

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



201908080062

08/08/2019 01:11 PM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

201907290118

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

QUIT CLAIM DEED

rerecord to correct legal description

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 35 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 \$
Skagit Co. Treasurer
By *nam* Deputy

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

Tax Parcel Number(s):
p#39425

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 3339
AUG 08 2019

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

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

[Handwritten Signature]

Notary name printed or typed: Katherine M Hargett
Notary Public in and for the State of Washington
Residing at Seabrook
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: 39425-350519-0-003-0307
(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)

Linda Kay Bixby, surviving spouse (wife), 60

329 Parkwood Lane Sedro-Walkley, 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 ^{Street} WA 98284
City State Zip Code

Linda K. Bixby 7-19-19
Signature Date

State of Washington County of Skaagit

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 [Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 12/10/2021

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: BARBAR [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

08/08/2019 04:11 PM Page 7 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: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: City or County
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)

7. Return Mailing Address: P.O. Box or 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. 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 forgoing 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, 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). 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.
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

Handwritten signature of Howard Leibrand

Skagit County Health Department
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.



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

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

THIS SPACE RESERVED FOR RECORDER'S USE:

JERRY MCINTURFF
SKAGIT COUNTY AUDITOR

90 JUN 11 P3:59

RECORDED _____ FILED _____
REQUEST OF _____

REVENUE STAMPS

9006110101

Loan #0335002841

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

1ST AM

FIRST AMERICAN TITLE CO. 28581

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 signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 11th day of June, 1990
Donna S. ...
Notary Public in and for the State of Washington,
residing at ...
My appointment expires on 9-16-91

STATE OF WASHINGTON
COUNTY OF _____ } ss

On this day of _____, 1990, 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 _____ resident and _____ Secretary, respectively, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, 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.
VOL 906 PAGE 05
Notary Public in and for the State of Washington, residing at _____
My appointment expires on _____

9006110101

LPS No. 10