

When recorded return to:



202002050059

02/05/2020 02:44 PM Pages: 1 of 9 Fees: \$111.50  
Skagit County Auditor

**QUIT CLAIM DEED**

THE GRANTOR(S) *DIANE E. MCKINLEY - DECEASED*  
*BY RANDY W. MCKINLEY - SURVIVING SPOUSE*  
for and in consideration of *INHERITANCE*

in hand paid, conveys and quit claims to *RANDY W. MCKINLEY*

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: *(0.3300 AC) PTN NW1/4 NE1/4*  
*SW1/4 SEC 27 DAF CAT NE COR OF SD NW1/4 NE1/4*  
*SW1/4 TH S 89-25-42 W ALG E+W E/2 OF SD SEC*  
*27 FOR 100.10FT TO TPDB TH CONT S 89-25-42 W*  
*FOR 75FT TH S LY ON A LI PLW*

*(SEE EXHIBIT "A" ATTACHED)*  
*27-35.4 NESW*

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

Tax Parcel Number(s): *P37910*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*700447*  
FEB 05 2020

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

Dated: 2-4-2020

Smiley

STATE OF Washington  
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that

Randy W. McKinley

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

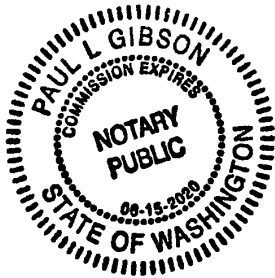
Dated: 02/04/2020

PAUL L. GIBSON

Notary name printed or typed:  
Notary Public in and for the State of Washington  
Residing at Burlington  
My appointment expires:

06/15/2020

Paul L. Gibson



Order No. 36937  
Exhibit A

EXHIBIT "A"

The land referred to herein is situated in the County of Skagit, State of Washington, and is described as follows:

A portion of the Northwest 1/4 of the Northeast 1/4 of the Southwest 1/4 of Section 27, Township 35 North, Range 4 East, W.M., described as follows:

Commencing at the Northeast corner of said Northwest 1/4 of the Northeast 1/4 of the Southwest 1/4; thence South 89 degrees 25'42" West along the East and West centerline of said Section 27, for 100.10 feet to the true point of beginning; thence continue South 89 degrees 25'42" West for 75.0 feet; thence Southerly on a line parallel with the East line of "LAMM'S PLAT OF PANORAMA VIEW LOTS", according to the plat recorded in Volume 7 of Plats, page 39, records of Skagit County, Washington, for 195.03 feet; thence North 89 degrees 25'42" East parallel with the said East and West centerline for 75.0 feet; thence Northerly on a line parallel with the said East line of Lamm's Panorama View Lots for 195.03 feet to the true point of beginning.

Together with an easement for ingress, egress and utilities over, under and across the following described parcel:

Commencing at the Northeast corner of said Lamm's Panormana View Lots; thence Southerly along the East line of said Lamm's Panorama View Lots, for 170.02 feet to the true point of beginning; thence continue Southerly along said East line for 25.0 feet; thence North 89 degrees 25'42" East parallel with the said East and West centerline of Section 27, for 75.0 feet to the West line of the above described main tract; thence Northerly along said West line of above described main tract for 25.0 feet; thence South 89 degrees 25'42" West for 75.0 feet to the true point of beginning.

921230C123

BK1150PG0408

Return Address:

Randy McKinley  
21319 PLAZA DR  
SEDRO WOOLLEY, WA  
98284

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Randy W. McKinley, 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 HUSBAND  
Relationship to decedent  
of Diane E. McKinley, who died on Nov 29, 2018  
Decedent/Grantor Date  
at SEDRO WOOLLEY SKAGIT WA  
City County State

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: (.3300 AC) PTN NW1/4 NE1/4 SW1/4 SEC 27  
DAF CAT NE COR OF SD NW1/4 NE1/4 SW1/4 TH S 89-25-42 W  
ALG E+W E/L OF SD SEC 27 FOR 100.10 FT TO TPOB TH CONT  
S 89-25-42 W FOR 75 FT TH S LY ON A LI PLW  
(SEE EXHIBIT "A" ATTACHED)

Assessor's Property Tax Parcel/Account Number: 37910-350427-3-035-0106  
(Attach full legal description of the property) PARCEL P37910

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 2)

*Larry W. McKinley 68 HUSBAND*  
*21319 PLAZA DR SEDRO WOOLLEY, WA 98284*  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

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Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

\_\_\_\_\_  
Full name, age, relationship, address

Dated : 2-4-20

Randy W. McKinley  
Affiant's full name

360-661-1734  
Telephone number

21319 ALAZA DR

SEASIDE Woolley WA 98284  
City State Zip Code

R. McKinley 2-4-20  
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Randy W. McKinley  
(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: 02/04/2020

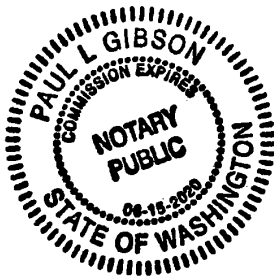
Paul L. Gibson  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 06/15/2020



Order No. 36937  
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Together with an easement for ingress, egress and utilities over, under and across the following described parcel:

Commencing at the Northeast corner of said Lamm's Panormana View Lots; thence Southerly along the East line of said Lamm's Panorama View Lots, for 170.02 feet to the true point of beginning; thence continue Southerly along said East line for 25.0 feet; thence North 89 degrees 25'42" East parallel with the said East and West centerline of Section 27, for 75.0 feet to the West line of the above described main tract; thence Northerly along said West line of above described main tract for 25.0 feet; thence South 89 degrees 25'42" West for 75.0 feet to the true point of beginning.

9212300123

BK1150PG0408

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-052580

DATE ISSUED: 12/11/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DIANE ELAINE  
LAST NAME(S): MCKINLEY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 29, 2018  
HOUR OF DEATH: 09:45 PM  
SEX: FEMALE AGE: 64 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: ALHAMBRA, CA

MARITAL STATUS: MARRIED  
SPOUSE: RANDY WILLIAM MCKINLEY

OCCUPATION: CERTIFIED NURSING ASSISTANT  
INDUSTRY: REST HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: NO

INFORMANT: RANDY WILLIAM MCKINLEY  
RELATIONSHIP: HUSBAND  
ADDRESS: 21319 PLAZA DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: PELVIC SQUAMOUS CELL CARCINOMA  
INTERVAL: 6 YEARS  
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: 21319 PLAZA DRIVE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 21319 PLAZA DRIVE  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: JAMES CHARLES BOYD  
MOTHER/PARENT: PATTY JO AN [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: UNION CEMETERY

CITY, STATE: SEDRO WOOLLEY, WASHINGTON  
DISPOSITION DATE: DECEMBER 10, 2018

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES  
ADDRESS: 281 S BURLINGTON BLVD  
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233  
FUNERAL DIRECTOR: PAUL L. GIBSON

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
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: NOVEMBER 30, 2018

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: DECEMBER 04, 2018



Affidavit for Correction

02/05/2020 02:44 PM Page 8 of 9
Mail to: Center for Health Statistics
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

Required information must match current information on record

Record Type: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Legal Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction, Relationship to Person on Record

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:

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

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\*

DEC 11 2018

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



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



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