

When recorded return to:
Joel Carbary
11510 14Th Ave S
Seattle Wa 98168

202011300149
11/30/2020 11:26 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20205092
NOV 30 2020

Amount Paid \$-0
Skagit Co. Treasurer
By HTB Deputy

QUIT CLAIM DEED

THE GRANTOR(S)
Betty Carbary
9535 Colony Lane
Concrete Wa 98237

(surviving spouse of Ronald Carbary)
SKAGIT RIVER COLONY LOT 20
P69471

for and in consideration of
Gifted for love and affection

, conveys and quit claims to
Joel Carbary

Michaelle Laplante Carbary

the following described real estate, situated in the County of Skagit and

, State of Washington 9535 Colony Lane Lot 20 Dated this 21st day of NOV.
(2020)

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

Betty Carbary Date 11-21-2020

Every Deed in substance in the above form, when otherwise duly executed, shall be deemed and held a good and sufficient conveyance, release and quitclaim to the grantee's, his or her heirs and assigns in fee of all the then existing legal and equitable rights of the grantor in the premises therein described, but shall not extend to the after acquired title unless words are added expressing such intention. Abbreviated Legal:

Skagit River Colony Lot 20

Tax Parcel Number(s):
P69471

Dated: 11-21-2020

STATE OF Washington

ss.

COUNTY OF Skagit

I certify that I know or have satisfactory evidence that

Betty Carbary

(is/are) the person(s)

who appeared before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 11/21/2020

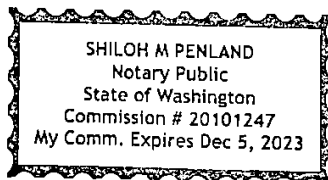
Shiloh M Penland

Notary name printed or typed: *Shiloh M Penland*

Notary Public in and for the State of Washington

Residing at *Mount Vernon*

My appointment expires: *12/5/2023*



Return Address:

Betty Carbary
 11510 14th Ave S
 Burien Wa 98168

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Betty Carbary 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 spouse (wife)
Relationship to decedent
 of Ronald Carbary, who died on May 20 2020
Decedent/Grantor Date
 at Mount Vernon Skaqit Wa
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Skaqit River Colony Lot 20

Assessor's Property Tax Parcel/Account Number: P69471
 (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)

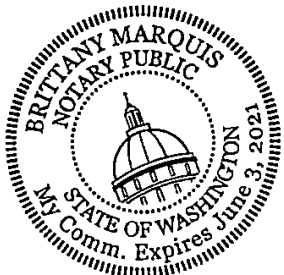
(Page 1 of _____)

Dated: November 27 2020Affiant's full name Betty CarburyTelephone number 360 853-8269Street 9525 Colony Lane
City Concrete State WA Zip Code 98237Signature Betty Carbury Date 11-27-2020State of WASHINGTON County of Skaqit

I know or have satisfactory evidence that

Betty Carbury
(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: 11 27/2020(SEAL OR
STAMP)Signature of Notary Public [Signature]

Residing at:

Skaqit County, WA

Notary Public in and for the State of

WashingtonMy appointment expires: 06/03/2021

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024383

DATE ISSUED: 11/30/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RONALD KEITH
LAST NAME(S): CARBARY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 20, 2020
HOUR OF DEATH: 03:00 PM
SEX: MALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BETTY E RAMEY

OCCUPATION: PIPEFITTER
INDUSTRY: CONSTRUCTION
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DAN NARANJO
RELATIONSHIP: SON IN LAW
ADDRESS: 2821 277TH TERRACE SE SAMMAMISH, WA 98075

CAUSE OF DEATH:
A: SEPTIC SHOCK
INTERVAL: 5 DAYS
B: PERITONITIS
INTERVAL: 5 DAYS
C: PERFORATION OF COLON
INTERVAL: 5-7 DAYS
D: MASS OF COLON
INTERVAL: MONTHS

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE RESPIRATORY FAILURE

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 9525 COLONY LANE
CITY, STATE, ZIP: CONCRETE, WA 98237-8905
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: GORDON FRANK CARBARY
MOTHER: ALICE MARTHA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CADY CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: MAY 28, 2020

FUNERAL FACILITY: CADY CREMATION SERVICES

ADDRESS: 8418 SOUTH 222ND STREET
CITY, STATE, ZIP: KENT, WASHINGTON 98031
FUNERAL DIRECTOR: DAVID SCOTT QUILICI

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

CERTIFIER NAME: SETH HARTUNG, MD, MPH
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH ST
CITY, STATE, ZIP: EVERETT, WA 98201
DATE SIGNED: MAY 28, 2020

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MAY 28, 2020

Affidavit for Correction

11/30/2020 11:26 AM Page 6 of 6
 Washington State Department of Health
 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
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:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle Last/Maiden
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:				
PO Box or Street Address			City	State Zip
Telephone Number: () - -			Email Address:	
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:				
The record currently shows:			The true fact is:	
8.			9.	
10.			11.	
12.			13.	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
14a. Signature:			14b. Signature of 2 nd parent (if required):	
Printed name:			Printed name:	
Date:			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:				
<ul style="list-style-type: none"> • 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				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment 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. 				
<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 proof documentation are required. • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. • To correct parent's birth date, place of birth, or name, one proof documentation 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

NOV 30 2020

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



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