



201904290044

04/29/2019 10:56 AM Pages: 1 of 7 Fees: \$155.00
Skagit County Auditor

Document Title: Deed

Reference Number :

Grantor(s): additional grantor names on page ___

1. Betty L Schneider serving spouse of
2. Harry L Schneider deceased

Grantee(s): additional grantee names on page ___

1. Gary L Schneider
- 2.

Abbreviated legal description: full legal on page(s) ___

Lot 7 All 5 Water Tracts
etal

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P66155 & P17212

I, , am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$99.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed  Dated 4-29-19

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) Betty & Schneider surviving spouse
of Harry & Schneider deceased.

for and in consideration of

Nothing

in hand paid, conveys and quit claims to

Gary L Schneider

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 29 2019

Amount Paid \$
Skagit Co. Treasurer
By MLL Deputy

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:

Property ID# 66155-3929-000-007-005 Taxarea 2675

Property ID# 17212-336425-0-001-3100 Taxarea 2655

Lot 7 of Hull's waterfront Tracts

See attached for legal description

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

Tax Parcel Number(s): ~~2675~~ & ~~2655~~

P66155
P17212

Dated: 2-11-2019

Betty L. Schneider

STATE OF *Texas*
COUNTY OF *Harris*

ss.

I certify that I know or have satisfactory evidence that *BETTY L. SCHNEIDER*

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that *she* signed
this instrument, on oath stated that *she* authorized to execute the instrument and acknowledge it
as the *Grantor of* of
the property to be
the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 2/11/2019

[Signature]

Notary name printed or typed: *Estefany Jimenez*
Notary Public in and for the State of *Texas*
Residing at *TEXAS*
My appointment expires: *10/31/2021*

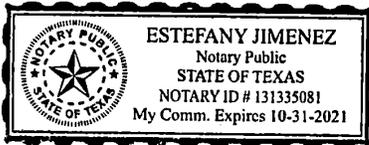


EXHIBIT "A" (LEGAL DESCRIPTION)

PARCEL 56

That portion of the Burlington Northern Railroad Company Right-of-Way, conveyed by deed recorded under Auditor's File No. 8702180078, records of Skagit County, Washington; said portion being the right-of-way easterly of the main track centerline as recorded December 26, 1890 in Book 13 of deeds, page 566, and lying westerly of and between the north and south lines extended, of the following described property.

Lot 7, of "Hull's Waterfront Tracts", as per plat thereof recorded in the office of the Auditor of Skagit County, Washington, in Volume 7 of Plats at page 33, official records of said County.

131 AB

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 4th day of February, 1986, by and between HARRY LOUIS SCHNEIDER and BETTY LOU SCHNEIDER, husband and wife, of Seattle, Washington, pursuant to the provisions of Section 26.16.120, Revised Code of Washington, providing for agreements between husband and wife for the fixing of the status and disposition of community property to take effect upon the death of either;

WITNESSETH:

That, in consideration of the love and affection that each of said parties has for the other, and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted, and promised as follows:

FIRST: That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by them, or either of them, shall be considered and is hereby declared to be community property.

SECOND: That upon the death of either of the parties hereto, title to all community property, as defined in the preceding paragraph, shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF, the said (husband) and (wife) have hereunto set their hands and seals this 4th day of February, 1986.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20190429
APR 29 2019

Amount Paid \$
By MA Skagit Co. Treasurer Deputy

Harry Louis Schneider
HARRY LOUIS SCHNEIDER

Betty Lou Schneider
BETTY LOU SCHNEIDER

STATE OF WASHINGTON)
: ss
COUNTY OF KING)

This certifies that on this 4th day of February, 1986, personally appeared before me HARRY LOUIS SCHNEIDER and BETTY LOU SCHNEIDER, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and this certificate first above written

Clare M. Debra
NOTARY PUBLIC in and for the State of
Washington, residing at Edmonds
Seattle



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 1/24/2019

Local File Number 8452		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Harry Louis SCHNEIDER				2. Death Date 08/12/08		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 531-20-3089	6. County of Death King	
7. Birthdate 1/21/1927	8a. Birthplace (City, Town, or County) Seattle		8b. (State or Foreign Country) Washington		9. Decedent's Education Associate Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence, Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 23401 Lakeview Dr. J201				13b. City or Town Mountlake Terrace		
13c. Residence, County Snohomish		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA		13f. Zip Code + 4 98043
14. Estimated length of time at residence. 2 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Betty Lou Peterson		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Major				18. Kind of Business/Industry (Do not use Company Name) Police Department		
19. Father's Name (First, Middle, Last, Suffix) Norman Albert Schneider			20. Mother's Name Before First Marriage (First, Middle, Last) Vera Emma Cook			
21. Informant's Name Betty L. Schneider		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street, RFD No., City or Town, State, Zip 23401 Lakeview Dr. J201 Mountlake Terrace, WA 98043		
24. Place of Death, if Death Occurred in a Hospital: Inpatient						
25. Facility Name (if not a facility, give number & street or location) Harborview Medical Center				26a. City, Town, or Location of Death Seattle		26b. State WA
27. Zip Code 98104		28. Cremation Washelli Crematory (Name of cemetery, crematory, other place)				
29. Location, City, Town, and State Seattle, WA				30. Location, City, Town, and State Seattle, WA		
31. Evergreen-Washelli Funeral Homes and Cemeteries, 11111 Aurora Ave. N. Seattle, WA 98133				32. Date of Disposition 8/21/2008		
33. Funeral Director Signature X 						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Spontaneous intracerebral hemorrhage Interval between Onset & Death						
Due to (or as a consequence of):						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Hypertensive and atherosclerotic cardiovascular disease Interval between Onset & Death						
Due to (or as a consequence of):						
c. Interval between Onset & Death						
d. Interval between Onset & Death						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY):		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
45. Location of Injury: Number & Street: City or Town: Country: State: Zip Code + 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
46. Describe how injury occurred				48a. Certifying Physician - X		
48b. Medical Examiner/Coroner - X				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Brian Mazrim, M.D. 325 9th AVE Seattle WA 98104		
50. Hour of Death (24hrs) 2033 h				51. Name and Title of Attending Physician if other than Certifier (Type or Print)		
52. Date Signed (MM/DD/YYYY) 08/13/08				53. Title of Certifier Associate Medical Examiner		
54. License Number		55. ME/Coroner File Number 08-1366		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) AUG 19 2008		
59. Amendments						

Part 1 completed by Funeral Director
Part 2 completed by Certifier
CH 08-05439



Affidavit for Correction

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	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:		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: <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:

Telephone Number: ()	Email Address:
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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):
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Printed name:	Date:	Printed name:	Date:
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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

- 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.



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



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