

Return Address:



202003020133

03/02/2020 03:02 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

Document Title:

Quit Claim Deed

Reference Number (if applicable): _____

Grantor(s):

additional grantor names on page ____

- 1) Louise E. Meyer
- 2) Marvin E. Meyer Estate

Grantee(s):

additional grantor names on page ____

- 1) Louise E. Meyer
- 2) _____

Abbreviated Legal Description:

full legal on page(s) ____

Apartment Unit 17 "Aldercrest Condominiums"

Assessor Parcel /Tax ID Number:

additional parcel numbers on page ____

P82029

QUIT CLAIM DEED

THIS DEED made and entered into on this 2 day of March, 2020, by and between Louise E. Meyer, Surviving Spouse of Marvin E. Meyer (deceased), a mailing address of 12454 Gwen Drive #17, Burlington, WA 98233, hereinafter referred to as Grantor and Louise E. Meyer, a mailing address of 12454 Gwen Drive #17, Burlington, WA 98233, hereinafter referred to as Grantee.

WITNESSETH: That the said Grantor, for and in consideration of the sum of One and NO/100 (\$1.00) DOLLAR, cash in hand paid, the receipt of which is hereby acknowledged, have this day remise, release, quitclaim and convey to the said Grantee the following described real estate located in Skagit County, WASHINGTON:

Apartment Unit 17, "ALDERCREST CONDOMINIUMS", a Condominium, as shown on Survey Map and Floor Plans 4, 5, and 6, under Auditor's File No. 8005070005, and as identified in Declaration recorded May 7, 1980, under Auditor's File No. 8005070004, records of Skagit County, Washington.

Legal Description (Abbreviated): ALDERCREST CONDOMINIUMS, (DR19) BUILDING C, UNIT 17
Property Tax ID No.: 4420-000-017-0005
Parcel Number: P82029
Also known as: 12454 Gwen Drive #17, Burlington, WA 98233

IN WITNESS WHEREOF, the said Grantor has signed and sealed this deed, the day and year above written.

Louise E. Meyer
Louise E. Meyer

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020-1169
MAR 02 2020
Amount Paid \$
By MA Skagit Co. Treasurer Deputy

STATE OF WASHINGTON
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Louise E. Meyer 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: March 2, 2020

Ariel Divilbiss

Notary Public in and for the state of Washington

My appointment expires: June 28, 2023

Notary Public
State of Washington
ARIEL DIVILBISS
COMMISSION# 208608
MY COMMISSION EXPIRES
June 28, 2023

Apartment Unit 17, "ALDERCREST CONDOMINIUMS", a Condominium, as shown on Survey Map and Floor Plans recorded May 7, 1980, in Volume 13 of Plats, pages 3, 4, 5, and 6, under Auditor's File No. 8005070005, and as identified in Declaration recorded May 7, 1980, under Auditor's File No. 8005070004, records of Skagit County, Washington.

TOGETHER WITH an undivided 4.3% interest in the common areas described in Article 6 of said Declaration.

Floor Elevation Plans of which are recorded under Auditor's File No. 8005270025, in Volume 13 of Plats, page 7, records of Skagit County, Washington.

Said Condominium being a portion of Lot 19, Plat of "COUNTRY CLUB ESTATES", as per plat recorded in Volume 11 of Plats, pages 5 and 6, records of Skagit County, Washington, TOGETHER WITH Tract 1 of Short Plat No. 87-79, recorded under Auditor's File No. 7906170013, records of Skagit County, Washington, and also being a portion of the Southeast 1/4 of the Northeast 1/4 of Section 2, Township 34 North, Range 3 East, W.M.

COMMUNITY PROPERTY AGREEMENT
(Non-conversion Type)

1 This is an Agreement dated this 8th day of May,
2 1984, between MARVIN E. MEYER and LOUISE E. MEYER, husband and
3 wife, pursuant to the provisions of RCW 26.16.120, providing for
4 agreements between husband and wife for the fixing of the status
and disposition of community property, to take effect upon the
death of either.

5 IT IS AGREED AS FOLLOWS:

6 1. The parties do not intend by this Agreement to change
7 the status of any of their property. This Agreement shall operate
8 only upon such property as is community property of the parties
9 upon the death of the first of them to die.

10 2. Upon the death of either of the parties hereto, absolute
11 ownership and title to all community property shall immediately
12 vest in the survivor of them.

13 3. This Agreement shall be void if there is no sufficient
14 evidence that the parties have died other than simultaneously.

15 4. Property held by the parties in joint tenancy, and any
16 transfer or attempted transfer of community property into joint
17 tenancy form, shall not change its status as community property.
18 Holding of such property in joint tenancy, or any transfer or
19 attempted transfer, shall be deemed to be for the convenience of
20 the parties only and such property shall be community property and
21 the absolute ownership and title of all such property shall vest
22 immediately in the survivor of the parties hereto as provided
23 herein.

24 IN WITNESS WHEREOF, the parties hereto have executed this
25 Agreement.

26 *Louise E. Meyer*
27 *Marvin E. Meyer*

28 STATE OF WASHINGTON)
29) ss.
30 COUNTY OF SKAGIT)

31 On this day personally appeared before me MARVIN E. MEYER
32 and LOUISE E. MEYER, husband and wife, to me known to be the
individuals described in and who executed the foregoing
instrument, and acknowledged that they signed the same as their
free and voluntary act and deed, for the uses and purposes therein
mentioned.

33 IN WITNESS WHEREOF, I have hereunto affixed my hand and
34 official seal this 8th day of May, 1984.

35 *Stanley K. Buehn*
36 Notary Public in and for the State of
37 Washington, residing at Mount Vernon.

38 CLIENTS' COPY
39 FOR YOUR INFORMATION

40 BANNISTER, BRUHN & CLARK
41 ATTORNEYS AT LAW
42 415 PINE STREET
43 MOUNT VERNON, WASHINGTON 98273-3880
44 TELEPHONE 336-2191

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-006401

DATE ISSUED: 02/13/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): MARVIN EDWARD
LAST NAME(S): MEYER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 10, 2020

HOUR OF DEATH: 12:40 PM

SEX: MALE

AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BROOTEN, MN

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LOUISE VASSAW

OCCUPATION: DRAFTSMAN

INDUSTRY: MACHINERY

EDUCATION: SOME COLLEGE CREDIT; BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: LOUISE MEYER

RELATIONSHIP: WIFE

ADDRESS: 12454 GWEN DRIVE #17 BURLINGTON, WA 98233

CAUSE OF DEATH:

A: COMPLICATIONS OF TRAUMATIC INTRACRANIAL HEMORRHAGE FROM TWO GROUND LEVEL FALLS

INTERVAL: 3 WEEKS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANTICOAGULATED WITH
WARFARIN FOR CHRONIC ATRIAL FIBRILLATION

DATE OF INJURY: JANUARY 17, 2020

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT'S HOME

LOCATION OF INJURY: 12454 GWEN DRIVE APT 17

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: TWO GROUND LEVEL FALLS

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 12454 GWEN DRIVE UNIT 17

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12454 GWEN DRIVE 17

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER: JULIUS MEYER

MOTHER: MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 12, 2020

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: FEBRUARY 12, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 200212-305

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: FEBRUARY 12, 2020



Affidavit for Correction

03/02/2020 03:02 PM Page 1 of 3
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	

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 2 nd 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

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
- | | |
|--|--|
| <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 |
|--|--|
- *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

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

FEB 13 2020

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



0 3 8 0 1 6 3 4

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