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08/21/2020 01:51 PM Pages: 1 of 6 Fees: $108.50
Skagit County Auditor, WA

When recorded return to:

Jeffrey M. Rhodes and Amber Rhodes
911 Sterling Street
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
Affidavit No. 2020-3261
Aug 21 2020
Amount Paid $7160.60
Skagit County Treasurer
By Marissa Guerrero Deputy

STATUTORY WARRANTY DEED

GNW 20-6370

THE GRANTOR(S) Richard Coons, Trustee of Coons Revocable Living Trust, 930 State Route 9 Southeast, Sedro-Woolley, WA 98284,

for and in consideration of ten **dollars and other valuable consideration**

in hand paid, conveys, and warrants to Jeffrey M. Rhodes and Amber Rhodes, a married couple

the following described real estate, situated in the County Skagit, State of Washington:

FOR PROPERTY DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Abbreviated legal description: Property 1:
GL 1 of S. 7, T. 36 N., R5 E., W.M.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "B" attached hereto

Tax Parcel Number(s): P50890, P50889

Dated: 8-20-2020

Coons Revocable Living Trust

By: Richard Coons
Richard Coons, Trustee

Richard Coons
Richard Coons, individually

STATE OF WASHINGTON
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence that Richard Coons, Trustee of Coons Revocable Living Trust is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 20 day of August, 2020

Jillian Rhone
Signature

Notary
Title

My appointment expires: March 20, 2024

EXHIBIT A
LEGAL DESCRIPTION

Property Address: 930 Washington 9, Sedro-Woolley, WA 98284
Tax Parcel Number(s): P50890, P50889

Property Description:

Government Lot 1 of Section 7, Township 36 North, Range 5 East, W,M. TOGETHER WITH a non-exclusive easement for roadway and access as reserved in deed recorded August 3, 1960 over and across the following described strip of land: Fifty (50) feet in width being thwenty five (25) feet on either side of the center line of that certain existing roadway extending form State Highway 1A, commonly known as State Highway 9, in the Southeast 1/4 of the Southwest 1/4 of Section 6, Township 36 North, Range 5 East, WM. , in a Southwesterly direction over and acorss the South 1/2 of the Southwest 1/4 of said Section 6 and over and across the North 1/2/ of the Northwest 1/4 of Section 7 of said Township and Range, lying Westerly of State Highway 1-A, commonly known as State Highway 9.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2019-026836

DATE ISSUED: 06/19/2019
FEE NUMBER: 17-06341

FIRST AND MIDDLE NAME(S): ESTELLEE ADDIE
LAST NAME(S): COONS
AKA: ESTELLEE ANDERSON
COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 08, 2019
HOUR OF DEATH: 04:13 PM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER [redacted]

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

BIRTH DATE [redacted]
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: MARRIED
SPOUSE: RICHARD COONS

OCCUPATION: CANERY WORKER
INDUSTRY: FOOD PROCESSING
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: RICHARD COONS
RELATIONSHIP: SPOUSE
ADDRESS: 930 STATE ROUTE 9 SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: 1 WEEK
B: ATRIAL FIBRILLATION
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HISTORY OF STROKE

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

AKA:
AKA:

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 930 STATE ROUTE 9
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 58 YEARS

FATHER/PARENT: ALEXANDER CHRISTIAN ANDERSON
MOTHER/PARENT: VIOLET ADDIE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JUNE 17, 2019

FUNERAL FACILITY: NATIONAL CREMATION SOCIETY

ADDRESS: 672 STRANDER BLVD
CITY, STATE, ZIP: TUKWILA, WASHINGTON 98188
FUNERAL DIRECTOR: JUSTINE E. WHITE

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: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: JUNE 11, 2019

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JUNE 17, 2019

DOH 422-132 King (8/10) [redacted]

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health

Affidavit for Correction

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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: 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

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)

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:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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 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

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

CERTIFIED
Jeffrey S. Duchin, MD
HEALTH OFFICER
Public Health
Seattle & King County
STATE OF WASHINGTON

EXHIBIT B

20-6370-KH

1. Easement, affecting a portion of subject property for the purpose of roadway including terms and provisions thereof granted to Bloedel Donavan Timberlands, Inc., recorded 09/1//1951 as Auditor's File No. 465450.
The exact location of said 50-foot wide roadway is not disclosed on the record.

2. Easement, affecting a portion of subject property for the purpose of rhe right to use a certain exising logging road including terms and provisions thereof granted to Columbia Valley Lumber Company recorded 06/16/1955 as Auditor's File No. 519505.
The exact locaation of said existing logging road is not disclosed on the record.

3. Regulatory notice/agreement regarding on-site sewage system that may include covenants, conditions and restrictions affecting the subject property, recorded 10/06/1989 as Auditor's File No. 8910060028 .

Reference is hereby made to the record for the full particulars of said notice/agreement. However, said notice/agreement may have changed or may in the future change without recorded notice. Said notice/agreement may pertain to governmental regulations for building or land use. Said matters are not a matter of title insurance. If such non-title insurance matters are shown, they are shown as a courtesy only, without the expectation that all such matters have been shown.

4. Unrecorded leaseholds, if any, rights of vendors and chattel mortgagees of personal property, and rights of tenants to remove trade fixtures at the expiration of term.

5. Any question that may arise as to the exact location of the 50-foot wide roadway and access easement described herein.