

AFTER RECORDING MAIL TO:  
STEPHANIE LYNN SEMRO  
7686 SOUTH PARK AVE  
CONCRETE, WASHINGTON 98237

201905220017  
05/22/2019 11:09 AM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

## QUIT CLAIM DEED

GRANTOR: THE SIMPSON FAMILY LIVING TRUST, LORRAINE SIMPSON, TRUSTEE  
GRANTEE: STEPHANIE LYNN SEMRO, a single woman  
ABBREVIATED LEGAL : (0.4300 ac) M/H H010296 MARLETTE 95 42X28 E 114FT OF S 175FT OF N 475FT  
OF FDT PTN OF W 1/2 OF SW1/4 SEC 10 DAF CAAP ON S SIDE OF CEDAR ST WHICH PT IS 55FT E  
OF INT BTW SD S SIDE OF CEDAR ST & W LN OF SEC 10 TH E 690.6FT TO INT OF CEDAR ST & 2ND  
AVE W T

PARCEL NO: P102820

THE GRANTOR, THE SIMPSON FAMILY LIVING TRUST BY LORRAINE SIMPSON, TRUSTEE, does hereby convey, release and quitclaim for love and affection all of the Grantor's rights, title, and interest in and to the above described property and premises to her granddaughter STEPHANIE LYNN SEMRO, the Grantee, and to the Grantee heirs and assigns forever, so that neither Grantor nor Grantor heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof, convey and quit claim the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the GRANTOR therein:

M/H H010296 MARLETTE 95 42X28 E 114FT OF S 175FT OF N 475FT OF FDT  
PTN OF W 1/2 OF SW1/4 SEC 10 DAF CAAP ON S SIDE OF CEDAR ST  
WHICH PT IS 55FT E OF INT BTW SD S SIDE OF CEDAR ST & W LN OF  
SEC 10 TH E 690.6FT TO INT OF CEDAR ST & 2ND AVE W TH S 716.13FT  
TH W 570.6FT TH N 566.13FT TH W 120FT TH N 150FT TO POB TGW TH  
PTN OF VAC 2ND AVE ABUT

See attached

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2019 1910  
MAY 22 2019

DATED this 17 day of May, 2019.

Lorraine Simpson  
Amount Paid \$0  
Skagit Co. Treasurer  
By man Deputy

STATE OF WASHINGTON )

) ss:

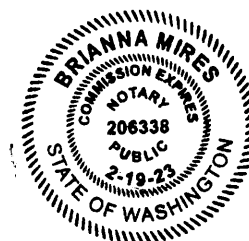
COUNTY OF PIERCE

On this day personally appeared before me Lorraine Simpson, to me known to be the individual, and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of May, 2019.

Brianna Mires  
PRINT/TYPE NAME BRIANNA MIRES

NOTARY PUBLIC in and for the State of Washington,  
residing at Colombia Bank  
My comm. Expires: 2-19-23



The East 114 feet of the South 175 feet of the North 475 feet of the following described tract:

A portion of the West  $\frac{1}{4}$  of the Southwest  $\frac{1}{4}$  of Section 10, Township 35 North, Range 8 East W.M., described as follows:

Commencing at a point on the South side of Cedar Street, which point is 55 feet East of the intersection between said South side of Cedar Street and the West line of Section 10; thence East 590.6 feet to the intersection of Cedar Street and 2<sup>nd</sup> Avenue West; thence South 716.13 feet; thence West 570.6 feet; thence North 566.13 feet; thence West 120 feet; thence North 150 feet to the point of beginning.

TOGETHER WITH that portion of vacated 2<sup>nd</sup> Avenue (Park Street) abutting thereon which upon vacation reverted to said premises by operation of law.

TOGETHER WITH A 1995 MARLETTE MOBILE HOME, 42x28, VIN H010296.

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-013554

DATE ISSUED: 10/23/2012

FEE NUMBER: 0000000029

GIVEN NAMES: **LEONARD VERRILL**  
 LAST NAME: **SIMPSON**

COUNTY OF DEATH: **SKAGIT**  
 DATE OF DEATH: **OCTOBER 18, 2012**  
 HOUR OF DEATH: **01:39 P.M.**

SEX: **MALE**AGE: **80 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**  
 RACE: **WHITE**

BIRTHDATE: [REDACTED]  
 BIRTHPLACE: **OUTLOOK, YAKIMA CNTY, WASHINGTON**

MARITAL STATUS: **MARRIED**  
 SPOUSE: **LORRAINE E. HARDY**

OCCUPATION: **OPERATOR FOR POWER COMPANY**  
 INDUSTRY: **PUBLIC UTILITY**  
 EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**  
 US ARMED FORCES? **YES**

INFORMANT: **LORRAINE SIMPSON**  
 RELATIONSHIP: **WIFE**  
 ADDRESS: **3314 169TH AVE. COURT E, LAKE TAPPS, WA 98391**

PLACE OF DEATH: **OTHER PLACE**  
 FACILITY OR ADDRESS: **7686 S. PARK AVE.**  
 CITY, STATE, ZIP: **CONCRETE, WASHINGTON 98237**

RESIDENCE STREET: **3314 169TH AVE. COURT E**  
 CITY, STATE, ZIP: **LAKE TAPPS, WASHINGTON 98291**  
 INSIDE CITY LIMITS? **NO**  
 COUNTY: **PIERCE**  
 TRIBAL RESERVATION: **NOT APPLICABLE**  
 LENGTH OF TIME AT RESIDENCE: **8 YEARS**

FATHER: **JOHN HENRY SIMPSON**  
 MOTHER: **MARGUERITE [REDACTED]**

METHOD OF DISPOSITION: **CREMATION**  
 PLACE OF DISPOSITION: **MT. VERNON CEMETERY CREMATORY**  
 CITY, STATE: **MOUNT VERNON, WA**  
 DISPOSITION DATE: **OCTOBER 22, 2012**

FUNERAL FACILITY: **LEMLEY CHAPEL**  
 ADDRESS: **1008 THIRD ST**  
 CITY, STATE, ZIP: **SEDOO WOOLLEY WA 98284**  
 FUNERAL DIRECTOR: **TOBI G. STIDMAN**

## CAUSE OF DEATH:

- A. **CARDIAC ARRHYTHMIA**  
 INTERVAL: **MINUTES**  
 B. **HYPERTENSIVE HEART DISEASE**  
 INTERVAL: **YEARS**  
 C.  
 INTERVAL:  
 D.  
 INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
**SEVERE AORTIC STENOSIS, HYPERLIPIDEMIA**

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

LOCATION OF INJURY:

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

MANNER OF DEATH: **NATURAL**AUTOPSY: **NO**

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**  
 DID TOBACCO USE CONTRIBUTE TO DEATH? **NO**  
 PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

ME/CORONER: **DANIEL F. DEMPSEY, RN**  
 TITLE: **CORONER**

ME/CORONER  
 ADDRESS: **700 S. 2ND STREET, ROOM 100**

CITY, STATE, ZIP: **MOUNT VERNON WA 98273**DATE SIGNED: **OCTOBER 22, 2012**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
**NOT APPLICABLE**

ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**  
 DATE(S): **NONE**

□



CASE REFERRED TO ME/CORONER: **NO**  
 FILE NUMBER: **174-12**  
 ATTENDING PHYSICIAN:  
**NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR:  
**MEL PEDROSA**  
 DATE RECEIVED: **OCTOBER 22, 2012**



## Affidavit for Correction

05/22/2019 11:09 AM

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

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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 Maiden Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

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

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received.

**Most changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:	Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)
	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

## 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.
- Child (under 18)**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

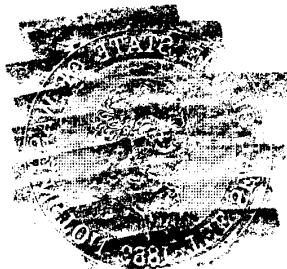
## Death Certificates:

- 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 023a January 2012



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