



202008270044

08/27/2020 11:35 AM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

Return Address:

Document Title(s):
 STATUTORY WARRANTY DEED

Reference Number (if applicable): _____

Grantor(s): [] additional grantor names on page ____.

RICHARD J KOFFLER
 DANIEL J KOFFLER ESTATE

Grantee(s): [] additional grantee names on page ____.

CHARLES J JOHNSON
 DORIS D JOHNSON

Abbreviated legal description: [] full legal on page(s) ____.

LT 10 BLK 1 CAPE HORN ON THE SKAGIT DIV NO 2

Assessor Parcel / Tax ID Number: [] additional parcel number(s) on page ____.

P63288

When recorded return to:
Richard J Koffler, Personal Representative of the Estate of Daniel J Koffler
2825 89th ST SE
Everett, WA 98208

STATUTORY WARRANTY DEED

THE GRANTOR(S) Richard J Koffler, Personal Representative of the Estate of Daniel J Koffler

for and in consideration of Ten Dollars and Other Good and Valuable Consideration

in hand paid, conveys, and warrants to Charles J Johnson and Doris D Johnson, husband and wife

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

Lot 10, Block 1, Cape Horn on the Skagit Division No. 2, according to the plat thereof recorded in Volume 9 of Plats, pages 14 through 19, records of Skagit County, WA

SUBJECT TO: COVENANTS, CONDITIONS, RESTRICITIONS AND RESERVATIONS ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

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

Tax Parcel Number(s): P63288

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020/08/27
AUG 27 2020

Amount Paid \$ 504.20
Skagit Co. Treasurer
By MA Deputy

Dated: Aug. 19, 2020

Richard J Koffler

Charles & John

Doris Johnson

STATE OF Washington
COUNTY OF Strom

ss.

I certify that I know or have satisfactory evidence that Richard Koffler,
Charles & Doris Johnson (is/are) the person(s) who appeared
before me, and said person(s) acknowledged that they signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 8-20-20

Naomi V. Johnson

Notary name printed or typed:

Notary Public in and for the State of Washington

Residing at Monroe, WA

My appointment expires: 2-19-2024

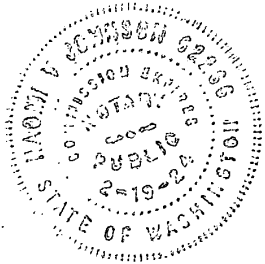


Exhibit "A"

Dues, Charges, and assessments, if any, levied by the Cape Horn Maintenance Company.

Easements, including the terms, covenants, and provision thereof, granted by the instrument

Recorded: August 17, 1965

Auditor's No.: 670429, records of Skagit County WA

To: Puget Sound Power & Light Company

For: Electric Transmission and /or distribution

Line, together with necessary appurtenances

Affects: As Constructed and extended in the future at the consent of Grantee and Grantor

Rights and conditions contained in the dedication of said plat, as follows:

Right of the public to make all necessary slopes for cuts and fills and the right to continue to drain said roads and ways over and across any lots where water might take a natural course in the original reasonable grading of the roads and ways shown hereon. Following original reasonable grading of the roads and ways hereon, no drainage waters on any lot shall be diverted or blocked from their natural so as to discharge upon any public road right of way to hamper proper road drainage. Any enclosing of drainage waters in culverts or drains or re-routing thereof across any lot as may be undertaken by or for the owner of any lot shall be done by and at the expense of such owner.

Covenants, conditions, and restrictions contained in declaration of restrictions

Recorded: July 13, 1965

Auditor's No.: 668869, records of Skagit County, WA

Covenants, conditions, restrictions and assessments contained in deed

Recorded: September 3, 1974

Auditor's No.: 805638, records of Skagit County, WA

Covenants, conditions, restrictions and assessments contained in instrument

Recorded: December 15, 1976

Auditor's No.: 847451, records of Skagit County, WA

Note contained on the face of said plat, as follows:

Skagit County shall not be responsible for any flood control improvements.

Any question that may arise due to shifting or change in the course of the river or due to the river having shifted or changed its course.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

202008270044

Local File Number M-0-1994 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix: Lorraine June Koffler 2. Death Date: June 18th 2012

3. Sex (M/F): Female 4a. Age - Last Birthday: 77 4b. Under 1 Year: Months 4c. Under 1 Day: Hours 5. Social Security Number: [REDACTED] 6. County of Death: Snohomish

7a. Birthplace (City, Town, or County): Omak 7b. (State or Foreign Country): Washington 8. Decedent's Education: Some College, No Degree

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No 11. Decedent's Race(s): White 12. Was Decedent ever in U.S. Armed Forces? No

13a. Residence: Number and Street (e.g., 624 SE 5th SU) (include Apt. No.): 2327 73rd Street S.E. 13b. City or Town: Everett

13c. Residence: County: Snohomish 13d. Tribal Reservation Name (if applicable): N/A 13e. State or Foreign Country: Washington 13f. Zip Code + 4: 98203 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 47 Years 15. Marital Status at Time of Death: Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Daniel James Koffler

17. Usual Occupation (Indicate type of work done during most of working life. (do not use RETIRED): Homemaker 18. Kind of Business/Industry (Do not use Company Name): Own Home

19. Father's Name (First, Middle, Last, Suffix): Boda Clay Stevens 20. Mother's Name Before First Marriage (First, Middle, Last): Zona Armetha [REDACTED]

21. Informant's Name: Daniel J. Koffler 22. Relationship to Decedent: Husband 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: 2327 73rd Street S.E. Everett WA 98203

24. Place of Death, if Death Occurred in a Hospital: Inpatient Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location): Providence Regional Med Ctr - Colby Campus 26a. City, Town, or Location of Death: Everett 26b. State: WA 27. Zip Code: 98201

28. Method of Disposition: Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place): Evergreen Cemetery 30. Location-City/Town, and State: Everett, Washington

31. Name and Complete Address of Funeral Facility: Evergreen Funeral Home 4504 Broadway Everett, Washington 98203 32. Date of Disposition: June 22, 2012

33. Funeral Director Signature X: Jason F. White, #2245 *Jason F. White*

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Pneumonia Interval between Onset & Death: 9 days

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. Dysphagia Interval between Onset & Death: 9 days

c. Dementia Interval between Onset & Death: 8 yrs

d.

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death: Natural Homicide Accident Undetermined Suicide Pending 39. If female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days before death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/dd/yyyy): 42. Hour of Injury (24hrs): 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred: 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician (to the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated): 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Tania Martinez-Lemke 1818 121st Street S.E. Everett, WA 98208 50. Hour of Death (24hrs): 0710

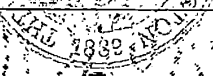
51. Name and Title of Attending Physician if other than Certifier (Type or Print): 52. Date Signed (mm/dd/yyyy): 06/20/12

53. Title of Certifier: MD 54. License Number: MD 00002015 55. ME/Coroner File Number: NJAF 12-SN-2060 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature: Nancy Kuhlmann 58. Date Received (mm/dd/yyyy): JUN 20 2012

59. Amendments:

Part 1 completed by Funeral Director
Part 2 completed by Certifier

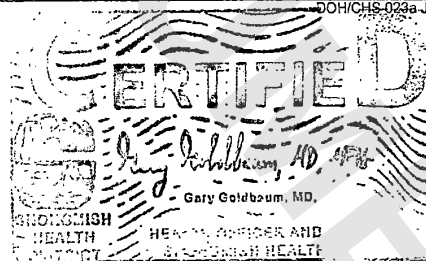


DOH 01-003 (12/11)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH AND STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

 Affidavit for Correction		Center for Health Statistics 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	Affidavit Number												
Use the section below for requesting any changes on the record.															
Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution												
1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)													
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution)													
The Record is Incorrect or Incomplete as follows:															
The Record now shows:		The True fact is:													
6.	7.														
8.	9.														
10.	11.														
12.	13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)			Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.															
15. Signature:	16. Date:	17. Address:													
All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit Examples of documentary proof: <table border="0" style="width: 100%;"> <tr> <td>Certificate of Naturalization</td> <td>Numident Report (Social Security Administration)</td> <td>School Transcripts (Official)</td> </tr> <tr> <td>Hospital /Medical Record</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Life Insurance Policy</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Record</td> <td>Passport</td> <td>We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</td> </tr> </table>				Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)	Hospital /Medical Record	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.
Certificate of Naturalization	Numident Report (Social Security Administration)	School Transcripts (Official)													
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Life Insurance Policy	Birth Record	Alien Registration Card (front and back)													
Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.													
Birth Certificates:															
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe. 3. Child (under 18) <ul style="list-style-type: none"> • Only parent(s) or legal guardian can change the birth certificate. • Guardian must submit certified court order giving them authority to act on behalf of child(ren). • Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. • Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. • To correct birth date, place of birth or parent's information, one documentary proof is required. Adult (18 years or older) <ul style="list-style-type: none"> • Only the adult themselves can change the birth certificate. • If the first or middle name is absent, three pieces of documentary proof are required. • If the first and/or middle name is misspelled, two pieces of documentary proof are required. • To correct birth date, place of birth or parent's information, one documentary proof is required. • Proof must be five (or more) years old or have been established within five years of birth. 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)															
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. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.															
Marriage/Dissolution (Divorce) Certificates:															
1. Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.															

DOH/CHS 023a January 2012



WW00471899

JUL 3 2012

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-021819

LOCAL FILE NUMBER: 1917

DATE ISSUED: 05/16/2019

FEE NUMBER: 310519

FIRST AND MIDDLE NAME(S): DANIEL JAMES
LAST NAME(S): KOFFLER

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: MAY 13, 2019
HOUR OF DEATH: 09:45 AM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2327 73RD ST. SE
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203

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

RESIDENCE STREET: 2327 73RD ST. SE
CITY, STATE, ZIP: EVERETT, WA 98203
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BISMARCK, ND

FATHER/PARENT: PETER KOEFLER
MOTHER/PARENT: ELENOR [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EVERGREEN CEMETERY

OCCUPATION: MECHANIC
INDUSTRY: SCHOOL DISTRICT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

CITY, STATE: EVERETT, WASHINGTON
DISPOSITION DATE: MAY 18, 2019

INFORMANT: RICHARD JAMES KOFFLER
RELATIONSHIP: SON
ADDRESS: 2825 89TH ST. SE EVERETT, WA 98208

FUNERAL FACILITY: EVERGREEN FUNERAL HOME & CEMETERY

ADDRESS: 4504 BROADWAY
CITY, STATE, ZIP: EVERETT, WASHINGTON 98203
FUNERAL DIRECTOR: LEVI W. SUTTON

CAUSE OF DEATH:
A: RESPIRATORY ARREST
INTERVAL: 1 WEEKS
B: CONGESTIVE HEART FAILURE EXACERBATION
INTERVAL: 6 WEEKS
C: CONGESTIVE HEART FAILURE
INTERVAL: 7 YEARS
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: NO RESPONSE

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

CERTIFIER NAME: TANIA MARTINEZ-LEMKE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1818 121ST ST SE
CITY, STATE, ZIP: SILVER LAKE, WA 98208
DATE SIGNED: MAY 14, 2019

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: TANIA MARTINEZ-LEMKE, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHARON MAUCH
DATE RECEIVED: MAY 15, 2019

COMMUNITY PROPERTY AGREEMENT *2327-73rd Ave Everett, WA 98203*

KNOW ALL PERSONS BY THESE PRESENTS:

This agreement made and entered into this 20th day of May, 1983.

and between Daniel J. Koffler and Lorraine J. Koffler, husband and wife,

of Snohomish County, State of Washington, pursuant to the provisions of RCW 26.05 permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either. Witnesseth: That, in consideration of the love and affection that each of us has for each other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I.

That all property of whatsoever nature or description whether real, personal or mixed and wherever situated now owned or hereafter acquired by us or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II.

That upon the death of either of us, title to all community property as so defined shall immediately vest in fee-simple in the survivor. And shall pass without delay or expense, upon the death of either, to the survivor.

IN WITNESS WHEREOF, we Daniel J. Koffler and Lorraine J. Koffler have hereunto set our hands this 20th day of June, 1983.

Sharon Wesley WITNESS Daniel J. Koffler SPOUSE
Roid Cave WITNESS Lorraine J. Koffler SPOUSE

STATE OF WASHINGTON, }
County of Snohomish } ss.

This is to certify on this 20th day of June, 1983, before me Duffy Nevada McQuinn a Notary Public in and for the State of Washington duly commissioned and sworn, personally came Daniel J. Koffler and Lorraine J. Koffler husband and wife, to me known to be the individual described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

Duffy Nevada McQuinn
Notary Public in and for the State of Washington, residing at _____

Community Property Agreement
Washington Legal Blank Co., Bellevue, WA Form No. 63 1978
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

8306100242

VOL 1792 PAGE 2596

RECORDED BY SNOHOMISH COUNTY AUDITOR DEAN WILKINS

RECORDED

1983 JUN 10 4 1
DEAN WILKINS
SNOHOMISH COUNTY
AUDITOR

FILED

2019 JUN 24 AM 9:19

SONYA KRASKI
COUNTY CLERK
SNOHOMISH CO. WASH

SUPERIOR COURT OF STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH
Estate of

DANIEL J. KOFFLER,

CASE NO. 19-4-01135-31


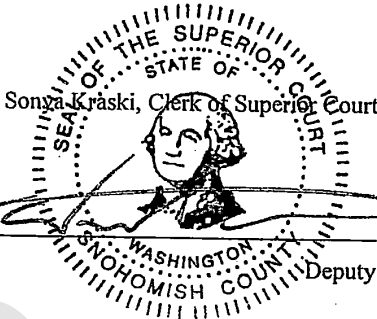
LETTERS TESTAMENTARY

Deceased

(LTRTS)

WHEREAS, the Last Will of the above named deceased having been duly exhibited, proven, and recorded on 06/24/19 in this said Superior Court; and whereas, it appears in and by said will that RICHARD J. KOFFLER is appointed Personal Representative thereon, and, whereas, said Personal Representative has duly qualified, now, therefore, know all persons by these presents, that we do hereby authorize the said Personal Representative to execute said Last Will according to law.

Witness my hand and the seal of said court, dated: 6/24/2019


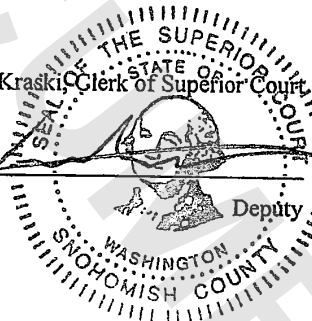
By   Sonya Kraski, Clerk of Superior Court
Deputy

CERTIFICATE

I Sonya Kraski, Clerk of the Snohomish County Superior Court, certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above named case and were entered on: June 24, 2019

I further certify that these letters are now in full force and effect.

Dated: JUN 24 2019

By   Sonya Kraski, Clerk of Superior Court
Deputy