



201908190064

08/19/2019 12:02 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

When recorded return to:

Karla Smyth
318 N Wall St
Mantuvannon wash
98273

QUITCLAIM DEED

Grantor(s): GERALD L. SODERLIND, a SINGLE, WIDOWED MAN,

Grantee(s): KARLA SMYTH, AS HER SEPARATE PROPERTY

THE GRANTOR, GERALD L. SODERLIND, a single, widowed man, for and in consideration of love and affection, and other valuable consideration, does hereby convey and does hereby quit claim to KARLA SMYTH as her separate property, all of rights and interests I have or may acquire in the following described real estate, situated in the County of Skagit, State of Washington:

Full Legal Description:

Lots 6 and 7, Block 5, of CALHOUN ADDITION TO THE TOWN OF LACONNER, as per plat recorded in Volume 1 of Plats, page 14, records of Skagit County; situate in the County of Skagit, State of Washington.

Abbreviated Description:

Parcel Number: 74128

DATED this 12 day of August, 2019

Gerald L Soderlind
GERALD L. SODERLIND, GRANTOR.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20193502
AUG 19 2019

Amount Paid \$ 0
Skagit Co. Treasurer
By BI Deputy

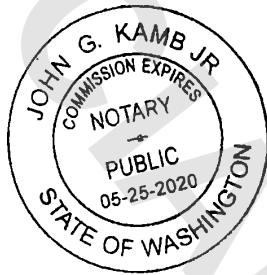
State of Washington

§

County of Skagit

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

Dated this 12 day of August, 2019



A handwritten signature in cursive script, appearing to read "John G. Kamb, Jr.", written over a horizontal line.

John G. Kamb, Jr.
NOTARY PUBLIC in and for the State of
Washington, residing at: Mount Vernon.
My appointment expires: 05-25-2020

Return Address:
Gerald Soderlind
318 N Wall St
MT Vernonia Wash 98273

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Gerald Soderlind, 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 Gerald Soderlind husband
Relationship to decedent
of Margie I Soderlind, who died on Feb 6, 2005
Decedent/Grantor Date
at MT Vernonia Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Lots 6 and 7, Block 5, of
Calhoun Addition To The Town of LACONNER, as per
plat recorded in Volume I of Plats, Page 14, records
of Skagit County, situate in the County of Skagit,
State of Washington

Assessor's Property Tax Parcel/Account Number: 74128
(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)

Gerald Lyle Soderlind 86 husband
318 N Wall St MT Vernon Wash 98273

Full name, age, relationship, address

Kathy Eline Soderlind 60 Daughter
131 E Sky View Ct, Shelton Wash 98584

Full name, age, relationship, address

Kristi Jean Chavez 58 Daughter
131 E Sky View Ct, Shelton Wash 98584

Full name, age, relationship, address

Karla Kay Smyth 57 Daughter
318 N Wall St MT Vernon Wash 98273

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: 8-16-19

Gerald Lyle Soderlind
Affiant's full name

(360) 540-6650
Telephone number

318 N Wall St
Mount Vernon ^{Street} Washington 98273
City State Zip Code

Gerald L Soderlind 8-16-19
Signature Date

State of Washington County of Skagit

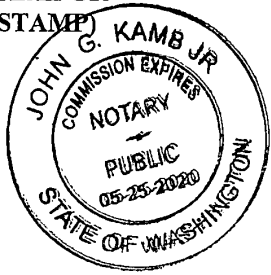
I know or have satisfactory evidence that GERALD L. Soderlind
(name of person)

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: 08/16/2019

John G. Kamb, Jr
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon, WA

Notary Public in and for the State of Washington

My appointment expires: 5/25/2020

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **94-05** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) - First Middle LAST Suffix: **Margie I. Soderlind** 2. Death Date: **Feb. 6, 2005**

3. Sex (M/F): **Female** 4a. Age - Last Birthday: **66** 4b. Under 1 Year: Months Days 4c. Under 1 Day: Hours Minutes 5. Social Security Number: [REDACTED] 6. County of Death: **Skagit**

7. Birthdate: [REDACTED] 8a. Birthplace (City, Town, or County): **Louisville** 8b. (State or Foreign Country): **Kentucky** 9. Decedent's Education: **8th Grade**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **Caucasian** 12. Was Decedent ever in U.S. Armed Forces? **No**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **212 State Street** 13b. City or Town: **La Conner**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable): **N/A** 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98257** 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: **49 Years** 15. Marital Status at Time of Death: **Married** 16. Surviving Spouse's Name (Give name prior to first marriage): **Gerald L. Soderlind**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Homemaker** 18. Kind of Business/Industry (Do not use Company Name): **Own Home**

19. Father's Name (First, Middle, Last, Suffix): **Max Bartley** 20. Mother's Name Before First Marriage (First, Middle, Last): **Hanna [REDACTED]**

21. Informant's Name: **Gerald L. Soderlind** 22. Relationship to Decedent: **Spouse** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **P.O. Box 141 La Conner, WA 98257**

24. Place of Death, if Death Occurred in a Hospital: **Inpatient** Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location): **Skagit Valley Hospital** 26a. City, Town, or Location of Death: **Mount Vernon** 26b. State: **WA** 27. Zip Code: **98274**

28. Method of Disposition: **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **Mount Vernon Crematory** 30. Location-City/Town, and State: **Mount Vernon, Washington**

31. Name and Complete Address of Funeral Facility: **Kern Funeral Home 1122 S. 3rd St. Mount Vernon, WA 98273** 32. Date of Disposition: **Feb. 9, 2005**

33. Funeral Director Signature X: *Reese Watt*

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. *Renal failure on dialysis with* Interval between Onset & Death: *2 mo.*

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. *possible catheter-assoc. sepsis* Interval between Onset & Death: *5 days*

c. *Renovascular disease & nephrosclerosis* Interval between Onset & Death: *Years*

d. *Other significant conditions contributing to death but not resulting in the underlying cause given above*

35. *COPD/Coronary artery disease*

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes No Probably Unknown

41. Date of Injury (MM/DD/YYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk

45. Location of injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X *Robert O. Slind MD* X 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

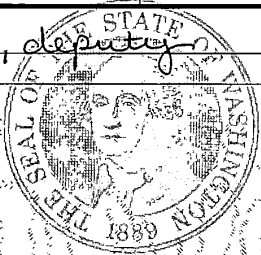
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **Robert O. Slind, MD 1400 E. Kincaid St. Mount Vernon, WA 98274** 50. Hour of Death (24hrs): **2307**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY): **02-09-2005**

53. Title of Certifier: **Physician** 54. License Number: **12200** 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X: *Donothy Epps, deputy* 58. Date Received (MM/DD/YYYY): **FEB - 9 2005**

59. Amendments





Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof: Certificate of Naturalization Medical Record School Record Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date) Insurance Records Birth Record Alien Registration Card (front and back) Marriage/Divorce Records Passport</p>				
<p>Birth Certificates:</p> <p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. 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.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.</p> <p>5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</p> <p>6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</p>				
<p>Death Certificates:</p> <p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p>				
<p>Marriage/Dissolution (Divorce) Certificates:</p> <p>1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>				

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

FEB 10 2005

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

MM00121784