# When recorded return to:

Sally Beckmann 511 N. Oak St

Burlington, WA 98233

REAL ESTATE EXCISE TAX ZO20 3471 SEP - 1 2020

**QUIT CLAIM DEED** 

Amount Paid & Skagit Co. Treasurer

By
THE GRANTOR(S) Seputy M Beckmann.

wife of Mitchellw. Beckmann, deceased

for and in consideration of

MOHE

in hand paid, conveys and guit claims to

Sally M. Beckmann, An Unmarried woman

the following described real estate, situated in the County of Skaq1+

, State of Washington

together with all after acquired title of the grantor(s) herein:

Dee exhibit "A" Attacked hereto and made a part hered

Ptw ob NW 14 of Section 32, Township 35 N, RYE Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): \$38173, \$62393, \$62399

Dated: 8 18 2020 Pally M. Beckmann STATE OF WA SS. COUNTY OF SKAGIT I certify that I know or have satisfactory evidence that Sally M. Beekmann (is/are) the person(s) who appeared before me, and said person(s) acknowledged that 5 he signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument... Dated: 8 18 2020 Notary Public in and for the State of WA

Residing at State of WA Residing at Stanwood

My appointment expires: 10 | 12 | 202 | LORI J MORSK **NOTARY PUBLIC** STATE OF WASHINGTON **COMMISSION EXPIRES** OCTOBER 12, 2021

## EXHIBIT "A" ATTACHMENT TO SECURITY INSTRUMENT

LYING AND BEING LOCATED IN THE CITY OF BURLINGTON, COUNTY OF SKAGIT, STATE OF WASHINGTON; ALL THAT CERTAIN PARCEL OR TRACT OF LAND KNOWN AS:

PARCEL "A":

THAT PORTION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 32, TOWNSHIP 35 NORTH, RANGE 4 EAST W.M., DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF SAID SUBDIVISION; THENCE NORTH 20 RODS; THENCE WEST TO THE RIGHT OF WAY OF SEATTLE & MONTANA RAILWAY, THENCE SOUTHEASTERLY ALONG SAID RIGHT OF WAY TO ONE HALF SECTION LINE; THENCE EAST TO THE POINT OF BEGINNING.

PARCEL "B":

THAT PORTION OF TRACT 20 OF "PLAT OF THE BURLINGTON ACREAGE PROPERTY", AS PER PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 43, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID TRACT 20; THENCE NORTH ALONG THE WEST LINE OF SAID TRACT A DISTANCE OF 328.35 FEET: THENCE WEST 30 FEET; THENCE SOUTH PARALLEL TO THE WEST LINE OF SAID TRACT A DISTANCE OF 326.36 FEET; THENCE EAST TO THE POINT OF BEGINNING; EXCEPT THAT PORTION, IF ANY, LYING WORTH OF THE SOUTH LINE OR SAID SOUTH LINE EXTENDED OF A TRACT OF LAND CONVEYED TO TOM COULOUSIS BY DEED RECORDED FEBRUARY 15, 1345 UNDER AUDITOR'S FILE NO. 376113.

31578 (04/01/04) W5.2



### EXHIBIT "A" CONTINUED ATTACHMENT TO SECURITY INSTRUMENT

PARCEL "C":

THAT PORTION OF TRACT 20, "PLAT OF THE BURLINGTON ACREAGE PROPERTY', ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 1 OF PLATS, PAGE 43, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND OF THE VACATED STREET LYING SOUTHERLY OF AND ADJACENT TO SAID TRACT 20, AND OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 32, TOWNSHIP 35 NORTH, RANGE 4 LAST W.M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE WEST LINE OF OAK STREET AS SHOWN ON THE PLAT OF "WALLACE ADDITION TO BURLINGTON", AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON, AND THE SOUTH LINE OF SAID SOUTHEAST 1/4 OF THE NORTHWEST 1/4. SAID POINT BEING 40 FRET, MORE OR LESS, SOUTH OF THE SOUTH LINE OF SAID TRACT 20 OF "PLAT OF THE BURLINGTON ACREAGE PROPERTY"; THENCE NORTH 0 DEG. 02'00" EAST ALONG THE WEST LINE OF SAID OAK STREET FOR A DISTANCE OF 15.16 FEET TO THE SOUTHEAST CORNER OF A TRACT OF LAND CONVEYED TO LOREN WHITED BY DEED RECORDED AUGUST 30, 1373 UNDER AUDITOR'S FILE NO. 7630591 THENCE SOUTH 69 DEG. 34 '30" WEST ALONG THE SOUTH LINE OF SAID WHITED TRACT, 137.24 FEET TO THE SOUTHWEST CORNER THEREOF; THENCE NORTH 0 DEG. 41'30" EAST, 212.74 FEET TO THE NORTHWEST CORNER OF A TRACT OF LAND CONVEYED TO TONY L. GARCIA BY DEED RECORDED JULY 1, 1171 UNDER AUDITOR'S FILE NO. 754545; THENCE SOUTH 53 DEG. 20'20" WEST, 30 FEET, MORE OR LESS, TO THE WEST LINE OF SAID TRACT 20 OF "PLAT OF THE BURLINGTON ACREAGE PROPERTY"; THENCE SOUTH ALONG SAID WEST LINE TO THE SOUTHWEST CORNER THEREOF; THENCE WEST ALONG THE SOUTH LINE OF SAID TRACT 20 EXTENDED, TO THE WEST LINE OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SAID SECTION 321 THENCE SOUTH ALONG SAID WEST LINE TO THE SOUTHWEST CORNER OF SAID SUBDIVISION; THENCE EAST ALONG SAID SOUTH LINE TO THE POINT TO BEGINNING.



(Page 1 of Z

Sally Beckmann 511 Nowth Oaks St Burlington, WA 98233
AFFIDAVIT (LACK OF PROBATE)
The undersigned affiant/grantee Saly Beckmann, being first duly sworn
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 with
of Nitchellw. Beckmann, who died on 122 2018  Decedent/Grantor
at Borlington Stagit WA State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT:
Abbreviated Legal Description: PTNof NW 14 of Section 32, Township 35 North Range 4 East
Assessor's Property Tax Parcel/Account Number: $\frac{938173 + 962393 + 962399}{4}$ (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

REV 84 0017 (1/3/17)

necessary)

Sally Beckmann - wife - 511 N. Oakst. Burling
Full name, age, relationship, address
Deana hashleger - daughter - Milwanter Ol
Full name, age, relationship, address
Phonda Potts -doughtr - Alger, WA
Full name age relationship address
John Beckmann-son-Bothell, WA
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

a   100	
Dated: 8   8   2020	
Sally Dechm	ian Λ
Affiant's full name	
360-391-0648	
Telephone number 511 North Cak	St
Durlington W	A Street 98233
City	State Zip Code
Sally M Becker -	- Ang. 18, 2020
Signature	Date
State of A	County of Skacit
	S. II. Rock to a
I know or have satisfactory evidence that	(name of person)
	and said person acknowledged that (he/the) signed this (her) free and voluntary act for the uses and purposes
Dated: 18 /2020	Signature of Notary Public
(SEAL OR	Signature of Wolary Lubic
STAMP)	Residing at: Stanwood
<i>legencesconsconsus</i>	
LORI J MORSK NOTARY PUBLIC	Notary Fublic in and for the State of
STATE OF WASHINGTON COMMISSION EXPIRES	My appointment expires: 10 / 12 (202)
OCTOBER 12, 2021	

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### **CERTIFICATE OF DEATH**



DATE ISSUED: 07/26/2018 FEE NUMBER:

CERTIFICATE NUMBER: 2018-032528

FIRST AND MIDDLE NAME(S): MITCHELL WAYNE LAST NAME(S): BECKMANN

COUNTY OF DEATH: SKAGIT DATE OF DEATH: JULY 22, 2018 HOUR OF DEATH: 09:15 AM SEX: MALE

GE: 71 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: GEORGETOWN, TX

MARITAL STATUS: MARRIED

SPOUSE: SALLY MARIE FERGUSON

OCCUPATION: SHEET METAL TECHNICIAN

INDUSTRY: HEATING

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: SALLY M BECKMANN

RELATIONSHIP: WIFE

ADDRESS: PO BOX 504, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: CONTACT HANDGUN WOUND OF HEAD

INTERVAL: IMMEDIATE

INTERVAL:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: JULY 22, 2018 HOUR OF INJURY: 09:15 AM INJURY AT WORK: NO PLACE OF INJURY: SHED

LOCATION OF INJURY: 511 N OAK ST

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED HANDGUN WOUND

OF HEAD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 511 N. OAK STREET

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 511 N. OAK STREET CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER/PARENT: EMIL CHRISTIAN ENNO BECKMANN SR

MOTHER/PARENT: ELOISE FLORINA

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: JULY 26, 2018

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: SUICIDE

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: DEBORAH HOLLIS

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JULY 23, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 18SK0220

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JULY 25, 2018

	Affidavit for Correction  Object of the left of the le			
5	Health  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			
Sta	tte File Number Fee Number Initials Date Affidavit Number			
	Required information must match current information on record			
۱ ـ	Record Type: Birth Death Marriage Dissolution (Divorce)			
eq	1. Name on Record: 2. Date of Event: 3. Place of Event:			
1. Name on Record: 2. Date of Event: 3. Place of Event: 4. Father/Parent Full Legal 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 Self Guardian Informant Hospital Person on Record: Parent(s) Funeral Director Other (specify)			
7. R	eturn Mailing Address:			
Tele	phone 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 <sup>nd</sup> parent (if required):			
Prin	ted name: Date: Printed name: Date:			
	INSTRUCTIONS – go to www.doh.wa.gov for more information			
Regu	Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof uired 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)  Certificate of Naturalization  Military record (DD-214)  School transcripts  Passport  Social Security Numident Report  Green/Permanent Resident card (I-551)			
1. 2.	, , , , , , , , , , , , , , , , , , ,			
3.	Documentary proof must be five or more years old or established within five years of birth.			
Chile	d under 18  If legal guardian(s), include certified court order proving guardianship  Adult (18 years or older)  Only the adult can change his or her birth certificate			
:	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)*  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			
After age one, a court order is required to change the last name     If the first, middle and/or last name is misspelled, or date of birth is in				
<ul> <li>No proof is required to change the first or middle name*</li> <li>To correct parent's information, one documentary proof is required.</li> <li>To correct parent's birth date, place of birth, or name, one documentary proof is required.</li> </ul>				
•	To correct the sex of the child, one documentary proof from a medical provider is required is required			
*To c	shange any part of the name of a child, 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)			
1.	eath 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). The informant may change marital status with proof. Marital status requires a certification 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

riage/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 October 2015

JUL 2 6 2018

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

Huhandus



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

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