



202101280074


01/28/2021 10:42 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

When recorded return to:

Annette T. Tamm
1110 Dakota Avenue
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-385
JAN 28 2021

Amount Paid \$0
Skagit Co. Treasurer
By  Deputy

PERSONAL REPRESENTATIVE DEED
(Bargain and Sale Deed – RCW 64.04.040)

THE GRANTOR, ANNETTE THERESA TAMM, personal representative of the ESTATE OF RICHARD PARKER GRILL, Skagit Co. Superior Court No. 20-4-00508-29, for and in consideration of WAC 458-61A-202, bargains, sells, and conveys to ANNETTE THERESA TAMM, a/k/a/ ANNETTE T. TAMM, a single person, as her separate estate, the following described estate, situated in the County of Skagit, State of Washington:

P58368

PARCEL A

LOTS 1, 2 AND 3, BLOCK 401, "NORTHERN PACIFIC ADDITION TO THE CITY OF ANACORTES", EXCEPT THE SOUTH 109.40 FEET THEREOF, TOGETHER WITH THE VACATED WEST 5 FEET OF VACATED DAKOTA STREET ABUTTING ON SAID PROPERTY; WHICH REVERTED TO SAID PREMISES BY OPERATION OF LAW.

PARCEL B

THAT PORTION OF THE VACATED BURLINGTON NORTHERN RAILROAD RIGHT-OF-WAY, ACCORDING TO THE PLAT OF THE "NORTHERN PACIFIC ADDITION" TO ANACORTES, RECORDED IN VOLUME 2 PLATS, AT PAGES 9-11, RECORDS OF SKAGIT COUNTY, WASHINGTON AND DESCRIBED AS FOLLOWS:

BEGINNING AT THE MOST NORTHERLY CORNER OF LOT 1, BLOCK 401 OF SAID PLAT OF THE "NORTHERN PACIFIC ADDITION"; THENCE NORTH 21° 36' 44" WEST 25 FEET;
THENCE SOUTH 54° 53' 24" SECONDS WEST 92.56 FEET;

THENCE SOUTH 21° 36' 44" EAST 25 FEET TO THE NORTHERLY LINE OF SAID BLOCK 401;
THENCE NORTH 54° 53' 24" EA ALONG SAID NORTHERLY LINE 92.56 FEET TO THE
POINT OF BEGINNING.

Tax Parcel Numbers: P58368/ 3809-401-003-0004

Dated: January 22, 2021

Annette T. Tamm

Annette T. Tamm, Personal Representative

State of Washington

ss.

County of Skagit

I certify that I know or have satisfactory evidence that Annette T. Tamm is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she is authorized to execute the instrument and acknowledge it as the personal representative of the Estate of Richard P. Grill to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated January 22, 2021

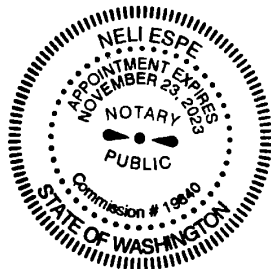
Neli T. Espe

NELI ESPE

Notary Public in and for the State of Washington

Residing at Anacortes

My appointment expires: 11/23/2023



SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY**FILED**Skagit County Clerk
Skagit County, WA
12/10/2020Estate of **RICHARD PARKER GRILL:**

No. 20-4-00508-29

LETTERS TESTAMENTARY

I. BASIS

- 1.1 The last will of RICHARD PARKER GRILL late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on December 10, 2020.
- 1.2 In that will ANNETTE THERESA TAMM is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT ANNETTE THERESA TAMM is authorized by this court to execute the will of the above decedent according to law.

DATED 12/10/2020.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kristen Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON

ss

COUNTY OF SKAGIT

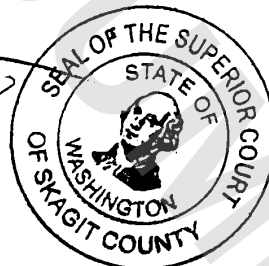
I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on December 10, 2020.

I further certify that these letters are now in full force and effect.

DATED: 12/10/2020

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY


Deputy Clerk

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-047965

DATE ISSUED: 10/20/2020

FEE NUMBER: 1706064

FIRST AND MIDDLE NAME(S): RICHARD PARKER
LAST NAME(S): GRILL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 15, 2020
HOUR OF DEATH: 03:15 PM
SEX: MALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ANNETTE TERESA TAMM

OCCUPATION: CIVIL SERVANT
INDUSTRY: US GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: ANNETTE TERESA TAMM
RELATIONSHIP: WIFE
ADDRESS: 1110 DAKOTA AVENUE ANACORTES, WA 98221

CAUSE OF DEATH:
A: RESPIRATORY FAILURE
INTERVAL: DAYS
B: PULMONARY FIBROSIS
INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1110 DAKOTA AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1110 DAKOTA AVENUE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER: FRANCES JOSEPH GRILL
MOTHER: RUTH IRENE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: OCTOBER 20, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: MANUELA A. BARBER

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: JASON G. HOGGE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: OCTOBER 19, 2020

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: OCTOBER 19, 2020



Affidavit for Correction

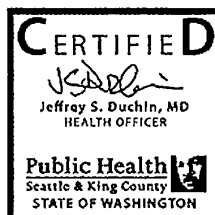
This is a legal document. Complete in ink and do not alter.

Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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 & 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	First	Middle
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				
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. 				
Adult (18 years or older)				
<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.



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