

AFTER RECORDING MAIL TO:

**Skagit Land Trust
P. O. Box 1017
Mount Vernon, WA 98273**

**Filed for Record at Request of:
Land Title & Escrow of Skagit & Island County
Escrow No.: 01-177474-OE**

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
Affidavit No. 2020-3455
Sep 01 2020
Amount Paid \$1685.00
Skagit County Treasurer
By Heather Beauvais Deputy

Statutory Warranty Deed

THE GRANTORS GARY WILLIAM SADLER, as to an undivided 1/2 interest and THE HEIRS AND
DEWISEES OF SUE P. SADLER, also known as Sue Patrice Sadler and Susan Patrice Bishop, as to an
undivided 1/2 interest for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE
CONSIDERATION in hand paid, conveys and warrants to SKAGIT LAND TRUST, a Washington
Corporation the following described real estate, situated in the County of Skagit, State of Washington
* Tyler Sadler, Michelle Dunne**

Abbreviated Legal:

Lot 3, Survey "Day Creek Meadows", AF # 8706050019, (Ptn W 1/2, 21-35-6).

For Full Legal See Attached Exhibit "A"

Tax Parcel Number(s): 350621-0-010-0200, P103372, 350621-0-010-0006, P41752

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title and Escrow Company's Preliminary Commitment No. 01-177474-OE.

Dated August 25, 2020

Gary W. Sadler
Gary W. Sadler

The Heirs and Devisees of Sue P. Sadler, deceased

Tyler Sadler
By: Tyler Sadler, Heir

Michelle Dunne
By: Michelle Dunne, Heir

STATE OF Washington
COUNTY OF King } SS:

I certify that I know or have satisfactory evidence that Tyler Sadler, Michelle Dunne and Gary W. Sadler is / are the person(s) who appeared before me, and said person(s) acknowledged that he / she / they signed this instrument and acknowledge it to be his / her / their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 08/28/2020

Acacia Caywood

Notary Public in and for the State of Washington

Residing at Federal Way WA 98023

My appointment expires: 05/15/2021

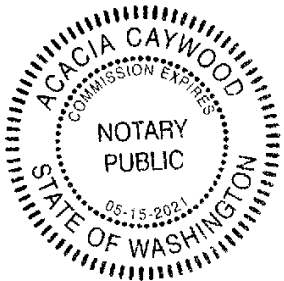


EXHIBIT A

Tract 3 of Survey entitled, "DAY CREEK MEADOWS," recorded June 5, 1987 in Volume 7 of Surveys, page 72, under Auditor's File No. 8706050019 (being a portion of the West ½ of Section 21, Township 35 North, Range 6 East, W.M.)

Situate in the County of Skagit, State of Washington.

WHEN RECORDED RETURN TO:

Gary Sadler
34413 28th Place SW
Federal Way, WA 98023

01-177474-OE, 01-177474-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Sadler, Sue P.

ABBREVIATED LEGAL DESCRIPTION:
Lot 3, Survey 'Day Creek Meadows', AF#8706050019, (Ptn W 1/2, 21-35-6).

TAX PARCEL NUMBER(S):
P41752 & P103372

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **10204** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST **Sue P. SADLER** 2. Death Date **9/29/2014**

3. Sex (M/F) **Female** 4a. Age - Last Birthday **56** 4b. Under 1 Year Months Days **4c. Under 1 Day** 5. Social Security Number **[REDACTED]** 6. County of Death **King**

7. Birthdate **[REDACTED]** 8a. Birthplace (City, Town, or County) **Bonne Terre** 8b. (State or Foreign Country) **MO** 9. 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 St.) (Include Apt. No.) **31003 14th Avenue S. #G-8** 13b. City or Town **Federal Way** 13c. Zip Code + 4 **98003** 13d. Inside City Limits? ☒ Yes ☐ No ☐ Unk

14. Estimated length of time at residence. **2 years** 15. Marital Status at Time of Death **Divorced** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (Do not use retired). **Food Service** 18. Kind of Business/Industry (Do not use Company Name) **Education**

19. Father's Name (First, Middle, Last, Suffix) **Ivar Glen Hendrickson** 20. Mother's Name Before First Marriage (First, Middle, Last) **Doris [REDACTED]**

21. Informant's Name **Gary Sadler** 22. Relationship to Decedent **Ex-spouse** 23. Mailing Address: Home and Street or RFD No. City or Town State Zip **34413 28th Pl. SW Federal Way, WA 98023**

24. Place of Death, if Death Occurred in a Hospital: **Hospital Inpatient** 25. Facility Name (If not a facility, give number & street or location) **St. Francis Hospital** 26a. City, Town, or Location of Death **Federal Way** 26b. State **WA** 27. Zip Code **98003**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Washelli Crematory** 30. Location-City/Town, and State **Seattle, WA**

31. Name and Complete Address of Funeral Facility **Cascade Memorial - Federal Way 1109 South 348th St. Suite A Federal Way, WA 98003** 32. Date of Disposition **10/8/2014**

33. Funeral Director Signature **[Signature]**

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. Acute Renal Failure** Interval between Onset & Death **3 weeks**

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. Alcohol Liver disease** Due to (or as a consequence of): **Interval between Onset & Death Unknown**

c. SEPSIS Due to (or as a consequence of): **Interval between Onset & Death 3 weeks**

d. ILLEUS Due to (or as a consequence of): **Interval between Onset & Death 3 weeks**

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 ☒ No ☐ Probably ☐ 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, autopsy investigation, or 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) **CUONG NGUYEN N. 5117 1717 S. J ST. TACOMA 98405** 50. Hour of Death (24hrs) **08:18**

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy) **10/1/2014**

53. Title of Certifier **MD** 54. License Number **MD00040802** 55. ME/Coroner File Number **14-01768** 56. Was case referred to ME/Coroner? ☒ Yes ☐ No

57. Registrar Signature **[Signature]** 58. Date Received (mm/dd/yyyy) **OCT 07 2014**

59. Amendments

Return Address:

Gary Sadler

34413 28th Place SW

Federal Way, WA 98023

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Tyler Sadler, 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 Son
Relationship to decedent

of Sue P. Sadler, who died on 09/29/2014
Decedent/Grantor *Date*

at Federal Way King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 3, Survey 'Day Creek Meadows', AF#8706050019, (Ptn W 1/2, 21-35-6)

Assessor's Property Tax Parcel/Account Number: P103372

(Attach full legal description of the property)

☒ 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 _____)

Tyler Glen Sadler 28 Son
31003 14th Ave. S. Federal Way WA 98003

Full name, age, relationship, address

Michelle Dunne 30 Daughter
31003 14th Ave. S. Federal WA 98003

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 8/28/2020
Tyler Glen Sadler
Affiant's full name
206-225-1198
Telephone number
31003 14th Ave S
Federal Way WA 98003
City State Zip Code
Tyler Sadler 8/28/2020
Signature Date

State of Washington County of King

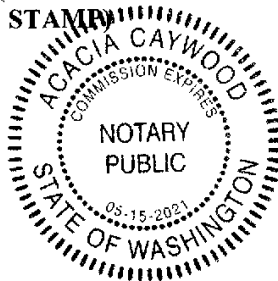
I know or have satisfactory evidence that Tyler Sadler
(name of person)

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: 08/28/2020

Acacia Caywood
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Federal Way WA, 98003

Notary Public in and for the State of Washington

My appointment expires: 05/15/2021