



201905100124

05/10/2019 03:43 PM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

When recorded return to:

Joshua Joe Smasne
2020 74th St. SE #B
Everett, WA 98203

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20191768
MAY 10 2019

Amount Paid \$ 289.80
Skagit Co. Treasurer
By *ST* Deputy

QUIT CLAIM DEED

THE GRANTOR(S) *Wilbur Revocable Living Trust,
Glen W. Wilbur and Ethel M. Wilbur* as Trustees

for and in consideration of *SIXTEEN THOUSAND DOLLARS*

in hand paid, conveys and quit claims to *JOSHUA AND KRISTINE SMAZNG*

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: *CASCADE RIVER PARK, NO. 1,
LOT 16 AND CASCADE RIVER PARK NO. 1, LOT 17 TAX 1, BEG AT
THE MOST E'LY COR COMMON TO SD LOTS 16 & 17 TH 64 DEG
39' 48' W ALG THE COMMON LI TO SD LOTS 70.99' TO THE W LI
OF SD LOT 17 TH S 24' 36' 24' E ALG SD W LI 25.34' TH N
68 DEG 44' 32' E 84.21' TO INTERS THE E LI OF SD LOT 17
AT A PT ON A CURVE FR WHICH C/L LIES N 20 DEG 33' 09' &
45.00' DIST TH NW'LY ALG SD CURVE TO THE RIGHT THRU A
CENTRA ANGLE OF 44 DEG 06' 40' AN ARC DIST OF 34.64' TO
THE POB*

See Attached

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

Tax Parcel Number(s): *P63562
P63564*

Dated: MAY 10, 2019

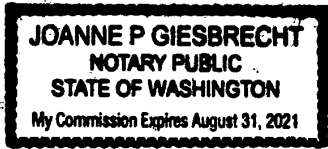
Ethel M. Beckstrom
ETHEL M. BECKSTROM formerly KNOWN AS ETHEL M.
WILBUR

STATE OF WASHINGTON
COUNTY OF SKAGIT ss.

I certify that I know or have satisfactory evidence that ETHEL M. BECKSTROM
(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 free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: May 10, 2019

Joanne P. Giesbrecht
Notary name printed or typed: WASHINGTON
Notary Public in and for the State of JOANNE P. GIESBRECHT
Residing at MT. VERNON, WASHINGTON
My appointment expires: 08/31/21



STATE OF WASHINGTON DEPARTMENT OF HEALTH

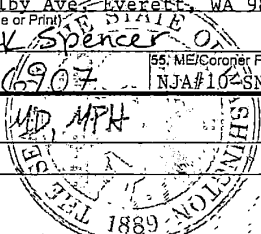
Local File Number 3060 Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix 2. Death Date
WALTER GLEN WILBUR 10-10-2010
3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death
Male 78 Months Days Hours Minutes 9th-12th grade, no diploma
7. Birthdate 8a. Birthplace (City, Town, or County) 8b. (State or Foreign Country) 9. Decedent's Education
Everett Washington
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces? No
No White
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 13b. City or Town
10012 124th St N.E. Arlington
13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits?
Snohomish n/a Washington 98223 Yes No Unk
14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)
21 years Married Ethel Marie LaRose
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)
Maintenance Coordinator Glass Company
19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)
Walter David Wilbur Grace Joan
21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Ethel M. Wilbur Wife 10012 124th St N.E., Arlington, WA 98223
24. Place of Death, if Death Occurred in a Hospital: 25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code
Inpatient Providence Regional Medical Center-Colby Everett WA 98201
28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location-City/Town, and State
Cremation Heritage Crematory Marysville, WA
31. Name and Complete Address of Funeral Facility 32. Date of Disposition
American Cremation & Casket Alliance, 3906 132nd Pl NE, Marysville, WA 98271 10-13-2010
37. Funeral Director Signature
Julia A Jewell

Part 1 completed by Funeral Director

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. Possible Cerebrovascular Accident Interval between Onset & Death ~ 2 week
Due to (or as a consequence of): b. Atrial fibrillation Interval between Onset & Death years
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 c. Interval between Onset & Death
d.
35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? 37. Were autopsy findings available to complete the Cause of Death?
1) Possible sepsis 2) Advanced Alzheimer's Dementia Yes No Yes No
38. Manner of Death 39. If female 40. Did tobacco use contribute to death?
Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes No Probably Unknown
Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death No No Unknown
Suicide Pending Unknown if pregnant within the past year
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?
45. Location of Injury: Number & Street Apt. No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred 47. If transportation injury, specify:
Driver/Operator Pedestrian
Passenger Other (Specify)
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. 48b. 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 stated.
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (24hrs)
Sharmon Figenshaw, ARNP, 1321 Colby Ave, Everett, WA 98201 0530
51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
Dr. Mack Spencer, MD 10/12/2010
53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner?
ARNP AP30006907 NJA#10-SN3142 Yes No
57. Registrar Signature 58. Date Received (mm/dd/yyyy)
Gary Korbbaum, MD, MPH OCT 12 2010
59. Amendments

Part 2 completed by Certifier





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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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

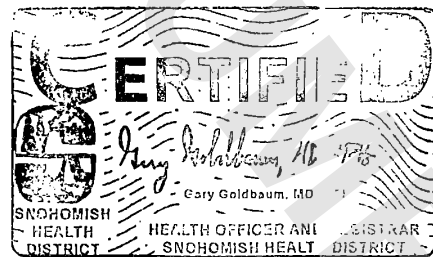
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



TT00411355

05/10/2019