201905310049
05/31/2019 11:34 AM Pages: 1 of 11 Fees: $109.00
Skagit County Auditor

When recorded return to:

4924 9TH AVE W, EVERETT, WA 98203

QUIT CLAIM DEED

THE GRANTOR(S) AMBER BUSTANOBY, FOR ESTATE OF SML TERRI DIANE DUNMIRE, KURT ANDREW LAY, JO ANN CHIN, LESLIE LAY MARIE (WHO AQUIRED TITLE AS LESLIE ANDERSON)
for and in consideration of

in hand paid, conveys and quit claims to STEVEN MICHAEL LAY

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: THAT PORTION OF LOTS 43 AND 44 OF "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT COUNTY, WASH." AS PER PLAT RECORDED IN VOLUME 5 OF PLATS 2 AND 3, RECORDS OF SKAGIT COUNTY WASHINGTON, LYING SOUTHERLY OF THE FOLLOWING DESCRIBED LINE:
BEGINNING AT A POINT ON THE WESTERLY LINE OF SAID LOT 43 9 FEET NORTHERLY OF SOUTHWEST CORNER OF SAID LOT 44 SAID POINT BEING THE TERMINUS OF THIS LINE DESCRIPTION.

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

Tax Parcel Number(s): P67106, P67109

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20192072
MAY 31 2019
Amount Paid $ 400.16
Skagit Co. Treasurer
By mam Deputy

LPB 12-05(i)rev 12/2006

Dated:

Leslie Marie 3/7/19

STATE OF Washington
COUNTY OF King
ss.

I certify that I know or have satisfactory evidence that Leslie Kay Marie (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:

P CARTER TAYLOR
Notary Public
State of Washington
Commission # 151476
My Comm. Expires Oct 8, 2022

Notary name printed or typed: P Carter Taylor
Notary Public in and for the State of Washington
Residing at Kenmore, WA
My appointment expires: 8 Oct 2022

Dated: 3/5/19

Amber Bustanoby for Terri Dunmire, ~~attorney~~ SMA in fact
AFFIANT
SMA

STATE OF

COUNTY OF King ss.

I certify that I know or have satisfactory evidence that Amber Bustanoby

(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: 03-05-2019

Notary name printed or typed: Jennifer D. Burelison
Notary Public in and for the State of WA
Residing at Seattle
My appointment expires: 09-01-2020

JENNIFER D. BURELISON
COMMISSION EXPIRES
NOTARY PUBLIC
09-01-2020
STATE OF WASHINGTON

Dated:

Kurt Lay 3-14-19

STATE OF WA
COUNTY OF King
ss.

I certify that I know or have satisfactory evidence that Kurt Lay (is/are) the person(s) who appeared before me, and said person(s) acknowledged that He signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 03.14.19

Notary name printed or typed:
Notary Public in and for the State of WASHINGTON
Residing at Seattle
My appointment expires: April 13, 2022

Joann Chin Notary Public, License #19956 My Comm. Expires Apr. 13, 2022 State of Washington

Dated:

Jo Ann Chin 03.12.19

STATE OF WASHINGTON
COUNTY OF KING ss.

I certify that I know or have satisfactory evidence that JO ANN CHIN (is/are) the person(s) who appeared before me, and said person(s) acknowledged that SHE signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 03-12-2019

STENCIL HARRIS
Notary name printed or typed:
Notary Public in and for the State of WASHINGTON
Residing at SEATTLE
My appointment expires: JUNE 30TH 2021

STENCIL HARRIS
NOTARY PUBLIC
STATE OF WASHINGTON
My Commission Expires June 30, 2021

Return Address:
4924 9TH AVE W
EVERETT, WA 98203

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee AMBER BUSTANOBY (*Name of Affiant*), being first duly sworn 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 (*Relationship to decedent*) of TERRI DIANE DENMIRE (*Decedent/Grantor*), who died on APRIL 20 2006 (*Date*) at SEATTLE (*City*) KING COUNTY (*County*) WA (*State*)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: THAT PORTION OF LOTS 43 AND 44 "PLAT 1, LAKEVIEW TRACTS BIG LAKE, SKAGIT COUNTY, WASH" AS PER PLAT RECORDED IN VOLUMN 5 OF PLATS, PAGES 2 AND 3, RECORDS OF SKAGIT COUNTY WASHINGTON, LYING SOUTHERLY OF THE FOLLOWING DESCRIBED LINE:

BEGINNING AT A POINT ON THE WESTERLY OF SAID LOT 43 9 FEET NORTHERLY OF SOUTHWEST CORNER OF SAID LOT 44 SAID POINT BEING THE TERMINUS OF THIS LINE DESCRIPTION

Assessor's Property Tax Parcel/Account Number: P67106, P67109
(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)

Full name, age, relationship, address

LESTER LAY, FATHER, 4410 218TH ST SW
MOUNTLAKE TERRACE, WA 98043

Full name, age, relationship, address

DELORIS LAY, MOTHER, 4410 218TH ST SW
MOUNTLAKE TERRACE, WA 98043

Full name, age, relationship, address

SKYLAR DUNMIRE, SON, 4410 218TH ST SW
MOUNTLAKE TERRACE, WA 98043

Full name, age, relationship, address

JO ANN CHIN, SISTER, 7912 15TH AVE SW
SEATTLE, WA 98106

Full name, age, relationship, address

STEVEN LAY, BROTHER, 4924 9TH AVE W
EVERETT, WA 98203

Full name, age, relationship, address

KURT LAY, BROTHER, 4330 S 272ND ST
KENT, WA 98032

Full name, age, relationship, address

LESLIE LAYMARIE, SISTER, 635 SE ANDREWS
ST UNIT B ISSAQUAH, WA 98027

Full name, age, relationship, address

Full name, age, relationship, address

AMBER BUSTANOBY, DAUGHTER, 5640 35TH AVE SW SEATTLE, WA 98126

Full name, age, relationship, address

SEPHORA ANDRESEN, DAUGHTER, DECEASED

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

Full name, age, relationship, address

Dated: 05/31/2019

AMBER BUSTANOBY
Affiant's full name

425-533-1018
Telephone number

5640 35TH AVE SW
Street

SEATTLE | WA | 98126
City | *State* | *Zip Code*

Amber Bustanoby
Signature

5/23/19
Date

State of Washington County of King

I know or have satisfactory evidence that Amber Bustanoby
(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: 05/23/2019

Signature of Notary Public

(SEAL OR STAMP)

JENNIFER D. BURELISON NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 09-01-2020

Residing at: Seattle

Notary Public in and for the State of WA

My appointment expires: 09/01/2020

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 4133 **Washington State Certificate of Death** State File Number 6 51166

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
TERRI	D.	DUNMIRE		April 20, 2006

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months	Days	4c. Under 1 Day Hours	Minutes	5. Social Security Number	6. County of Death
Female	54					[redacted]	King

7. Marital Status at Time of Death	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Seattle	Washington	High School Diploma

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	White	No

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)	13b. City or Town
6208 202nd Place S.W.	Lynnwood

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	98036	☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
3 Years	Married, but separated	Gary Dunmire

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)
Manager	Gambling Establishment

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Lester Lay	Delores Betty [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Amber Bustanoby	Daughter	6615 183rd Street S.W. Lynnwood, WA 98037

24. Place of Death, if Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
Inpatient	

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
Kindred Hospital	Seattle	WA	98125

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
Cremation	Seattle Service Group Crematory	Seattle, Washington

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Purdy & Walters @ Floral Hills, 400 Filbert Road, Lynnwood WA 98036	April 25, 2006

33. Funeral Director Signature X [signature]

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Respiratory failure	
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	Due to (or as a consequence of): b. Idiopathic lung disease	1-2 months
	Due to (or as a consequence of): c.	
	Due to (or as a consequence of): 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?
end stage liver disease, Thrombocytopenia	☐ Yes ☒ No	☐ Yes ☒ No

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year	☐ Yes ☐ Probably ☒ No ☐ 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?
N/A			☐ Yes ☐ No ☐ Unk

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.
X Cynthia Rasch MD

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
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
10560 5th Ave NE Seattle WA 98125	0810

51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY)
MD CYNTHIA RASCH	04-20-2006

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
MD	A003582		☐ Yes ☒ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature]	4/21/06

59. Amendments

DOH/CHS 003 Rev 2/06/2004

DOH 422-131 (8/18)

Affidavit for Correction

Washington State Department of Health

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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 Birth 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: ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

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:

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 2nd parent (if required):	
Printed name:	Date:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
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 (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 using this form, 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). 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 January 2015

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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED
MAR 01 2019

0 2 7 4 0 3 3 7