

201905070017

05/07/2019 10:20 AM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) BARBARA CROSSEN daughter of
OPAL SEARS, DECEASED *

for and in consideration of
inheritance

in hand paid, conveys and quit claims to

BARBARA CROSSEN
Robert Crossen

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:

P 48881
SEC 05 Twp 36 Rge 04
PTN NW 1/4 SW 1/4 SEC 04
E NE 1/4 SEC 5
AKA LOT 48 OF SHT PLT 108-76
AF # 838023

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20191687
MAY 07 2019

Amount Paid \$
Skagit Co. Treasurer
By Deputy

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

Tax Parcel Number(s):

P 48881

* & Robert Crossen, SON IN LAW
BOTH HEIRS

LPB 12-05(i)rev 12/2006
Page 1 of 2

Dated: 5.7.2019

Barbara J. Crossen Robert Crossen
BARBARA J. CROSSEN ROBERT CROSSEN

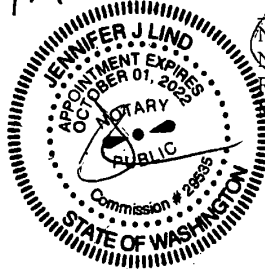
STATE OF Washington
 COUNTY OF SKagit

ss.

I certify that I know or have satisfactory evidence that

Barbara J. Crossen & Robert Crossen ^{they} ~~(is/are)~~ the person(s) who appeared before me, and said person(s) acknowledged that ~~she~~ signed this instrument and acknowledged it to be ~~her~~ their free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 5/7/19



Jennifer J. Lind
 Notary name printed or typed: Jennifer J. Lind
 Notary Public in and for the State of WA
 Residing at Bow
 My appointment expires: 10/01/2022

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Robert Crossen ^E, 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 & SON IN LAW
Relationship to decedent

of Opal Sears, who died on _____
Decedent/Grantor *Date*

at JUNEAU ALASKA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: sec 5 Twp 36 Rge 04
PTN NW 1/4 SW 1/4 Sec 04 & NE 1/4 Sec 5
AKA Lot # 8 of SHR pit 108-76
AF # 838023

Assessor's Property Tax Parcel/Account Number: P48881
 (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 _____)

Robert W. CHRISTENSEN ^{NOW} DECEASED
Full name, age, relationship, address

SON
Palmer ALASKA
Full name, age, relationship, address

BARBARA J. Crossen (72) 19914 SILVER CR.
DAUGHTER DAUGHTER SW. DR. WASH
Full name, age, relationship, address 982881

Robert A. Crossen
SON IN LAW
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 : 5-7-2019BARBARA J. CROSSEN

Affiant's full name

Telephone number

Street

City

State

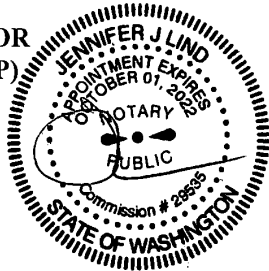
Zip Code

Barbara J. Crossen
Signature5-7-2019
DateState of Washington County of Skagit

I know or have satisfactory evidence that

Barbara J. Crossen
(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: 5/7/19(SEAL OR
STAMP)[Signature]
Signature of Notary Public

Residing at:

Bow

Notary Public in and for the State of

WA

My appointment expires:

10/2022

Dated: 5-7-2019ROBERT A. CROSSEN

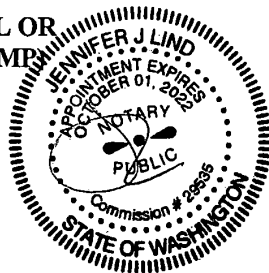
Affiant's full name

360-724-6380

Telephone number

19914 SILVER CREEK DR.Sedro Woolley WA 98284
City State Zip CodeRobert Crossen 5-7-2019
Signature DateState of Washington County of SkaagitI know or have satisfactory evidence that Robert A. Crossen
(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: 5.7.19[Signature]
Signature of Notary Public(SEAL OR
STAMP)Residing at: BOWNotary Public in and for the State of WAMy appointment expires: 10/2022

STATE OF ALASKA

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

BIRTH CERTIFICATE NUMBER		150 06000587	
RECORDED NO.		STATE FILE NUMBER	
DECEDENT'S NAME (First, Middle, Last)		DATE RECEIVED	
OPAL A. SEARS		MAR 29 2006	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (Month, Day, Year)	
92		March 22, 2006	
STATE OF DEATH		BIRTHPLACE (State or Foreign Country)	
ALASKA		Nebraska	
HOSPITAL		PLACE OF DEATH (Check only one; see instructions on other side)	
<input type="checkbox"/> Inpatient <input type="checkbox"/> ED/Outpatient <input type="checkbox"/> D.O.A.		<input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
JUNEAU Pioneers' Home		JUNEAU, Alaska	
MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden name)	
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN			
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		KIND OF BUSINESS/INDUSTRY	
Missionary		Pentecostal Church	
RESIDENCE—STATE		STREET AND NUMBER	
ALASKA		4675 Glacier Highway	
INSIDE CITY LIMITS OR SETTLED COMMUNITY?		CITY, TOWN OR LOCATION	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		JUNEAU	
ZIP CODE		RACE—Filipino, Black, Native, White, etc.	
99801		Specify: White	
FATHER'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maiden Surname)	
unknown		unknown	
INFORMANT'S NAME (Type/print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
Robert Christensen		P.O. Box 34586, JUNEAU, AK 99803	
METHOD OF DISPOSITION		RELATIONSHIP TO DECEDENT	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Son	
PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		LOCATION—City or town, State	
Alaskan Memorial Park Cem.		JUNEAU, Alaska	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		NAME AND ADDRESS OF FACILITY	
Steve P. Graves		331 Alaskan Mortuary, PO Box 33103, JUNEAU, AK 99803	
DATE OF DEATH		DATE SIGNED	
9:55 p.m. March 22, 2006		3-22-2006	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?	
Immediate Cause (Final disease or condition, resulting in death)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Coronary Heart Failure			
DUE TO (OR AS A CONSEQUENCE OF)			
Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.			
Renal failure, hypertension, atrial fibrillation			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.		WAS AN AUTOPSY PERFORMED?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CERTIFIER (Check only one)		WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH?	
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)			
<input type="checkbox"/> MEDICAL EXAMINER/CORONER (On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.)			
SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH		DATE SIGNED (Month, Day, Year)	
Dr. Nate Haddock, MD., 10301 Glacier Hwy., JUNEAU, AK 99801		3/23/06	
NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 23) (Type/print name of certifier)		LICENSE NUMBER	
Dr. Nate Haddock, MD., 10301 Glacier Hwy., JUNEAU, AK 99801		AA 4177	
MANNER OF DEATH		IF "MANNER OF DEATH" IS OTHER THAN "NATURAL," ITEMS 31a - 31f MUST BE COMPLETED.	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)	
		31b. TIME OF INJURY	
		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		31d. DESCRIBE HOW INJURY OCCURRED? (Events which resulted in injury)	
		31e. PLACE OF INJURY—At home, street, cemetery, office, etc. (Specify)	
		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
RECORDED SIGNATURE		RECORDING DISTRICT	
DATE FILED (Month, Day, Year)			

001626404

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED FEBRUARY 19, 2019

Heidi Jengdorfer
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

PRNCO (REV 02/04)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE