



201906250024

06/25/2019 12:41 PM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20192543  
JUN 25 2019

Amount Paid \$  
Skagit Co. Treasurer  
By *HP* Deputy

**QUIT CLAIM DEED**

THE GRANTOR Merydee Suzanne Carlson, surviving spouse of John B. Carlson

for and in consideration of inheritance, according to the Community Property Agreement filed in the County of Skagit, State of Washington,

in hand paid, conveys and quit claims to Merydee Suzanne Carlson

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor herein:

*P 82278*

The leasehold estate in apartment and/or moorage slip E-48 of the Anacortes Marina Condominium, a leasehold condominium located in the leasehold estate created by Harbor Area Lease No. 2510 issued March 13, 1980 by the Department of Natural Resources and that lease dated April 22, 1981, recorded on April 24, 1981, under Skagit County Auditor's File Numbers 8104240009 and 8104240010, respectively, as shown on the Plans and Survey recorded on June 1, 1981, in Volume 13 of Plats, pages 32 through 38, inclusive, under Skagit County Auditor's Filing No. 8106010014 and as identified by the Declaration recorded on June 1, 1981, under Skagit County Auditor's Filing No. 8106010012, as amended by an Amendment recorded on June 26, 1981, under Skagit County Auditor's Filing No. 8106260020, being in Phase I.

TOGETHER WITH that undivided percentage interest in the Common Areas and Facilities as defined in RCW 64.32.010(6) and paragraph 7 of said Declaration appertaining to said apartment and/or moorage slip to be determined as provided in paragraph 8.

Abbreviated Legal: Moorages slip E-48 of the Anacortes Condominium

Tax Parcel Number: P82278

Dated: 6/24/2019

Merydee S. Carlson      Merydee S. Carlson

STATE OF Washington  
COUNTY OF Skogit

ss.

I certify that I know or have satisfactory evidence that Merydee S. Carlson  
(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: June 24, 2019

Sarah P L Reeves  
Notary name printed or typed: Sarah P L Reeves  
Notary Public in and for the State of Washington  
Residing at Anacortes  
My appointment expires: January 15, 2023

SARAH P L REEVES  
Notary Public  
State of Washington  
License Number 8889  
My Commission Expires  
January 15, 2023





Affidavit for Correction

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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

ORIGINAL

State File Number, Fee Number, 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:

8. The record now shows: 9. The true fact is:
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

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

- 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.
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\*

MAY 03 2017

Handwritten signature

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



0 1 4 3 9 6 7 4

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