

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

201906210063
JUN 21 2019

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

QUIT CLAIM DEED

THE GRANTOR(S) ^{Surviving} Andrew J Brown spouse
of Stanley K. Brown deceased
for and in consideration of inheritance

in hand paid, conveys and quit claims to Andrew J. Brown

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:

Lot 14 and West 20 feet of Lot 15, Block 1, "Stewart's
First Addition to the City of Anacortes, WASH."
as per plat recorded in Volume 2 of Plats, page 14,
records of Skagit County, Washington

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

Tax Parcel Number(s): 60405-3833-001-015-0107

Dated: 6-21-2019

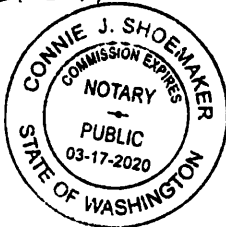
Andrew J Brown 6-21-2019

STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Andrew Joseph Brown
(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: 6-21-2019



Connie J Shoemaker
Notary name printed or typed: Connie J Shoemaker
Notary Public in and for the State of
Residing at Skagit Wash
My appointment expires: 03-17-2020

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Andrew J. Brown, 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 spouse
Relationship to decedent

of Stanley K. Brown, who died on 05-14-2019
Decedent/Grantor Date

at Anacortes Skagit WA.
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Stewart's 1st To ANA all of LT14 & W20'
of 15 BLK 1

Lot 14 and the West 20 feet of Lot 15, Block 1, "STEWART'S FIRST ADDITION TO THE CITY OF ANACORTES, WASH.", as per plat recorded in Volume 2 of Plats, page 14, records of Skagit County, Washington.

Situate in the City of Anacortes, County of Skagit, State of Washington.

Assessor's Property Tax Parcel/Account Number: 60405-3833-001-015-0107
 (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 3)

Paul June Fann, 50 years old, daughter
2409 - 13th ST Anacortes WA 98221

Full name, age, relationship, address

Arthur E. Dibble, 95 years, Father
18515 - 126th ST S.E. Snohomish, WA. 98290

Full name, age, relationship, address

Patricia Kay Reese, 47 years old, daughter
6309 Candlewood CT Black Hawk SD. 57718

Full name, age, relationship, address

Kenneth H. Dibble, 68 years, brother
10502 Anacortes Rd. Yorkima, WA. 98903

Full name, age, relationship, address

Krystal Caldwell, 66 years, sister
435 S. Fawcett Ave, Apt 204 Tacoma, WA. 98402

Full name, age, relationship, address

Kerry Knight, 62 years, sister
15516 Penn Rd. Mt Vernon, WA. 98273

Full name, age, relationship, address

Karla Bare, 52 years, sister
16007 Tulip Ln, Bow, WA 98232

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 06-21-2019Andrew Joseph Brown
Affiant's full name360-293-8543 cell 360-391-5053
Telephone number1014-21st ST
City Andover State WA Zip Code 98221Andrew / Brown 06-21-2019
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Andrew Joseph Brown
(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: 06-21-2019Connie J Shoemaker
Signature of Notary Public(SEAL OR
STAMP)Residing at: SkagitNotary Public in and for the State of WashingtonMy appointment expires: 03-17-2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-022167

DATE ISSUED: 05/17/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STANLEY KAY

LAST NAME(S): BROWN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 14, 2019

HOUR OF DEATH: 10:30 PM

SEX: FEMALE AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: NATIVE AMERICAN: TLINGIT

BIRTH DATE: [REDACTED]

BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED

SPOUSE: ANDREW JOSEPH BROWN

OCCUPATION: BUS DRIVER

INDUSTRY: PUBLIC SCHOOLS

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: ANDREW J BROWN

RELATIONSHIP: HUSBAND

ADDRESS: 1014 21ST STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: RENAL CANCER

INTERVAL: 1 MONTH

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: STAGE 4 ULCER, CACHEXIA

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 1014 21ST STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1014 21ST STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER/PARENT: ARTHUR FREDRICK DIBBLE

MOTHER/PARENT: VIVIAN LORAINNE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 20, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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 RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MAY 16, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MAY 17, 2019



Affidavit for Correction

06/21/2019 12:13 PM Page 7 of 7
 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
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address:			

Telephone Number: ()	Email Address:
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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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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 (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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
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*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

MAY 17 2019

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.



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