

201910180123

10/18/2019 02:02 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

When recorded return to:

Dolores D. Bates
P.O. Box 446
Seeds Woolley, WA 98284

QUIT CLAIM DEED

THE GRANTOR(S) Dolores D. Bates, Surviving
Spouse of Jack N. Bates

for and in consideration of inheritance

in hand paid, conveys and quit claims to Dolores D. Bates

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: P 36383

That portion of the Southwest 1/4 of the Southwest 1/4 of Section 13,
Township 35 North, Range 4 East, W.M., described as follows:

Beginning at a point on the South line of the Section, 500 feet West of the
Southeast corner of said Southwest 1/4 of the South-
west 1/4;
thence North 391 feet;
thence West 110 feet;
thence South 391 feet, more or less, to the South line of said
Section 13;
thence East 110 feet to the point of beginning,

EXCEPT the as built and existing County road along the South line thereof
commonly known as Jones Road.

Dated: 10-16-19

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019 4549
OCT 18 2019

Dolores D. Bates

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

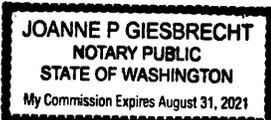
STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Dolores D. Bates

(is/are) the person(s) who appeared
before me, and said person(s) 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: October 16, 2019



Joanne P. Giesbrecht
Notary name printed or typed: JOANNE P. GIESBRECHT
Notary Public in and for the State of Washington
Residing at Mount Vernon
My appointment expires: 08/31/21

Return Address:

Dolores D. Bates
P.O. Box 446
Sedro-Woolley, WA 98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Dolores D. Bates, 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 Wife

of Jack N. Bates, who died on 10/12/2019
Decedent/Grantor *Relationship to decedent* *Date*
at Sedro-Woolley Skagit Washington
City *County* *State*

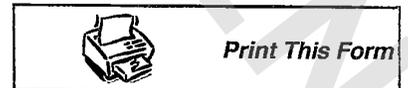
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

That portion of the Southwest 1/4 of the Southwest 1/4 of Section 13, Township 35 North, Range 4 East, W.M., described as follows:
Beginning at a point on the South line of the Section, 500 feet West of the Southeast corner of said Southwest 1/4 of the Southwest 1/4;
thence North 391 feet;
thence West 110 feet;
thence South 391 feet, more or less, to the South line of said Section 13;
thence East 110 feet to the point of beginning,
EXCEPT the as built and existing County road along the South line thereof commonly known as Jones Road.

Assessor's Property Tax Parcel/Account Number: P#36383
(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)



Dolores D. Bates, 66, wife.

23151 E. Jones Rd., Sedro-Woolley, WA 98284

Full name, age, relationship, address

Dated : October 18, 2019

Dolores D. Bates
Affiant's full name

(360) 333-8276
Telephone number

PO Box 446

Sedro Woolley WA 98284
City State Zip Code

Dolores D. Bates 10/18/19
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Dolores D. Bates
(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: 10/18/19

Julie Ann Huerta
Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Sedro Woolley

Notary Public in and for the State of Washington

My appointment expires: 12/20/22



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-044775

DATE ISSUED: 10/15/2019
FEE NUMBER:FIRST AND MIDDLE NAME(S): JACK NEAL
LAST NAME(S): BATES

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 12, 2019

HOUR OF DEATH: 11:00 AM

SEX: MALE

AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: DOLORES DIANE GRANT

OCCUPATION: BUS DRIVER

INDUSTRY: PUBLIC TRANSPORTATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: DOLORES D BATES

RELATIONSHIP: SPOUSE

ADDRESS: 23151 E JONES ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: SQUAMOUS CELL CARCINOMA OF ORAL CAVITY

INTERVAL: 10 MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 23151 E JONES ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 23151 E JONES ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: NEAL BATES

MOTHER/PARENT: JANET [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 14, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: OCTOBER 14, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 14, 2019



Affidavit for Correction

10/18/2019 02:02 PM Page 6 of 6
 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:
	First Middle Last	MM/DD/YYYY	(City or County)	
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden	First Middle Last/Maiden			
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:

PO Box or Street Address	City	State	Zip
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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:	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

- 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

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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- *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



CERTIFIED

OCT 15 2019

Howard Leibrand

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



0 3 2 6 4 5 0 7

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