

When recorded return to:

THELMA J. DODGE
17039 COLONY ROAD
BOW, WA 98232



201910010095

10/01/2019 04:00 PM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR(S)

THELMA J. DODGE Individually and as Surviving Spouse of **VIRGIL R. DODGE**

for and in consideration of placing back in and confirmation of returning properties to trust,

in hand paid, conveys and quit claims to **THELMA J. DODGE, TRUSTEE OF THE DODGE REVOCABLE LIVING TRUST, DATED APRIL 30, 1997.**

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: **SEE LEGAL ATTACHEMENT A**

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

PROPERTIES LOCATED IN THE SW 1/4 & NW1/4 OF THE SW1/4, SECTION 25, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M. NORTH OF COLONY ROAD.

Tax Parcel Number(s):

P48264 / 360325-3-005-0005,
P120732 / 360325-3-005-0200,
P48261 / 360325-3-003-0007.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 42244
OCT 01 2019

Amount Paid \$ **42244**
By **MB** Skagit Co. Treasurer Deputy

LPB 12-05(r) rev 12/2006
Page 1 of 3

Dated: 9/26/19

Thelma J. Dodge

STATE OF WASHINGTON

ss.

COUNTY OF SKAGIT

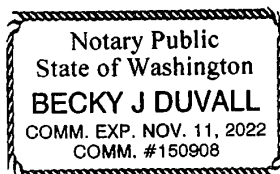
I certify that I know or have satisfactory evidence that **Thelma J. Dodge**

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that **Thelma J Dodge** signed this instrument, on oath stated that **Thelma J Dodge Individually and as Surviving Spouse** is authorized to execute the instrument and acknowledge it as the **Surviving Spouse** of **Virgil R. Dodge and his Estate**

to be

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

Dated: 9/26/19

Becky J Duvall

Notary name printed or typed: Becky J Duvall
Notary Public in and for the State of Washington
Residing at Burlington
My appointment expires: 11-11-22

LEGAL ATTACHEMENT A**P48264 / 360325-3-005-0005,**

ACRES 1.50, SW1/4 SW1/4 LYING NORTHERLY COLONY ROAD, EXCEPT BEGINNING AT THE SOUTHWEST CORNER 183 FEET EAST, NORTHWESTLY 193; THENCE SOUTH 208 FEET. ALSO EXCEPT THE FOLLOWING DESCRIBED PARCEL: BEGINNING AT THE SW CORNER OF THE SECTION; THENCE NORTH ALONG THE WEST SECTION LINE, 208 FEET; THENCE IN A NORTHEASTERLY DIRECTION, PARALLEL WITH COLONY ROAD, 400 FEET; THENCE IN A SOUTHWESTERLY DIRECTION TO THE NORTH LINE OF COLONY ROAD AND 400 FEET FROM THE POINT OF BEGINNING; THENCE WEST 400 FEET TO THE POINT OF BEGINNING. SW1/4 SW1/4 LYING NORTHERLY COLONY ROAD, EXCEPT BEGINNING AT THE SOUTHWEST CORNER 183 FEET EAST, NORTHWESTLY 193; THENCE SOUTH 208 FEET. ALSO EXCEPT THE FOLLOWING DESCRIBED PARCEL: BEGINNING AT THE SW CORNER OF THE SECTION; THENCE NORTH ALONG THE WEST SECTION LINE, 208 FEET; THENCE IN A NORTHEASTERLY DIRECTION, PARALLEL WITH COLONY ROAD, 400 FEET; THENCE IN A SOUTHWESTERLY DIRECTION TO THE NORTH LINE OF COLONY ROAD AND 400 FEET FROM THE POINT OF BEGINNING; THENCE WEST 400 FEET TO THE POINT OF BEGINNING.

P120732 / 360325-3-005-0200,

ACRES 10.77, C/U TMB#7-2002 AF#200309160139 2004 WEST 460 FEET OF SW1/4 SW1/4 LYING NORTHERLY COLONY ROAD, EXCEPT BEGINNING AT THE SOUTHWEST CORNER 183 FEET EAST, NORTHWESTLY 193; THENCE SOUTH 208 FEET. ALSO EXCEPT THE FOLLOWING DESCRIBED PARCEL: BEGINNING AT THE SW CORNER OF THE SECTION; THENCE NORTH ALONG THE WEST SECTION LINE, 208 FEET; THENCE IN A NORTHEASTERLY DIRECTION, PARALLEL WITH COLONY ROAD, 400 FEET; THENCE IN A SOUTHWESTERLY DIRECTION TO THE NORTH LINE OF COLONY ROAD AND 400 FEET FROM THE POINT OF BEGINNING; THENCE WEST 400 FEET TO THE POINT OF BEGINNING.

P48261 / 360325-3-003-0007.

ACRES 13.92, (DFL-2015) CU TMB #7-2002 AF#200309160139 2004 WEST 460 FEET OF THE NW1/4 SW1/4, SECTION 25, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M.

Return Address:

Thelma J. Dodge

17039 Colony Rd

Bow, WA 98232

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Thelma J. Dodge, 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 Virgil R. Dodge, who died on 5/15/2015

*Decedent/Grantor**Date*

at Mount Vernon

SkagitWA*City**County**State*

P48264 / 360325-3-005-0005, P120732 / 360325-3-005-0200, P48261 / 360325-3-003-0007

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

PROPERTIES LOCATED IN THE SW 1/4 & NW1/4 OF THE SW1/4, SECTION
 25, TOWNSHIP 36 NORTH, RANGE 3 EAST, W.M. NORTH OF COLONY ROAD.

P48264 / 360325-3-005-0005,
 P120732 / 360325-3-005-0200,
 P48261 / 360325-3-003-0007

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

Thelma J. Dodge / 86 / Spouse / 17039 Colony Rd. Bow, WA 98232

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 : 9-26-19

Affiant's full name

Thelma J Dodge

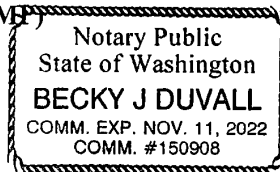
Telephone number

360-766-6659

<u>Bow</u>	<u>WA</u>	<u>98232</u>
City	State	Zip Code

Thelma J. Dodge
Signature9-26-19
DateState of Washington County of SkagitI know or have satisfactory evidence that Thelma J Dodge
(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: 9/26/19Becky J Duvall
Signature of Notary Public(SEAL OR
STAMP)Residing at: BurlingtonNotary Public in and for the State of WAMy appointment expires: 11/22

LEGAL ATTACHEMENT A**P48264 / 360325-3-005-0005,**

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-015066

DATE ISSUED: 06/02/2015

FEE NUMBER: 0000000029

GIVEN NAMES: VIRGIL R
LAST NAME: DODGE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 15, 2015
HOUR OF DEATH: 07:01 P.M.
SEX: MALE
AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: THELMA JUNE CONRAD

OCCUPATION: BRICK AND STONE MASON
INDUSTRY: CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: THELMA J. DODGE
RELATIONSHIP: WIFE
ADDRESS: 17039 COLONY RD, BOW, WA, 98232

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

RESIDENCE STREET: 17039 COLONY RD
CITY, STATE, ZIP: BOW, WASHINGTON 982328505
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: HERBERT R DODGE
MOTHER: ALICE MAY DODGE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HERITAGE CREMATORY
CITY, STATE: MARYSVILLE, WA
DISPOSITION DATE: JUNE 01, 2015

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES
ADDRESS: PO BOX 1322
CITY, STATE, ZIP: MT VERNON WA 98273
FUNERAL DIRECTOR: CHRIS GARNETT

CAUSE OF DEATH:
A. TRANSFUSION RELATED ACUTE LUNG INJURY OR ADULT RESPIRATORY DISTRESS SYNDROME
INTERVAL: 2 HOURS
B. BLOOD TRANSFUSION
INTERVAL: 3 HOURS
C. ANEMIA
INTERVAL: DAYS
D. POSSIBLE GASTROINTESTINAL BLEED
INTERVAL: DAYS

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC RENAL FAILURE

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: GEORGENE CHIOU, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MAY 22, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA 330
ATTENDING PHYSICIAN:
CHIA JIN CHIOU MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: JUNE 01, 2015

DOH 01-003 (1/15)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction

10/01/2019 04:00 PM Page 9 of 9

 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:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Birth 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: <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:	
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 foregoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

*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.

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

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). 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 January 2015

CERTIFIED

JUN 02 2015

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

CC00035211