

Return to:
ADAPTIVE LAW FIRM PS
107 State Street
Sedro Woolley, WA 98284

202006030058
08/03/2020 11:18 AM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20201931
JUN 03 2020

Amount Paid \$
Skagit Co. Treasurer
By *mg* Deputy

QUIT CLAIM DEED

For valuable consideration, the receipt of which is acknowledged, **Daniel Root, Trustee of the Ed Cahill Living Trust dated March 2, 2017**, and any amendments thereto, (Grantor), conveys, releases and quitclaims unto, **Catherine H. Cahill**, (Grantee), all of Grantor's right, title and interest in the following-described real property located in Skagit County, State of Washington, together with all after-acquired title of the Grantor:

SEE ATTACHED EXHIBIT A FOR FULL LEGAL DESCRIPTION.

Abbreviated legal: O/S#295 AF#751091 1973 DK25 DR25 THE E1/2 OF THE SW1/4 OF THE NW1/4 EXCEPT THE COUNTY ROAD ALONG THE SOUTH LINE THEREOF KNOWN AS TRUUMAN LOOP ROAD. ALSO THE W1/2 OF THE SE1/4 NE1/4. TOGETHER WITH A STRIP OF LAND ON THE EAST SIDE OF SAID W1/2 BEING 8 FOOT 3 INCHES IN WIDTH, EAST AND WEST AND 80 RODS LONG, NORTH AND SOUTH, EXCEPT THE COUNTY ROAD ALONG THE SOUTH LINE THEREOF KNOWN AS TRUUMAN LOOP ROAD.

Tax Parcel Number(s): P116190 / 350316-2-005-0200

Dated this 5th day of February, 2020..

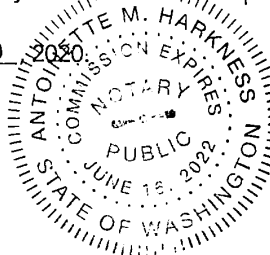
D. Root - TTE

Daniel Root, Trustee of the Ed Cahill Living Trust,
dated March 2, 2017.

STATE OF WASHINGTON)
COUNTY OF SKAGIT)
::SS

I certify that I know or have satisfactory evidence that, **Daniel Root**, is the person who appeared before me, and said person acknowledged that he signed this instrument, and on oath stated that he signed it as his free and voluntary act for the uses and purposes mentioned in this instrument.

March 5
Dated: February 5, 2020



Antoinette M. Harkness
Notary Public for the State of Washington
My commission expires: 6/16/2022

EXHIBIT "A"

The East Half of the Southwest Quarter of the Northwest Quarter of Section 16, Township 35 North, Range 3 East of the Willamette Meridian;

EXCEPT the County road along the South line thereof known as Trueman Loop Road;

ALSO the West Half of the Southeast Quarter of the Northwest Quarter of Section 16, Township 35 North, Range 3 East of the Willamette Meridian;

TOGETHER WITH a strip of land on the East side of said West Half being 8'3" wide, East and West and 80 rods long, North and South;

EXCEPT the County road along the South line thereof known as Trueman Loop Road.

Situate in Skagit County Washington,

Subject to: Restrictions, reservations and easements of record and Skagit County Right to Farm Ordinance as described below:

Skagit County has established a policy for unincorporated areas to protect and encourage agriculture and forestry operations. If your real property is located near an agriculture or forestry operation, you may be subject to inconvenience or discomfort arising from such operations, including but not limited to, noise, odors, fumes, dust, flies, and other associated pests, the operation of machinery of any kind during any 24-hour period, the storage and disposal of manure, and the application of fertilizers, soil amendments, and pesticides. If conducted in compliance with local, state and federal laws, these inconveniences or discomforts are hereby deemed not to constitute a nuisance as provided in Chapter 7.48 RCW for purposes of the Skagit County Code and shall not be subject to legal action as a public nuisance.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-053636

DATE ISSUED: 12/18/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EDWARD ANTHONY

LAST NAME(S): CAHILL JR

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 04, 2019

HOUR OF DEATH: 08:30 PM

SEX: MALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: 536-40-9949

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: CAUCASIAN

BIRTH DATE: AUGUST 18, 1944

BIRTHPLACE: AUSTIN, TX

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: ENGINEER

INDUSTRY: AVIATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: PETRA ILLIG

RELATIONSHIP: FRIEND/POA

ADDRESS: 3404 LAKESIDE DRIVE, ANCHORAGE, ALASKA, 99515

CAUSE OF DEATH:

A: PARKINSON'S DISEASE

INTERVAL: 15 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: 400 GILKEY ROAD UNIT 228

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 400 GILKEY ROAD 228

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: EDWARD ANTHONY CAHILL

MOTHER: ANNE V SMITH

METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH

PLACE OF DISPOSITION: MEDCURE

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: DECEMBER 09, 2019

FUNERAL FACILITY: WESTFORD FUNERAL HOME INC

ADDRESS: 1301 BROADWAY

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: PAUL V. SPINELLI

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: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 06, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 09, 2019



Affidavit for Correction

06/03/2020 11:18 AM Page 4 of 4

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

 Mail Room
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required	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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address:

Telephone Number:	Email Address:
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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 2nd 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

Child under 18 <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 	Adult (18 years or older) <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

DEC 18 2019

 RECEIVED
 FEB 02 2020
 BY:

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


0 3 2 6 6 7 1 7

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