

When recorded return to:
Scott Perry Fisher
28833 40th Avenue South
Auburn, WA 98001

The Estate of Sandra Fay Fisher
Debra Marie Beardemphl, Executor
19241 3rd Avenue South
Des Moines, WA 98148



201907020046

07/02/2019 12:10 PM Pages: 1 of 9 Fees: \$109.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S) **Scott Perry Fisher and Debra Marie Beardemphl, PR, for the Estate of Sandra Fay Fisher**, acting on behalf of **Clara Louise Fisher**, for the purpose of **Inheritance**, quit claims to the grantee(s), **Scott Perry Fisher and Debra Marie Beardemphl, PR, for the Estate of Sandra Fay Fisher, heirs**, the following described real estate, situated in the county of **Skagit**, State of **Washington**, together with all after the acquired title of the grantor(s) herein:

*** ESTATE OF**

****AKA SANDRA F. PURVINE**

All that part of **Government Lot 1 in Section 11, Township 34 North, Range 2 East, Willamette Meridian**, being described as follows:

Commencing at the **Northeast corner of said Section 11;**
Thence **S 89 degrees 32'24" W**, along the North line of said Section 11, a distance of **1061.85 feet** to a Meander corner as shown on the Record of Survey prepared by **John Vadai** and recorded in **Book 1 of Surveys, page 87, records of Skagit County, Washington;**
Thence **S 20 degrees 35'51" E**, along the meander line, a distance of **105.79 feet;**
Thence **N 72 degrees 08'16" E**, a distance of **13.08 feet;**
Thence **S 15 degrees 16'59" E**, a distance of **22.55 feet;**
Thence **S 25 degrees 15'52" E**, a distance of **157.93 feet;**
Thence **S 22 degrees 33'13" E**, a distance of **131.44 feet;**
Thence **S 09 degrees 42'37" E**, a distance of **36.08 feet** to the point of the beginning;
Thence **S 88 degrees 57'43" W**, a distance of **67.75 feet;**
Thence **S 20 degrees 36'10" E**, a distance of **120.60 feet;**
Thence **S 81 degrees 33'09" E**, a distance of **46.24 feet;**
Thence **N 09 degrees 42'37" W**, a distance of **122.67 feet** to the point of beginning.

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

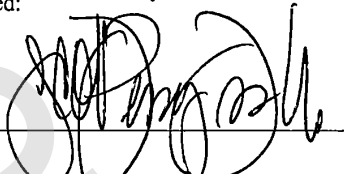
Tax Parcel Number(s): P95970

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20192725
JUL 02 2019

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

Dated: 6.27.19


SCOTT FISHER

Debbie M Beardemphl executor

Debbie M. Beardemphl, executor

Grantor

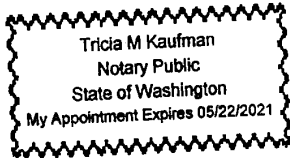
Grantor

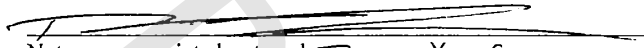
STATE OF WASHINGTON }
COUNTY OF King }

ss.

I certify that I know or have satisfactory evidence that **Scott Perry Fisher and Debra Marie Beardemphl, for the Estate of Sandra Fay Fisher** (is/are) the person(s) who appeared before me, and said person(s) acknowledged that he and she signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: June 27, 2019




Notary name printed or typed: Tricia Kaufman
Notary Public in and for the State of Washington,
Residing at King County
My appointment expires: May 22, 2021

Return Address:
Scott Fisher
28833 40th Avenue South
Auburn, WA 98001

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Scott Perry Fisher, 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 Son
Relationship to decedent
of Clara Lousie Fisher, who died on 10-17-15
Decedent/Grantor *Date*
at Tacoma Pierce Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
GL 1 11/34/02

Assessor's Property Tax Parcel/Account Number: P95970
(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)

Scott Perry Fisher, 64, Son, 28833 40th Avenue South

Auburn, WA 98001

Full name, age, relationship, address

Sharise June Fisher, 61, Daughter, 3135 Bridgeport Way West

Tacoma, WA 98466

Full name, age, relationship, address

Patrick Wayne Marinelli, 32, Grandson, 1231 East 65th Street

Tacoma, WA 98404

Full name, age, relationship, address

Justin Terrance Marinelli, 29, Grandson, 1231 East 65th Street

Tacoma, WA 98404

Full name, age, relationship, address

Nichole Louise Purvine, 24, Granddaughter, 5939 4th Avenue South

Seattle, WA 98108

Full name, age, relationship, address

Terrie Leigh Shumate, 72, Sister, 1236 Canning Factory Road

Anderson, MO 64831

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Legal Description:

All that part of Government Lot 1 in Section 11, Township 34 North, Range 2 East, Willamette Meridian, being described as follows:

Commencing at the Northeast corner of said Section 11;
Thence S 89 degrees 32'24" W, along the North line of said Section 11, a distance of 1061.85 feet to a Meander corner as shown on the Record of Survey prepared by John Vadai and recorded in Book 1 of Surveys, page 87, records of Skagit County, Washington;
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Thence S 15 degrees 16'59" E, a distance of 22.55 feet;
Thence S 25 degrees 15'52" E, a distance of 157.93 feet;
Thence S 22 degrees 33'13" E, a distance of 131.44 feet;
Thence S 09 degrees 42'37" E, a distance of 36.08 feet to the point of the beginning;
Thence S 88 degrees 57'43" W, a distance of 67.75 feet;
Thence S 20 degrees 36'10" E, a distance of 120.60 feet;
Thence S 81 degrees 33'09" E, a distance of 46.24 feet;
Thence N 09 degrees 42'37" W, a distance of 122.67 feet to the point of beginning.

Dated : 6-27-19

Scott Perry Fisher

Affiant's full name

206-304-0799

Telephone number

28833 40th Avenue South

Auburn WA 98001
City State Zip Code

[Signature] 6-27-19
Signature Date

State of Washington County of Pierce

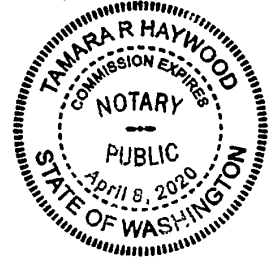
I know or have satisfactory evidence that Scott Perry Fisher
(name of person)

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: 06/27/2019

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Gig Harbor WA

Notary Public in and for the State of Washington

My appointment expires: April 8, 2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-028859

DATE ISSUED: 10/22/2015

FEE NUMBER: 000002781

GIVEN NAMES: CLARA LOUISE
LAST NAME: FISHER

COUNTY OF DEATH: PIERCE
DATE OF DEATH: OCTOBER 17, 2015
HOUR OF DEATH: 03:42 A.M.
SEX: FEMALE
AGE: 85 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: TACOMA GENERAL HOSPITAL
CITY, STATE, ZIP: TACOMA, WASHINGTON 98405

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 31420 23RD AVE. S. APT. 337
CITY, STATE, ZIP: FEDERAL WAY, WASHINGTON 98003
INSIDE CITY LIMITS? YES
COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER: PERRY VERMILTON
MOTHER: EULA FAY [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: AMARILLO, TEXAS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EDWARDS CREMATORY LLC
CITY, STATE: LAKEWOOD, WA
DISPOSITION DATE: OCTOBER 21, 2015

MARITAL STATUS: DIVORCED
SPOUSE:

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER
ADDRESS: 3005 BRIDGEPORT WAY W
CITY, STATE, ZIP: UNIVERSITY PLACE WA 98466
FUNERAL DIRECTOR: BRIANNE L. EDWARDS

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: SCOTT FISHER
RELATIONSHIP: SON
ADDRESS: 28833 40TH AVE. S., AUBURN, WA 98001

CAUSE OF DEATH:

- A. ACUTE RESPIRATORY FAILURE
INTERVAL: HOURS
B. END STAGE CONGESTIVE HEART FAILURE
INTERVAL: WEEKS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CORONARY ARTERY DISEASE. HISTORY OF CARDIAC ARRHYTHMIAS INCLUDING VENTRICULAR TACHYCARDIA . ACUTE RENAL FAILURE ON CHRONIC KIDNEY DISEASE, STAGE 3, HYPERKALEMIA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK? NO
PLACE OF INJURY:

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

LOCATION OF INJURY:

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

CERTIFIER NAME: NEELAMKAVIL S. FRANCIS, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 315 MARTIN LUTHER KING JR. WAY
CITY, STATE, ZIP: TACOMA WA 98405
DATE SIGNED: OCTOBER 20, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NEELAMKAVIL FRANCIS MD

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
WENDY WHITE
DATE RECEIVED: OCTOBER 21, 2015

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



Affidavit for Correction

07/02/2019 12:40 PM Page 8 of 8
Washington State Department of Health
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

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 Guardian Informant Hospital Parent(s) Funeral Director 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:

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 foregoing 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
- 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). 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.

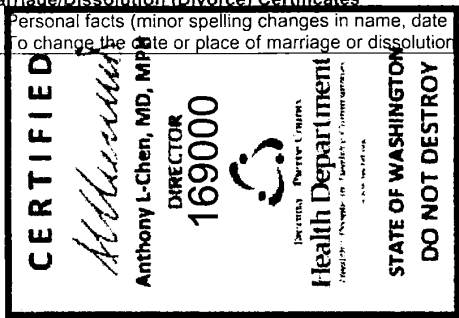
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

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



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FILED

17 MAR 23 AM 10:53

KING COUNTY
SUPERIOR COURT CLERK
REAR 11A

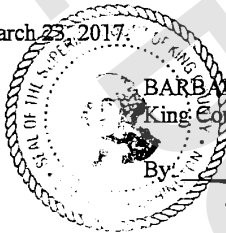
**CERTIFIED
COPY**

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
COUNTY OF KING

IN RE THE ESTATE OF SANDRA F. PURVINE DECEASED	NO: 17-4-01963-9 KNT LETTERS TESTAMENTARY (LTRTS)
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The last will of the above named decedent was duly exhibited, proven and filed on March 23, 2017 . It appears in and by said will that: DEBBIE BEARDEMPHL is named Executor(s) and by order of this court is authorized to execute said will according to law.

WITNESS my hand and seal of said Court: March 23, 2017.



BARBARA MINER
King County Superior Court Clerk

By: J. SHAULIS, Deputy Clerk

I BARBARA MINER Clerk of the Superior Court of the State of Washington for King County do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof IN TESTIMONY WHEREOF I have affixed this seal of said Superior Court at my office at Seattle on this date MAR 23 2017



BARBARA MINER Superior Court Clerk

By: J. SHAULIS
Deputy Clerk

J. SHAULIS