

When recorded return to:



201906260076

06/26/2019 03:13 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019 2575
JUN 25 2019

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

QUIT CLAIM DEED

THE GRANTOR(S)

CONNIE YESBERGER
SURVIVING SPOUSE OF LOUIS YESBERGER,
for and in consideration of
INHERITANCE DECEASED
in hand paid, conveys and quit claims to
CONNIE YESBERGER

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:

15363 SUNSET LANE
MOUNT VERNON, WA
98273

"LIND'S MCLEAN TRACTS", AS PER PLAT
RECORDED IN VOLUME 6 OF PLATS,
PAGE 36, RECORDS OF SKAGIT COUNTY, WASHINGTON

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

LOT 13, LIND'S MCLEAN TRACTS

Tax Parcel Number(s):

3946-000-013-0006, P 67251

Dated: 6/26/19

Clyde Cuyar 6/26/19

STATE OF WA.

COUNTY OF SKAGIT

ss.

I certify that I know or have satisfactory evidence that
CONSTANCE YESBERGER
before me, and said person(s) acknowledged that
free and voluntary act for the uses and purposes mentioned in this instrument..

(is/are) the person(s) who appeared

signed this instrument and acknowledged it to be

Dated: 6/26/19

Dennise Mancillas

Notary name printed or typed:

Notary Public in and for the State of WA

Residing at Mt. Vernon

My appointment expires:

12-14-19

Notary Public
State of Washington
DENNISE MANCILLAS
My Appointment Expires Dec 14, 2019

Return Address:

CONNIE YESBERGER
 15363 SUNSET LANE
 MT. VERNON WA
 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CONSTANCE YESBERGER, 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 LOUIS YESBERGER, who died on 8/30/17
Decedent/Grantor Date

at MOUNT VERNON SKAGIT WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

LOT 13, LIND'S MCLEAN TRACTS
 AS PER PLAT RECORDED IN VOLUME 6
 OF PLATS, PAGE 36, RECORDS OF
 SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: 3946-000-013-0006
 (Attach full legal description of the property) P67251

☒ 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 ____)

EVAN YESBERGER / SON
17956 DUNBAR MT VERNON, WA
Full name, age, relationship, address AGE 41 88273
ERIC YESBERGER, 37

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

Full name, age, relationship, address

Dated: 6/26/19CONSTANCE YESBERGER

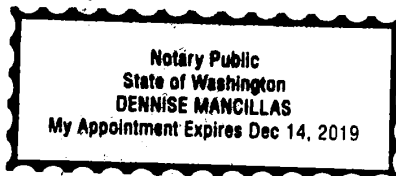
Affiant's full name

360-348-8428

Telephone number

15363 SUNSET LANEMOUNT VERNON ^{Street} WA 98273City State Zip Code
Signature6/26/19
DateState of Washington County of SkagitI know or have satisfactory evidence that CONSTANCE YESBERGER
(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: 6/26/19(SEAL OR
STAMP)Signature of Notary PublicResiding at: Mt. VernonNotary Public in and for the State of WashingtonMy appointment expires: 12/14/2019

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-037904

DATE ISSUED: 10/16/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOUIS GERALD
LAST NAME(S): YESBERGER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 30, 2017
HOUR OF DEATH: 03:45 PM
SEX: MALE AGE: 68 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: DENVER, CO

MARITAL STATUS: MARRIED
SPOUSE: CONTANCE K LEYSON

OCCUPATION: JOURNEYMAN
INDUSTRY: ELECTRICIAN
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: CONTANCE K YESBERGER
RELATIONSHIP: SPOUSE
ADDRESS: 15363 SUNSET LANE, MOUNT VERNON, WASHINGTON, 98273

CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: WEEKS
B: DYSPHAGIA
INTERVAL: YEARS
C: TRAUMATIC BRAIN INJURY
INTERVAL: 25 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALSO, SUBDURAL HEMATOMA
IN DEC 2016 AFTER A FALL, ACCELERATED DECLINE

DATE OF INJURY: DECEMBER 24, 2016
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 17956 DUNBAR RD

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: MULTIPLE GROUND LEVEL FALLS.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: 17956 DUNBAR ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 15363 SUNSET LANE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 MONTHS

FATHER/PARENT: GERALD R YESBERGER
MOTHER/PARENT: MARGIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: SEPTEMBER 01, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: SEPTEMBER 01, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 17SK0294
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 01, 2017



Affidavit for Correction

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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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Required information must match current information on record

Required	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
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 2 nd 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

- 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

- 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, 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

OCT 16 2017

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



0 1 5 1 8 6 8 3

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