

202010070151

10/07/2020 03:13 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020 4114
OCT 07 2020

Amount Paid \$ 0
Skagit Co. Treasurer
By *HB* Deputy

QUIT CLAIM DEED

THE GRANTOR(S)

Arnold Massingale, deceased by Barbi Reid
Daughter

for and in consideration of

inheritance

in hand paid, conveys and quit claims to

Barbi G. Reid

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:

Lots 15 and 16, block 8, C. W. Griests plat of
Grassmere. as per plat recorded in
volume 3 of plats, page 94, records of
Skagit County, Washington.

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

Griests to Grassmere lots 15 and 16

Tax Parcel Number(s): BIK 8
P71003

Dated: 10/7/2020

Barbi Reid _____ 10/7/2020 _____
Barbi Reid _____

STATE OF Washington
COUNTY OF Skagit _____ ss.

I certify that I know or have satisfactory evidence that Barbi Reid
(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: 10/7/2020

Celeste Reyes
Notary name printed or typed: Celeste Reyes
Notary Public in and for the State of Washington
Residing at Burlington
My appointment expires: 05/09/2023



Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Barbi G. Reid, 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 Arnold Massingale, who died on 02/02/18
Decedent/Grantor *Date*
at Concrete Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Greists to Grassmere lots 15 and 16
BLK 8
Lots 15 and 16, Block 8. C.W. Griests Plat of
Grassmere., as per plat recorded in
Volume 3 of plats, page 94, records of
Skagit County, Washington
Assessor's Property Tax Parcel/Account Number: P 71003/Xref ID: 4066 008 016 0008
(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)

Ruth Massingale, wife
44989 Dalles Rd, Concrete, WA 98237
Full name, age, relationship, address

Carla Andrews daughter
PO Box 532, Concrete WA 98237
Full name, age, relationship, address

Brian Massingale son
44547 Concrete Sauk Valley Rd, Concrete, WA
Full name, age, relationship, address

Michael Massingale, son

Full name, age, relationship, address
Barbi G. Reid daughter
719 S. Machias Rd, Shohomish, WA 98290
Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: October 7th, 2020

Barbi Reid

Affiant's full name

425.238.5335

Telephone number

719 S. Machias Rd.

Snohomish WA 98290
City State Zip Code

Barbi Reid 10/7/2020
Signature Date

State of Washington County of Snohomish

I know or have satisfactory evidence that Barbi Reid
(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: 10/7/2020

[Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Burlington

Notary Public in and for the State of WA

My appointment expires: 05/09/2023



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-005759

DATE ISSUED: 10/07/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): ARNOLD DEAN
LAST NAME(S): MASSINGALECOUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 02, 2018
HOUR OF DEATH: 12:00 PM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 44989 DALLES RD.
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITERESIDENCE STREET: 44989 DALLES RD.
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 47 YEARSBIRTH DATE: [REDACTED]
BIRTHPLACE: EASLEY, SCFATHER: FRANK M MASSINGALE
MOTHER: VIRGI [REDACTED]MARITAL STATUS: MARRIED
SURVIVING SPOUSE: RUTH ANN CLARKMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYOCCUPATION: SELF EMPLOYED
INDUSTRY: CONSTRUCTION
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NOCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: FEBRUARY 07, 2018INFORMANT: RUTH ANN MASSINGALE
RELATIONSHIP: SPOUSE
ADDRESS: 44989 DALLES RD. CONCRETE, WA. 98237FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENNCAUSE OF DEATH:
A: CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B: CORONARY ARTERY DISEASE
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, VALVULAR HEART DISEASEMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSEDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: FEBRUARY 06, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: FEBRUARY 07, 2018



Affidavit for Correction

10/07/2020 03:43 PM Page 6 of 7 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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections (Record Type, Name on Record, Date of Event, etc.)

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table for recording discrepancies between 'The record currently shows' and 'The true fact is' with rows 8-13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and date.

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Green/Permanent Resident card (I-551). You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
To correct the sex of the child, one proof documentation from a medical provider 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.

Death Certificates

- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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

CERTIFIED

OCT 07 2020

Signature of Howard Leibrand M.D., Health Officer



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