



201905070080

05/07/2019 03:19 PM Pages: 1 of 9 Fees: \$107.00
Skagit County Auditor

When recorded return to:

Sandra J Hogsett
13135 Avon Allen Rd
Mount Vernon WA 98273

QUIT CLAIM DEED

THE GRANTOR(S) John A Hogsett - deceased by
Sandra J. Hogsett

for and in consideration of \$10.00/ inheritance

in hand paid, conveys and quit claims to Sandra J. Hogsett

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:

NE NE 11/34/03
See attached

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019.100
MAY 07 2019

Amount Paid \$
Skagit Co. Treasurer
By MGA Deputy

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

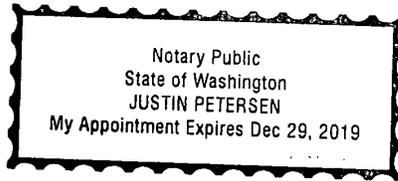
Tax Parcel Number(s): P 21392

Dated: *May 7, 2019*

Sandra J. Hogsett

STATE OF *WA*
COUNTY OF *Skaagit*

ss.



I certify that I know or have satisfactory evidence that

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that

signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: *5/7/2019*

Justin Petersen

Notary name printed or typed: *Justin Petersen*
Notary Public in and for the State of *WA*
Residing at *Burlington, WA*
My appointment expires: *12/29/2019*

TAX 21B: DR 19: DK 12: THAT PORTION OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, SECTION 11, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., EMBRACED WITHIN THE FOLLOWING DESCRIBED TRACT: BEGINNING AT THE SOUTHWEST CORNER OF THAT CERTAIN TRACT CONVEYED TO ADOLPH KAHN AND HAZEL E. KAHN, HIS WIFE, BY DEED DATED FEBRUARY 2, 1933 AND RECORDED FEBRUARY 8, 1933, UNDER AUDITOR'S FILE NO. 254691, IN VOLUME 162 OF DEEDS, PAGE 194, SAID POINT BEING ON THE EASTERLY LINE OF THE COUNTY ROAD AT A POINT 660 FEET SOUTH AND 226 FEET, MORE OR LESS, WEST OF THE NORTHEAST CORNER OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 29 DEGREES 32' WEST ALONG THE EASTERLY LINE OF SAID COUNTY ROAD 153 FEET TO THE SOUTHWESTERLY CORNER OF THAT CERTAIN TRACT CONVEYED TO GERALD KAHN AND MARGARET KAHN, HUSBAND AND WIFE, BY DEED DATED NOVEMBER 21, 1949 AND RECORDED NOVEMBER 21, 1949, UNDER AUDITOR'S FILE NO. 438416; THENCE NORTHEASTERLY ALONG THE SOUTHEASTERLY LINE OF SAID KAHN TRACT AND SAID SOUTHEASTERLY LINE PROJECTED A DISTANCE OF 102 FEET; THENCE SOUTHEASTERLY PARALLEL WITH THE EASTERLY LINE OF SAID COUNTY ROAD TO THE SOUTH LINE OF SAID TRACT CONVEYED TO ADOLPH KAHN AND HAZEL E. KAHN, HUSBAND AND WIFE, BY DEED RECORDED UNDER AUDITOR'S FILE NO. 254691; THENCE WEST ALONG THE SOUTH LINE OF SAID ADOLPH KAHN AND HAZEL E. KAHN TRACT TO THE POINT OF BEGINNING. EXCEPT THE NORTHWESTERLY 23 FEET THEREOF.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-029762

DATE ISSUED: 07/17/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): JOHN ARTHUR
LAST NAME(S): HOGSETTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 05, 2018
HOUR OF DEATH: 12:38 AM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 13135 AVON ALLEN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 13135 AVON ALLEN RD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: LITCHFIELD, ILFATHER/PARENT: ROBERT LEE HOGSETT
MOTHER/PARENT: MARY ELIZABETH [REDACTED]MARITAL STATUS: MARRIED
SPOUSE: SANDRA JEAN HAYESMETHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH
PLACE OF DISPOSITION: SCIENCE CARE ANATOMICALOCCUPATION: CANNERY WORKER MECHANIC
INDUSTRY: FOOD PROCESSING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YESCITY, STATE: AURORA, COLORADO
DISPOSITION DATE: JULY 10, 2018INFORMANT: SANDRA HOGSETT
RELATIONSHIP: SPOUSE
ADDRESS: 13135 AVON ALLEN RD, MOUNT VERNON, WA 98273

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST
CITY, STATE, ZIP: KENT, WASHINGTON 98032
FUNERAL DIRECTOR: STEVEN M. WEBSTER

CAUSE OF DEATH:

A: PANCREATIC CANCER
INTERVAL: 18 MONTHSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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 RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JULY 09, 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: JULY 09, 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:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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, 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. 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

CERTIFIED

JUL 17 2018

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

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



0 1 8 0 6 9 5 8

Return Address:

Sandra J. Hogsett
13135 Avon Allen Rd
Mount Vernon WA 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sandra J. Hogsett, 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 wife

Relationship to decedent

of John A. Hogsett, who died on July 5, 2018
Decedent/Grantor Date

at Mount Vernon Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

NE NE 11/34/03

Assessor's Property Tax Parcel/Account Number: P21392
(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 _____)

Sander J. Hogsett

wife

Full name, age, relationship, address

Dated: May 7, 2019

Sandra J. Hogsett

Affiant's full name

360-391-3825

Telephone number

13135 Avon Allen Rd

Mount Vernon

Street
WA

98273

City

State

Zip Code

Sandra J. Hogsett
Signature

May 7, 2019
Date

State of Washington County of Skagit

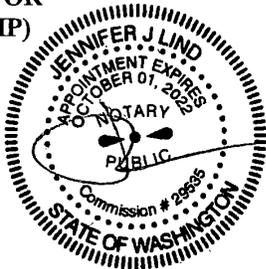
I know or have satisfactory evidence that Sandra J. Hogsett
(name of person)

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 / 2019

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Bow

Notary Public in and for the State of WA

My appointment expires: 10 / 2022

TAX 21B: DR 19: DK 12: THAT PORTION OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, SECTION 11, TOWNSHIP 34 NORTH, RANGE 3 EAST, W.M., EMBRACED WITHIN THE FOLLOWING DESCRIBED TRACT: BEGINNING AT THE SOUTHWEST CORNER OF THAT CERTAIN TRACT CONVEYED TO ADOLPH KAHN AND HAZEL E. KAHN, HIS WIFE, BY DEED DATED FEBRUARY 2, 1933 AND RECORDED FEBRUARY 8, 1933, UNDER AUDITOR'S FILE NO. 254691, IN VOLUME 162 OF DEEDS, PAGE 194, SAID POINT BEING ON THE EASTERLY LINE OF THE COUNTY ROAD AT A POINT 660 FEET SOUTH AND 226 FEET, MORE OR LESS, WEST OF THE NORTHEAST CORNER OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 29 DEGREES 32' WEST ALONG THE EASTERLY LINE OF SAID COUNTY ROAD 153 FEET TO THE SOUTHWESTERLY CORNER OF THAT CERTAIN TRACT CONVEYED TO GERALD KAHN AND MARGARET KAHN, HUSBAND AND WIFE, BY DEED DATED NOVEMBER 21, 1949 AND RECORDED NOVEMBER 21, 1949, UNDER AUDITOR'S FILE NO. 438416; THENCE NORTHEASTERLY ALONG THE SOUTHEASTERLY LINE OF SAID KAHN TRACT AND SAID SOUTHEASTERLY LINE PROJECTED A DISTANCE OF 102 FEET; THENCE SOUTHEASTERLY PARALLEL WITH THE EASTERLY LINE OF SAID COUNTY ROAD TO THE SOUTH LINE OF SAID TRACT CONVEYED TO ADOLPH KAHN AND HAZEL E. KAHN, HUSBAND AND WIFE, BY DEED RECORDED UNDER AUDITOR'S FILE NO. 254691; THENCE WEST ALONG THE SOUTH LINE OF SAID ADOLPH KAHN AND HAZEL E. KAHN TRACT TO THE POINT OF BEGINNING. EXCEPT THE NORTHWESTERLY 23 FEET THEREOF.