

Name & Return Address:

Frieda Mountain




202008210105

08/21/2020 02:32 PM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

Washington State Recorder's Cover Sheet (RCW 65.04) Please print legibly or type information.

Document Title(s)	GUARDIAN NORTHWEST TITLE CO.
Grantor(s)	ACCO Estate of Lina Richards ____ Additional Names on Page ____ of Document
Grantee(s)	Frieda Mountain ____ Additional Names on Page ____ of Document
Legal Description (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	Lot 5, 6, 7 & 8, B1K65, Anacortes Complete Legal Description on Page ____ of Document
Auditor's Reference Number(s)	
Assessor's Property Tax Parcel/Account Number(s)	P55345
Non Standard Fee \$50.00 By signing below, you agree to pay the \$50.00 non standard fee. I am requesting an emergency non standard recording for an additional fee as 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. _____ Signature of Party Requesting Non Standard Recording NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements. The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.	

When recorded return to:


Freida Mountain
404-1375 Newport Avenue
Victoria, BC Canada V8S 5E8

QUIT CLAIM DEED

GUARDIAN NORTHWEST TITLE CO.

THE GRANTOR(S) Estate of Lina Richards

ACCOMMODATION RECORDING ONLY


for and in consideration of WAC 458-61A-202 (6i) Lack of Probate to Heir

in hand paid, conveys and quit claims to Frieda Mountain, a married woman as her separate estate

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

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

Tax Parcel Number(s): P55345 3772-065-008-0013

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX2020/22/09
AUG 21 2020Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

August 6
Dated July 30, 2020



ie Bm F. Mountain
Freida Mountain
PROVINCE OF BRITISH COLUMBIA
STATE OF
CITY OF VICTORIA ss.

I certify that I know or have satisfactory evidence that

ie Bm Freida Mountain

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

before me, and said person(s) acknowledged that She signed this instrument and acknowledged it to be

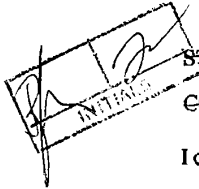
her free and voluntary act for the uses and purposes mentioned in this instrument.



Dated: August 6, 2019

Brenda Milbrath
Notary name printed or typed: Brenda Jane Milbrath
Notary Public in and for the State of Province of British Columbia
Residing at Victoria
My appointment expires: non-expiring

BRENDA J MILBRATH
Barrister & Solicitor
754 Broughton Street, 3rd Floor
Victoria B.C. V8W 1E1
250-381-6444



STATE OF WASHINGTON
COUNTY OF SKAGIT

PROVINCE OF BRITISH COLUMBIA
CITY OF VICTORIA ss.

I certify that I know or have satisfactory evidence that

Freida Mountain

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that She signed this instrument, on oath stated that she is authorized to execute the instrument and acknowledge it as

the Quit Claim Deed of

Freida Mountain and to be

the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: August 6, 2019



Brenda Milbrath
Notary name printed or typed: Brenda Jane Milbrath
Notary Public in and for the State of Province of British Columbia
Residing at Victoria
My appointment expires: Non-expiring

BRENDA J MILBRATH
Barrister & Solicitor
754 Broughton Street, 3rd Floor
Victoria B.C. V8W 1E1
250-381-6444

EXHIBIT A

LEGAL DESCRIPTION

Lots 6, 7 and 8, Block ⁶⁵~~3~~, ANACORTES

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Frieda mountain, 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 daughter
Relationship to decedent

of Lina Richards, who died on 5/21/2020
Decedent's name Date

at Anacortes, Skanit WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____

Lot 6, 7 & 8 Block 65 Anacortes.

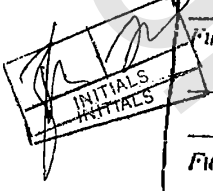
Assessor's Property Tax Parcel/Account Number: P55345
 (Attach full legal description of the property) 3772-065-008-0013

☐ 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 _____)

 INITIALS
Full name, age, relationship, address

Full name, age, relationship, address
FRIEDA MOUNTAIN DAUGHTER
404-1375 NEWPORT AVE, VICTORIA, B.C. CANADA
Full name, age, relationship, address V855E8

Full name, age, relationship, address

Full name, age, relationship, address

 INITIALS
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: August 6, 2020

Affiant's full name

Freida Mountain

Telephone number

404-1375 Newport AvenueVictoria

City

BC

State

Canada V8S 5E8

Zip Code

F. Mountain

Signature

August 6, 2020

Date

Province of British Columbia County of City of Victoria

State of

County of

I know or have satisfactory evidence that

Freida Mountain

(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: 06/08/2020

DD MM YR

(SEAL OR
STAMP)

Signature of Notary Public

Residing at:

Victoria British Columbia

Notary Public in and for the State of

British ColumbiaMy appointment expires: none

BRENDA J MILBRATH

Barrister & Solicitor

754 Broughton Street, 3rd Floor

Victoria B.C. V8W 1E1

250-381-6444

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024083

DATE ISSUED: 05/27/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LINA

LAST NAME(S): RICHARDS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 21, 2020 FOUND

HOUR OF DEATH: 06:10 PM FOUND

SEX: FEMALE AGE: 98 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: HALBSTADT-USSR UKRAINE

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: PEGGY L GERWELS

RELATIONSHIP: GREAT NIECE

ADDRESS: 2419 30TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CONGESTIVE HEART FAILURE

INTERVAL: 20 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: 1111 3RD STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1111 3RD STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 50 YEARS

FATHER: HEINRICH BEIDIN

MOTHER: MARIA LOUISE [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 28, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: ALAN C. THOM, DO

TITLE: DO

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: MAY 27, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 200522-35

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: MAY 27, 2020



Affidavit for Correction

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

 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:
	First Middle Last	MM/DD/YYYY	(City or County)	
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	First Middle Last/Maiden	First Middle Last/Maiden		
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:				
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 2 nd 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

MAY 27 2020

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


0 3 8. 0 4 6 2 8

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