



201909240023

09/24/2019 09:34 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019-4133

SEP 24 2019

After recording mail to:

Stiles Law Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

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

Address: 31006 State Route 20, Lyman, WA 98263
Legal : W LINE OF SECTION 17, 516 FEET N OF SW CORNER
Tax Parcel # 350617-0-150-0002 / P41491

Address: vacant land
Legal : W 200FT OF PTN N1/2 NW1/4 NW1/4 LY S OF R/W LI ST HWY#20
Tax Parcel # 350617-0-007-0007 / P41323

QUIT CLAIM DEED

The Grantor, DEREK CAGLE, as sole heir of the ESTATE OF MARY ELLEN CAGLE, in accordance with the attached Order Authorizing Personal Representative to Transfer Real Property filed in Skagit County Superior Court under cause no. 19-4-00274-29, conveys and quit claims to DEREK CAGLE, as his own separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

(a) That portion of the Northwest Quarter of the Northwest Quarter of Section Seventeen, Township 35 North, Range 6 East, W.M., described as follows: Beginning at a point 518 feet North of the Southwest corner of the Northwest Quarter of the Northwest Quarter of said section; thence East 200 feet, thence North 142 feet to the South line of Northwest Quarter of the Northwest Quarter of the Northwest Quarter, said section; thence West to the West line of the Northwest Quarter of the Northwest Quarter of said section; thence South to the place of beginning.

(b) The West 200 feet of that portion of the North Half of the Northwest Quarter of the Northwest Quarter of section 17, Township 35 North, Range 6 East, W.M., lying South of the South right of way line of State Highway No. 20, as it now exists.

TOGETHER with a permanent easement for the installation, maintenance, and repair of a water line from the Town of Lyman water line situated on the west side

of Lyman Avenue, on, over and across the Southerly edge of the North 6 feet of the South 30 feet of Lot 3, Block 1, "Shea's Home Addition to the Town of Lyman, Skagit County, Washington", according to the recorded plat thereof in the office of the Auditor of Skagit County in Volume 3 of Plats, Page 80; provided that the said water line shall be buried to a depth of at least 20 inches.

AND TOGETHER with and except per AF#9612230067.

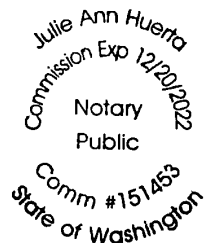
Dated September 23, 2019

Derek Cagle
Derek Cagle, heir of the
Estate of Mary Ellen Cagle, Grantor

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Derek Cagle**, heir of the Estate of Mary Ellen Cagle, 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 23 day of Sept, 2019



Julie Ann Huerta
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 12-20-22



Right to Manage Natural Resource Lands Disclosure

Skagit County's policy is to enhance and encourage Natural Resource Land management by providing County residents notification of the County's recognition and support of the right to manage Natural Resource Lands, e.g., farm and forest lands.

Skagit County Code 14.38.030(2) requires, in specified circumstances, recording of the following disclosure in conjunction with the deed conveying the real property:

This disclosure applies to parcels designated or within 1 mile of designated agricultural land or designated or within 1/4 mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County.

A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as a priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

Washington State Law at RCW 7.48.305 also establishes that:

...agricultural activities conducted on farmland and forest practices, if consistent with good agricultural and forest practices and established prior to surrounding nonagricultural and nonforestry activities, are presumed to be reasonable and shall not be found to constitute a nuisance unless the activity or practice has a substantial adverse effect on public health and safety. ...An agricultural activity that is in conformity with such laws and rules shall not be restricted as to the hours of the day or day or days of the week during which it may be conducted.

EXHIBIT A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 12-04		Washington State Certificate of Death		State File Number 4 02906	
1. Legal Name (include AKA's if any)		First	Middle	LAST	Suffix
MARY ELLEN CAGLE					
2. Death Date		January 6, 2004			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
Female	65	Months	Days	531-36-6776	Skagit
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
Oct. 27, 1938	Sylva	North Carolina		11th grade	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No		White		No	
13a. Residence: Number and Street (e.g., 624 SE 8th St.) (Include Apt. No.)				13b. City or Town	
31006 Highway 20				Lyman	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Skagit				Washington	98263
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
57 years		Married		James Chandler Cagle	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)			
Cook		Public Schools			
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)			
Virgil Conard		Alice Mae Conner			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number/Street or RFD No., City or Town, State, Zip	
James C. Cagle		Husband		P.O. Box 172 Lyman WA 98263	
24. Place of Death, if Death Occurred in a Hospital: Inpatient					
25. Facility Name (If not a facility, give number & street)					
United General Hospital (2000 Hospital Drive)					
26a. City, Town, or Location of Death		26b. State		27. Zip Code	
Sedro-Woolley		WA		98284	
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Mount Vernon Crematory		Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Lemley Chapel, 1008 Third St., Sedro-Woolley, WA 98284				Jan. 6, 2004	
33. Funeral Director Signature X <i>Sigurd O. Aase</i>					
Cause of Death (See instructions and examples)					
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. <i>Idiopathic Pulmonary Fibrosis</i>		Interval between Onset & Death	
		Due to (or as a consequence of):		1 year	
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.		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		Due to (or as a consequence of):		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
<i>Coronary Artery Disease</i>					
36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?		38. Manner of Death	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (MM/DD/YYYY)	
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		42. Hour of Injury (24hrs)	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?		45. Location of Injury: Number & Street:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		City or Town: County: State: Zip Code + 4:	
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place stated due to the cause(s) and manner stated.					
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)				50. Hour of Death (24hrs)	
Edwin Stickler, M.D., 2241 Hospital Dr., Sedro-Woolley, WA 98284				0030	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY)	
Jonathan Fish MD				01-06-04	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number	
Physician					
56. Was case referred to medical examiner?		57. Registrar Signature X <i>Carolyn Epps, Deputy Registrar</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		58. Date Received (MM/DD/YYYY)			
		JAN -6 2004			
59. Record Amendment: Item Documented Evidence Reviewed by					



Affidavit for Correction

09/24/2019 09:34 AM Page 5 of 7
 Washington State Department of Health
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)					

7. Return Mailing Address: PO 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:

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: Printed name: Date:		16b. Signature of 2nd parent (if required): Printed name: Date:	
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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 using this form, 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). 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

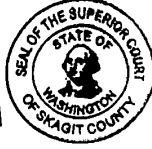
JUN 17 2019



0 2 7 7 1 9 5 1

I, MELISSA BEATON, Clerk of the Superior Court of the State of Washington, for Skagit County, do hereby certify that this is a true copy of the original now on file in my office. Dated 9-17-19

19-4-00274-29
ORAU 18
Order Authorizing
6531520



MELISSA BEATON, County Clerk

By: *[Signature]*
Deputy Clerk

SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2019 SEP 13 AM 9:12

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SKAGIT

ESTATE OF

JAMES CANDLER CAGLE

DECEASED

CAUSE NO. 19-4-00274-29

ORDER AUTHORIZING THE
PERSONAL REPRESENTATIVE TO
TRANSFER REAL PROPERTY

THIS MATTER coming on before the undersigned judge of the above-entitled Court on the date indicated, the Personal Representative having given notice to the known heirs by best efforts, NOW, THEREFORE,

IT IS HEREBY ORDERED:

1. The Motion to Authorize Transfer of Real Estate is granted;
2. Pursuant to RCW 11.04.015(1)(a), James Candler Cagle was entitled to all of Mary Ellen Cagle's share of the net community estate, including real property located at

Address	Parcel No.
31006 State Route 20 Lyman, WA 98263	P41491 350617-0-150-0002
Unimproved land Lyman, WA 98263	P41323 350617-0-007-0007

3. Any and all of Mary Ellen Cagle's interest in the real property above mentioned shall be transferred to the Estate of James Candler Cagle;

4. The Personal Representative of the Estate of James Candler Cagle, Derek Cagle, is authorized to execute any further documents and to take such further actions, as necessary to complete the transfer of the real property above mentioned;

ORDER AUTHORIZING
TRANSFER OF REAL PROPERTY - page 1

STILES LAW INC., P.S.
ATTORNEYS AT LAW
P.O. BOX 228 - 925 METCALF STREET
SEDRO WOOLLEY, WASHINGTON 98284
(360) 855-0131 FAX (360) 856-2875

1 5. The above-mentioned real property shall be transferred to Derek Cagle per the
2 Last Will and Testament of James Candler Cagle, dated 1/17/17.

3 IT IS FURTHER ORDERED
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11 DATED: 09-13-2019

James B. Bole
12 Judge
13
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15 Presented by:

16 Tim
17

18 Timothy C. Lehr, WSBA #50807
19 Attorney for the Estate
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ORDER AUTHORIZING
TRANSFER OF REAL PROPERTY - page 2

STILES LAW INC., P.S.
ATTORNEYS AT LAW
P.O. BOX 228 - 925 METCALF STREET
SEDRO WOOLLEY, WASHINGTON 98284
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