WA 98007

CAUSE OF DEATH:  
A: RESPIRATORY FAILURE  
INTERVAL: WEEK  
B: CHRONIC OBSTRUCTIVE LUNG DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE  
OSTEOPOROSIS

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: PACIFIC REGENT BELLEVUE - 919 109TH AVENUE  
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004

RESIDENCE STREET: 933 111TH AVENUE NE, UNIT 459  
CITY, STATE, ZIP: BELLEVUE, WA 98004  
INSIDE CITY LIMITS: YES COUNTY: KING  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER/PARENT: FRANK ROUSE  
MOTHER/PARENT: ETHEL [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: NOVEMBER 20, 2018

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209  
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223  
FUNERAL DIRECTOR: AMY H. BERMAN

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

CERTIFIER NAME: JOHN ADDISON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: PO BOX 1526  
CITY, STATE, ZIP: MERCER ISLAND, WA 98040  
DATE SIGNED: NOVEMBER 16, 2018

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

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON  
DATE RECEIVED: NOVEMBER 20, 2018



# Affidavit for Correction

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
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#### Required information must match current information on record

<b>Required</b>	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 Birth 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:  
PO 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 <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

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 using this form, 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). 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.

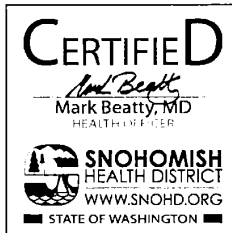
#### Marriage/Dissolution (Divorce) Certificates

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 January 2015



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



0 2 8 6 0 7 9 4

Return Address:

Brenda Joyce Berg  
1422 - 151<sup>st</sup> Pl NE  
Bellevue, WA 98007

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Brenda Joyce Berg, 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 Daughter of Decedent and  
Personal Rep for Estate of Peggy A. Talbot  
*Relationship to decedent*  
of Paul F. Talbot, who died on 08/24/2018  
*Decedent/Grantor* *Date*  
at Bellevue King WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Anacortes Marina Condo 4, Dock D-15  
Anacortes Marina Partial Assignment of Lease  
Moorage Slip #D-15, Phase IV

Assessor's Property Tax Parcel/Account Number: P-82800  
(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)

(Page 1 of 3)

Brenda Joyce Berg, Age 60, Daughter  
1422 - 151<sup>st</sup> PL NE, Bellevue, WA 98007  
*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*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

Dated : 03/27/2019

Brenda Joyce Berg, Daughter of Decedent and Personal Rep for Estate of Peggy A. Talbot  
Affiant's full name

425-453-0420

Telephone number

1422-151st PL NE

Bellevue

WA

98007

City

State

Zip Code

[Signature]  
Signature

03/28/2019  
Date

State of Washington

County of King

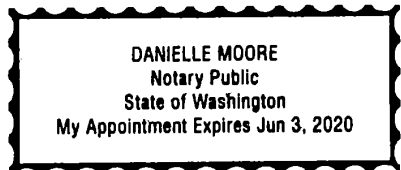
I know or have satisfactory evidence that Brenda Berg  
(name of person)

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: 3/28/2019

[Signature]  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Federal Way,

Notary Public in and for the State of WA

My appointment expires: 06/1/2020

AFTER RECORDING RETURN TO:  
 ANACORTES MARINE ENTERPRISES, INC.  
 P.O. BOX 55697  
 SHORELINE, WA 98133

Skagit County  
 PROPERTY ID # P82800

**ANACORTES MARINA**  
**PARTIAL ASSIGNMENT OF LEASE**

In consideration of the sum of Ten and No/100 Dollars (\$10.00) and other good and valuable considerations, the receipt and sufficiency which are hereby acknowledged,

**Estate of Peggy A. Talbot, Brenda Berg, Personal Representative**

as Assignor, whose address is:

1422 – 151<sup>st</sup> Pl. NE, Bellevue, WA 98007

hereby conveys, assigns, transfers and sets over to:

**Timothy A. Berg & Brenda J. Berg Trust, Timothy Berg and Brenda Berg TTEES**

as Assignee, whose address is:

1422 – 151<sup>st</sup> Pl. NE, Bellevue, WA 98007

that leasehold interest in Skagit County, Washington as evidenced by that certain Partial Assignment of Lease (the "Original Assignment") dated the 1st day of November, 1984, and recorded on November 1, 1984 in Skagit County, Washington under Auditor's Filing No. 8411010027, wherein Anacortes Marine Enterprises, Inc., a Washington corporation, appears as Grantor, and

Joseph G. Wynne & Bette J. Wynne, Husband and Wife  
 appears as Grantee.

Subsequent assignments from:

Joseph & Bette Wynne H&W to Joseph & Bette Wynne, TinC, File No. 8811180074

Joseph & Bette Wynne to Wynne Family Trust, Quit Claim, File No. 9411080116

Wynne Family Trust to Paul F. Talbot and Peggy A. Talbot, File No. 9706190156

Said leasehold interest is more particularly described as follows:

Apartment and/or moorage slip **D-15, Phase IV** of the Anacortes Marina Condominium (the "Condominium"), according to the Condominium Declaration of Anacortes Marina Condominium recorded under Skagit County Auditor's Filing No. 8106010012, as amended by amendment recorded under Skagit County Auditor's Filing Nos. 8106260020, 8108120086, 8306160023, 8307190014, 201606170112, and

201811080010 (as amended and as it may in the future be amended, the "Condominium Declaration"), and as shown on the Plans and Survey recorded under Skagit County Auditor's Filing Nos. 8106010014, 199912200131, 8108120085, 8306160022, and 8307190013. Together with that undivided percentage interest in the Common Areas and Facilities appertaining to the Apartment and/or Moorage Slip.

The leasehold interest is hereafter referred to as the "Apartment and/or Moorage Slip".

THE APARTMENT AND/OR MOORAGE SLIP IS SUBJECT TO ALL EASEMENTS, RESERVATIONS, RESTRICTIONS, COVENANTS, CONDITIONS AND AGREEMENTS OF RECORD INCLUDING, WITHOUT LIMITATION, THE FOLLOWING:

1. The terms and conditions of that certain Lease, dated April 22, 1981, by and between Fidalgo, Inc., as lessor, and Anacortes Marine Enterprises, Inc., as lessee, recorded on April 24, 1981, under Skagit County Auditor's Filing No. 8104240010, as it may be amended (the "Fidalgo Lease");
2. The terms and conditions of that certain Aquatic Lands Lease No. 22-A02510, dated as of April 5, 2017, by and between the State of Washington Department of Natural Resources, as lessor, and Anacortes Marina Owners Association, as lessee, recorded on May 11, 2017, under Skagit County Auditor's Filing No. 201705110008, as it may be amended (the "DNR Lease");
3. The terms, provisions, definitions, covenants, options, obligations and restrictions contained in the Condominium Declaration or in any By-Laws adopted pursuant to the Condominium Declaration;
4. The liability of the Apartment and/or Moorage Slip for assessments due or to become due to the Anacortes Marina Owners Association pursuant to the Condominium Declaration, including, without limitation, the Apartment and/or Moorage Slip's prorata share of sums due under the Fidalgo Lease and DNR Lease;
5. The terms, provisions and limitations contained in the Horizontal Property Regimes Act, Chapter 156, Laws of 1963, as now or hereafter amended (commonly known and referred to as RCW64.32 et seq.);

The Apartment and/or Moorage Slip may be used for moorage purposes only. The post office address of the property is 2415 'T' Avenue, Anacortes, Washington 98221.

[Signatures on Next Page]