



202011040067

11/04/2020 09:01 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

When recorded return to:

Dean C Schwartz
19895 Bella Vista Lane
Mount Vernon, WA 98274

QUIT CLAIM DEED

THE GRANTOR(S)
Dean C Schwartz, Carol P Schwartz
for and in consideration of
the death of Carol P Schwartz on August 19th, 2015

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

NOV 04 2020

Amount Paid \$
Skagit Co. Treasurer
By *mg* Deputy

in hand paid, conveys and quit claims to
Dean C Schwartz

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:

(1.0000 ac) LOT 3 SHORT PLAT#PL-01-151 AF#200105100117 AKA A PORTION LOT 4 SHORT PLAT#96-
65 LOCATED IN SE1/4 SE1/4, SECTION 29, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M

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

Lot 3, records of Skagit County, WA, 29, 33, 4

Tax Parcel Number(s):

330429-4-007-0600/P118154

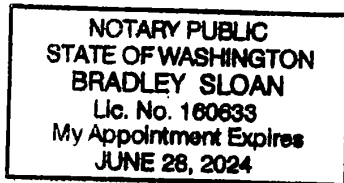
Dated: November 3, 2020

Dean C. Schwartz
Paul C. Schwartz

Dean C. Schwartz Surviving
Spouse of Carol P. Schwartz deceased
Paul C. Schwartz

STATE OF Washington
COUNTY OF Skagit ss.

I certify that I know or have satisfactory evidence that Dean C. Schwartz
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be
his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 11/03/2020

Bradley Sloan
Notary name printed or typed: Bradley Sloan
Notary Public in and for the State of WA
Residing at Mount Vernon
My appointment expires: 6-28-2024

Return Address:Dean C Schwartz19895 Bella Vista LaneMount Vernon, WA 98274**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Dean C Schwartz, 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 Husband

Relationship to decedent

of Carol P Schwartz, who died on August 19 2015
Decedent/Grantor *Date*

at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**Abbreviated Legal Description:**

19895 Bella Vista Lane, Mount Vernon, WA, 98274
 (1.0000ac) Lot 3 Short Plat # PL-01-151 AF# 200105100117
 AKA A Portion Lot 4 Short Plan #96-95 Located IN SE 1/4 SE 1/4,
 Section 29, Township 33 North, Range 4 East, W.M

Assessor's Property Tax Parcel/Account Number: Prop ID: 118154 Geo Parcel ID
 (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 3)

Janice K Peterson, 89 Years Old, Mother

1000 265th Lane, Ocean Park, WA, 98640

Full name, age, relationship, address

Craig A Peterson, 61 Years Old, Brother

1158 Phyllis Ave, Mountain View, CA, 94040

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: 10/13/2020Dean C Schwartz

Affiant's full name

425-330-6924

Telephone number

19895 Bella Vista LaneMount Vernon Washington 98274

City

Street

State

Zip Code

Dean C Schwartz

Signature

10/13/2020

Date

State of Washington County of ShagitI know or have satisfactory evidence that Dean C. Schwartz

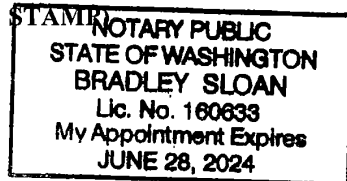
(name of person)

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: 10/13/2020[Signature]

Signature of Notary Public

(SEAL OR

Residing at: Mount VernonNotary Public in and for the State of WashingtonMy appointment expires: 6/28/2024

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-022973

DATE ISSUED: 09/25/2015

FEE NUMBER: 0000000029

GIVEN NAMES: CAROL PETERSON
LAST NAME: SCHWARTZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 19, 2015
HOUR OF DEATH: 10:10 P.M.
SEX: FEMALE
AGE: 53 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: PALO ALTO, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: DEAN CARL SCHWARTZ

OCCUPATION: REGISTERED NURSE
INDUSTRY: HEALTHCARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: DEAN C. SCHWARTZ
RELATIONSHIP: HUSBAND
ADDRESS: 19895 BELLA VISTA LANE, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 19895 BELLA VISTA LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 19895 BELLA VISTA LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: NEAL ALFRED PETERSON
MOTHER: JANICE MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: AUGUST 20, 2015

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

CAUSE OF DEATH:
A. RHABDOMYOSARCOMA, METASTATIC
INTERVAL: 10 MONTHS

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:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT PREGNANT WITHIN PAST YEAR

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEMAN DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: AUGUST 20, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 502
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: AUGUST 20, 2015



Affidavit for Correction

Mail to: 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	Date	Affidavit Number
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Required	Required information must match current information on record			
	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: (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)	
	6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	
	7. Return Mailing Address:			

Telephone Number:	Email Address:
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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

<p>Child under 18</p> <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 	<p>Adult (18 years or older)</p> <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

SEP 25 2015

Skagit County Health Department
Howard T. Brand M.D., Health Officer

CC00228565