

When recorded return to:



201907160062

07/16/2019 01:31 PM Pages: 1 of 7 Fees: \$107.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S) *Ruthanna C. Metzgar, surviving spouse of Roy G. Metzgar*

for and in consideration of *inheritance*

in hand paid, conveys and quit claims to *Ruthanna C. Metzgar*

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: *unit 27, Amended Plat of Forest Ridge PUD Phase 1, according to the amended plat thereof recorded under Auditor's File No. 2000110 80122, Records of Skagit County, Washington,*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20192944
JUL 16 2019

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

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

Tax Parcel Number(s): *117334*

Dated: July 16, 2019

Ruthanna C. Metzgar

STATE OF Washington
COUNTY OF Skaagit

ss.

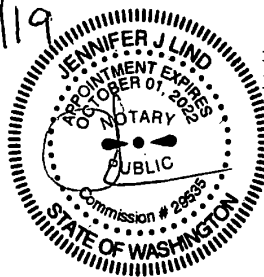
I certify that I know or have satisfactory evidence that Ruthanna C. Metzgar

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that she signed
this instrument, on oath stated that her authorized to execute the instrument and acknowledge it
as the _____ of

to be

the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 7/16/19



Jennifer J. Lind
Notary name printed or typed: Jennifer J. Lind
Notary Public in and for the State of WA
Residing at Baw
My appointment expires: 10/01/2022

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Ruthanna C. Metzger 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 Roy G Metzger, who died on August 29,
Decedent/Grantor Date 2018

at Everett Snohomish WASHINGTON
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Unit 27, Amended Plat of Forest Ridge

PUD Phase 1, according to the amended plat thereof recorded

under Auditor's File No. 200011080122, records of Skagit

County, Washington

Assessor's Property Tax Parcel/Account Number: 117334
 (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 _____)

Ruthanna C. Metzgar, age 76,
2115 Cascade Court, Anacortes, WA 98221

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

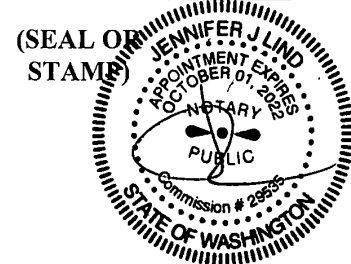
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 7.16.19Affiant's full name Ruthanna C. MetzgarTelephone number 425-210-3612City Anacortes State WA Zip Code 98221Signature Ruthanna C. Metzgar Date July 16, 2019State of Washington County of SkagitI know or have satisfactory evidence that Ruthanna C. Metzgar
(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: 7/16/19Signature of Notary Public [Signature]Residing at: BowNotary Public in and for the State of WAMy appointment expires: 10/2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2018-038017

LOCAL FILE NUMBER: 3451

DATE ISSUED: 09/06/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROY GEORGE

LAST NAME(S): METZGAR

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: AUGUST 29, 2018

HOUR OF DEATH: 04:40 PM

SEX: MALE

AGE: 80 YEARS

SOCIAL SECURITY NUMBER: 502-36-8876

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JUNE 10, 1938

BIRTHPLACE: CARRINGTON, ND

MARITAL STATUS: MARRIED

SPOUSE: RUTHANNA CAROL ALEXANDER

OCCUPATION: ENVIRONMENTAL SCIENTIST

INDUSTRY: WATER RESOURCES

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: YES

INFORMANT: RUTHANNA METZGAR

RELATIONSHIP: WIFE

ADDRESS: 2115 CASCADE COURT, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE ON CHRONIC RESPIRATORY FAILURE

INTERVAL: 2 WEEKS

B: IDIOPATHIC PULMONARY FIBROSIS

INTERVAL: 5 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 2115 CASCADE CT

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: FRANK ANDREW METZGAR

MOTHER/PARENT: EVELYN REGINA HAGER

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: AUGUST 31, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

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: LLOYD ROBERTS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH STREET

CITY, STATE, ZIP: EVERETT, WA 98201

DATE SIGNED: AUGUST 31, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ROSANE FERNANDEZ, MD

LOCAL DEPUTY REGISTRAR: KELLY CANNON

DATE RECEIVED: AUGUST 31, 2018



Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number Fee Number Initials Date Affidavit Number

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: <u>Maria Lopez</u>		2. Date of Event: <u>01/01/2000</u>
	3. Place of Event: <u>City & County</u>		
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) <u>John Doe</u>		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <u>Jane Smith</u>
	6. Name of Person Requesting Correction: <u>John Doe</u>		
	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: <u>1234 Main St, Seattle, WA 98101</u>			
Telephone Number: <u>(206) 123-4567</u>		Email Address: <u>john.doe@example.com</u>	

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: <u>John Doe</u>	16b. Signature of 2 nd parent (if required):
Printed name: <u>John Doe</u>	Printed name: <u>Jane Smith</u>
Date: <u>07/16/2019</u>	Date: <u>07/16/2019</u>

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

SEP 06 2018

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



0 2 0 2 0 3 3 8

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