



202003030023

03/03/2020 11:38 AM Pages: 1 of 7 Fees: \$159.50
Skagit County Auditor

Document Title: Quit Claim Deed

Reference Number :

Grantor(s): additional grantor names on page ___

1. David S. Wilder III
2. Carol M. Wilder Estate

Grantee(s): additional grantee names on page ___

1. Linda J. Lewis
- 2.

Abbreviated legal description: full legal on page(s) ___

Rtn Lts 1, 8-12 Blk 179
Fidalgo City

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P 73251

I, Linda Lewis, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$103.50 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Linda Lewis Dated 3-3-20

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2020775
MAR 03 2020

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

QUIT CLAIM DEED

THE GRANTOR(S)

David S. Wilder III, trustee of the estate of Carol M Wilder (deceased May 27, 2014)

for and in consideration of zero dollars and no/100ths

in hand paid, conveys and quit claims to Linda J. Lewis

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:

100% interest of 1/2 interest of 5% interest of the East 75 feet of Lots 8, 9, 10, 11, 12 and 1, Block 179, Map of Fidalgo City, according to the plat thereof, recorded in Volume 2 of Plats, page 113, records of Skagit County, Washington

EXCEPT the North 12.50 feet of Lot 8, Block 179, Map of Fidalgo City, according to the plat thereof, recorded in volume 2 of Plats, page 113 records of Skagit County, Washington;

TOGETHER WITH the North 25 feet of vacated 2nd Street and the West 50 feet of vacated Potter Avenue adjoining said premises which attached thereto by operation of law. Situated in Skagit County, Washinton.

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

Tax Parcel Number(s): 4101 179-016-0004 P73257

Dated: FEBRUARY 27 2020

David Wilder III

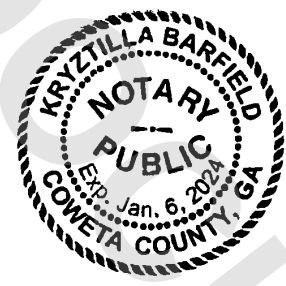
DAVID S. WILDER III

STATE OF GA
COUNTY OF Fayette ss.

I certify that I know or have satisfactory evidence that David Wilder III
(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: 2/27/2020

Kryztilla Barfield Kryztilla Barf
Notary name printed or typed:
Notary Public in and for the State of GA
Residing at PTZ, GA
My appointment expires: 1/6/2024



AFFIDAVIT

(LACK OF PROBATE)

DAVID S. WILDER III, being first duly sworn, deposes and says:
The undersigned affiant is the HUSBAND (relationship to decedent) of
CAROL MAY WILDER (decedent), who died on MAY 27, 2014,
at ANACORTES (City), SKAGIT (County), WA (State),
then being a resident of ANACORTES (City), SKAGIT (County), WA (State).

*** **A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED**

PLEASE NOTE: Upon our review of the documentation, we may require a County certified copy of said death certificate to be recorded

REGARDING DISPOSITION OF REAL PROPERTY:

- Decedent left no Last Will and Testament and/or Community Property Agreement; OR
- Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS HERETO ATTACHED FOR REVIEW), or has been recorded under King County recording number _____; OR
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS HERETO ATTACHED); OR
- Decedent left a Last Will and Testament, which was Probated in _____ (County), State of _____, under Superior Court Cause Number _____.

“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 reverse side of this page if necessary)

| | | | |
|-------------------------------------------------------------|---------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|
| <u>DAVID STEVENS WILDER III</u> <small>Full name</small> | <u>79</u> <small>age</small> | <u>HUSBAND</u> <small>relationship</small> | <u>121 EMERALD LANE</u> <small>address</small> |
| <u>LINDA J. LEWIS</u> <small>Full name</small> | <u>69</u> <small>age</small> | <u>sister</u> <small>relationship</small> | <u>PEACHTREE CITY, GA 30269</u> <small>address</small> |
| <u>Tyler Cates</u> <small>Full name</small> | <u>52</u> <small>age</small> | <u>son</u> <small>relationship</small> | <u>15178 Gibraltar Rd Anacortes, WA 98291</u> <small>address</small> |
| <u>Clinton Cates</u> <small>Full name</small> | <u>49</u> <small>age</small> | <u>son</u> <small>relationship</small> | <u>91799 Loburg Rd Eugene Or 97108</u> <small>address</small> |
| <u>Gary Henneke</u> <small>Full name</small> | <u>79</u> <small>age</small> | <u>brother</u> <small>relationship</small> | <u>1073 Garrido Ct Camarillo CA 93010</u> <small>address</small> |
| | <u>(continued on next page)</u> | | <u>4536 54 SW Seattle, WA 98116</u> |

AFFIDAVIT (LACK OF PROBATE)
Page 2

REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

NONE

Affiant further declares that the decedent:

- HAS (OR)
- HAS NOT received assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past

Affiant further declares that the total amount of all community property of the decedent was approximately \$ 1,000,000, and the value of all separate property of the decedent was approximately \$ 25,000.

Dated: JANUARY 14, 2020

Affiant's full name DAVID STEVENS WILDER III David Steven Wilder III

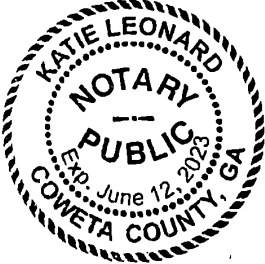
Telephone number 360-333-0567 address 121 EMERGING LANE, PEACHTREE CITY, GA
* * * * * 30269

State of Georgia County of Fayette

I know or have satisfactory evidence that David Stevens Wilder III 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: 1/14/2020 By: Katie Leonard My appt expires 6/12/2023

Notary stamp or seal:



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/03/2020
FEE NUMBER:

CERTIFICATE NUMBER: 2014-011861

FIRST AND MIDDLE NAME(S): CAROL MAY
LAST NAME(S): WILDER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 27, 2014
HOUR OF DEATH: 06:00 AM
SEX: FEMALE AGE: 67 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 6887 LAKEWOOD PARK LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 6887 LAKEWOOD PARK LN
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: GEORGE HASSEL HENNEKE
MOTHER: ALICE GERTRUD [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: DAVID STEVENS WILDER III

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: REALTOR
INDUSTRY: REALTY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MAY 30, 2014

INFORMANT: DAVID S. WILDER
RELATIONSHIP: HUSBAND
ADDRESS: 6887 LAKEWOOD PARK LANE, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL

ADDRESS: 1105 - 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A: METASTATIC COLORECTAL ADENOCARCINOMA
INTERVAL: 1 YEAR
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NOT APPLICABLE

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

CERTIFIER NAME: PHILIP GOLD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1221 MADISON ST, 2ND FLOOR
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104
DATE SIGNED: MAY 28, 2014

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA # 343
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: MAY 29, 2014



Affidavit for Correction

03/03/2020 11:38 AM Page 7 of 8

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

State of Washington Department of Health
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

Form fields for State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Divorce), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, 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:

Table with 2 columns: The record now shows: (8, 10, 12, 14) and The true fact is: (9, 11, 13, 15)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

Signature fields: 16a. Signature: (Printed name, Date), 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; 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

- 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

MAR 03 2020

Handwritten signature of Skagit County Health Department

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



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



0 3 8 0 2 4 2 8