



201907160031

07/16/2019 11:18 AM Pages: 1 of 7 Fees: \$107.50
Skagit County Auditor

When recorded return to:
SCOTT ALLAN HEINER
STACIE ANN HEINER
315 GARDEN OF EDEN ROAD
SEDRO WOOLLEY, WA 98284

QUIT CLAIM DEED

THE GRANTOR(S)

Elma Johnson, as her separate estate and as surviving spouse of J.M. Johnson, deceased

for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, conveys and quit claims to:

Scott Allan Heiner and Stacie Ann Heiner, a married couple

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:

FOR PROPERTY DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Abbreviated legal description: Property 1: PTN NE of Sec 33, TwN 35N, Rng 5 E

Tax Parcel Number(s): P40545 & 350533-0-002-0003

Dated: July 16, 2019
Elma Johnson
Elma Johnson

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20192938
JUL 16 2019

Amount Paid \$ 49.50
Skagit Co. Treasurer
By HB Deputy

STATE OF WASHINGTON
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that and Elma Johnson is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 16th day of July, 2019

Peggy A Land
Signature
Escrow Assistant
Title

My appointment expires: June 16, 2021



Quit Claim Deed
LPB 12-05 rev. 12/2006

EXHIBIT A

LEGAL DESCRIPTION

Property Address: South Skagit Highway, Sedro Woolley, WA 98284
Tax Parcel Number(s): P40545 & 350533-0-002-0003

Property Description:

That portion of the Northeast 1/4 of Section 33, Township 35 North, Range 5 East W.M., described as follows:

Beginning at the Northeast corner of said Section 33; thence South 88°26'49" West along the North line of said Section 33, a distance of 2060 feet to a point which is 728.13 feet East of the North 1/4 corner of said Section 33, said point being the Northeast corner of that certain tract of land as set forth in Parcel "C" of Real Estate Contract recorded under Auditor's File No. 815334, records of Skagit County, Washington; thence South 00°53'37" West, 80.60 feet to the North margin of the South Skagit Highway; thence North 87°28'30" East along said Highway 650.50 feet; thence continue along the North line of said Highway to the East line of said Section 33; thence North 00°33'37" East along said East line to the point of beginning;

EXCEPT any portion lying within the present bed and shores of the Skagit River.

Situate in the County of Skagit, State of Washington.

Return Address:
ELMA E. JOHNSON
1032 CYPRESS CT
BURLINGTON, WA 98233

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee ELMA E. JOHNSON, 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 the surviving spouse

of J.M. Johnson aka John M. Johnson, who died on 12/9/1996
Decedent/Grantor *Relationship to decedent* *Date*
at Mount Vernon Skagit WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Ptn Northeast 1/4 of Section 33, Township 35 North, Range 5 East W.M.

Assessor's Property Tax Parcel/Account Number: P40545, 350533-0-002-0003
(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)

Elma E. Johnson, wife

1032 CYPRESS CT, BURLINGTON, WA

Full name, age, relationship, address

Wm. Bounds, 75 yrs.

Full name, age, relationship, address

Jessie Bounds-Dahl 73 yrs.

Full name, age, relationship, address

Steve Bounds 70 yrs.

Full name, age, relationship, address

Johanna Baummeister-Bounds (deceased)

Full name, age, relationship, address

Duane Johnson (deceased)

Full name, age, relationship, address

Gary Johnson 75 yrs.

Full name, age, relationship, address

Mark Johnson 70 yrs.

Full name, age, relationship, address

Paul D. Johnson (deceased)

Dated: July 16, 2019

Affiant's full name

ELMA E. JOHNSON

Telephone number

(360) 899-9934 1032 Cypress Ct.

Burlington

WA

98233

City

State

Zip Code

Elma Johnson
Signature

7/16/19

Date

State of Washington County of Skaagit

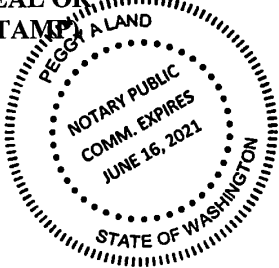
I know or have satisfactory evidence that Elma E. Johnson
(name of person)

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: 7/16/2019

Peggy A Land
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Stanwood

Notary Public in and for the State of Washington

My appointment expires: June 16 2021

STATE OF WASHINGTON DEPARTMENT OF HEALTH



731 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146 STATE FILE NUMBER

Form with fields for Name (John Martin Johnson), Sex (Male), Death Date (December 09, 1996), Birth Date (86), Birth Place (Averoy, Norway), Marital Status (Married), Spouse (Elma Selin), Occupation (Teacher/Administrator), Education (Education), Residence (1706 Lakeview Blvd), and Certifying Physician (Steven Johnson MD).

REGISTRAR TO BE COMPLETED BY MEDICAL EXAMINER OR CORONER



Signed Howard Leibrand M.D. Health Officer and Sharon D. Bieson (Skagit County Deputy Registrar)

Date DEC 17 1996

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO AVOID CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 8/95)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
- All changes must be established by documentary proof submitted with the affidavit.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
- Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport
- Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

DD482242