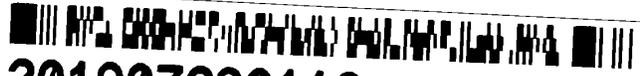


When recorded return to:  
Linda Kay Bixby  
329 Parkwood Lake  
Sedro-Woolley, WA  
98284



201907290118

07/29/2019 02:49 PM Pages: 1 of 8 Fees: \$110.50  
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S) *Linda Kay Bixby, surviving spouse (wife) of David Alan Bixby (deceased)*

for and in consideration of *Inheritance*

in hand paid, conveys and quit claims to *Linda Kay Bixby*

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:

*The South 110 feet of the North 331.33 Feet of the East, 142 Feet of the West 1002.00 Feet of Government Lot 1, Section 19, Township North, Range 5 East, W.M. Subject to all covenants, conditions, easements, restrictions, and reservations of record, if any.*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2019 3151  
JUL 29 2019

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

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

Tax Parcel Number(s):  
*p#39425*

Dated:

7-19-19

Linda Kay Bixby

STATE OF Washington  
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Linda Kay Bixby  
(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: 7/19/2019

  
Notary name printed or typed: Katherine M Hargett  
Notary Public in and for the State of Washington  
Residing at Sedro Woolley  
My appointment expires: 12/6/2021



Return Address:

Linda Kay Bixby  
329 Parkwood Lane  
Sedro-Woolley, WA 98284

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Linda Kay Bixby, 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 surviving spouse (wife)  
Relationship to decedent  
of David Alan Bixby, who died on Aug. 15, 2018  
Decedent/Grantor Date  
at MT. Vernon Skagit WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: (0.3300 ac) S 110 FT of N 331.33 FT  
of E 142 FT of W 1002 FT Lot 1

Property Address:  
329 Parkwood Lane  
Sedro-Woolley, WA 98284

Assessor's Property Tax Parcel/Account Number: 39425-350519-0-0030307  
(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 \_\_\_\_\_)

Linda Kay Bixby, surviving spouse (wife), 60  
329 Parkwood Lane Sedro-Walley, WA  
Full name, age, relationship, address 98284

Full name, age, relationship, address

Dated: 7-19-19

Linda Kay Bixby  
Affiant's full name

(360) 202-9377  
Telephone number

329 Parkwood Lane

Sedro-Woolley <sup>Street</sup> WA 98284  
City State Zip Code

Linda K. Bixby 7-19-19  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Linda Kay Bixby  
(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, 19, 19 Katherine Margett  
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 12/6/2021



Filed for Record at Request of  
U.S. SAVINGS BANK OF WASHINGTON

AFTER RECORDING MAIL TO:  
DAVID ALAN BIXBY  
5112 E. LEVANS  
NEW ORLEANS, LA 70129

THIS SPACE RESERVED FOR RECORDER'S USE:

JERRY MCINTURFF  
SKAGIT COUNTY AUDITOR

5/11/90  
90 JUN 11 P3:59

RECORDED \_\_\_\_\_ FILED \_\_\_\_\_  
REQUEST OF \_\_\_\_\_

REVENUE STAMPS

Loan #0335002841

9C061101C1

FORM L-58 (3-84)

Statutory Warranty Deed

THE GRANTOR AUGUSTINE A. ALVARADO, as his separate property  
for and in consideration of TEN and NO/100 DOLLARS (\$10.00) and other good and valuable  
consideration.  
in hand paid, conveys and warrants to DAVID ALAN BIXBY and LINDA KAY BIXBY, husband and wife

the following described real estate, situated in the County of SKAGIT, State of Washington:  
THE SOUTH 110 FEET OF THE NORTH 331.33 FEET OF THE EAST 142 FEET OF THE WEST 1002.00  
FEET OF GOVERNMENT LOT 1, SECTION 19, TOWNSHIP 35 NORTH, RANGE 5 EAST, W.M.  
Subject to all covenants, conditions, easements, restrictions and reservations of  
record, if any.

# 3516  
SKAGIT COUNTY WASHINGTON  
Real Estate Excise Tax

JUN 11 1990

Amount Paid to  
Skagit Co. Treasurer  
By \_\_\_\_\_ Deputy

1,216.35  
JST AM

Dated this 5th day of June, 1990

By Augustine A. Alvarado AUGUSTINE A. ALVARADO By \_\_\_\_\_

By \_\_\_\_\_ By \_\_\_\_\_

STATE OF WASHINGTON  
COUNTY OF Skagit } ss

On this day personally appeared before me  
AUGUSTINE A. ALVARADO  
to me known to be the individual described in and who  
executed the within (and) foregoing instrument, and  
acknowledged that (he) (she) signed the same as  
his (her) free and voluntary act and deed, for the  
uses and purposes therein mentioned.

GIVEN under my hand and official seal this  
7th day of June, 1990  
Donna M. McManigal  
Notary Public in and for the State of Washington,  
residing at 1111 1/2 N. 1st St. Pullman, WA 99122  
My appointment expires on 9-16-91

STATE OF WASHINGTON  
COUNTY OF \_\_\_\_\_ } ss

On this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
before me, the undersigned, a Notary Public in and for the State of Washington, duly  
commissioned and sworn to, \_\_\_\_\_ appeared

and \_\_\_\_\_  
to me known to be the \_\_\_\_\_, President and \_\_\_\_\_ Secretary,  
respectively, of \_\_\_\_\_, a  
corporation that executed the foregoing instrument, and acknowledged the said in-  
strument to be the free and voluntary act and deed of said corporation, for the uses  
and purposes therein mentioned, and \_\_\_\_\_ stated that \_\_\_\_\_  
authorized to execute the foregoing instrument and that the seal affixed is the corporate  
seal of said corporation of WASHINGTON.

Witness my hand and official seal hereto affixed the day and year first above  
written.

Notary Public in and for the State of Washington, residing at \_\_\_\_\_  
My appointment expires on \_\_\_\_\_

9C061101C1

VOL 906 PAGE 05

FIRST AMERICAN TITLE CO. 28581

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-036308

DATE ISSUED: 08/27/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID ALAN  
LAST NAME(S): BIXBY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 15, 2018  
HOUR OF DEATH: 03:50 PM  
SEX: MALE AGE: 60 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 329 PARKWOOD LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 24 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: TACOMA, WA

FATHER/PARENT: RICHARD BIXBY  
MOTHER/PARENT: BARBARA [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: LINDA MCELMURRY

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CALL PLUS

OCCUPATION: BAKER  
INDUSTRY: GROCERY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

CITY, STATE: KENT, WASHINGTON  
DISPOSITION DATE: AUGUST 21, 2018

INFORMANT: LINDA BIXBY  
RELATIONSHIP: WIFE  
ADDRESS: 329 PARKWOOD LANE SEDRO WOOLLEY, WA 98284

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

- CAUSE OF DEATH:
- A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND HYPERCAPNIA STATUS POST EXTUBATION  
INTERVAL: 22 MINUTES
  - B: ANOXIC BRAIN INJURY  
INTERVAL: 4 DAYS
  - C: CARDIAC ARREST  
INTERVAL: 4 DAYS
  - D: CORONARY ARTERY DISEASE, HYPERTENSION, CONGESTIVE HEART FAILURE, OBESITY  
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: DOUGLAS HAYES, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1415 E KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 20, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: AUGUST 21, 2018



Affidavit for Correction

07/29/2019 02:49 PM Page 8 of 8

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

Washington State Department of Health
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. 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.

7. Return Mailing Address: P.O. Box, Street Address, City, State, Zip

Telephone Number, Email Address

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows: 8-15. The record now shows vs The true fact is.

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 vs Adult (18 years or older).

\*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\*

AUG 27 2018

Signature of Howard Leibrand M.D., Health Officer



0 2 0 1 9 8 9 6



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