

202102180068  
02/18/2021 11:27 AM Pages: 1 of 7 Fees: \$109.50  
Skagit County Auditor

**After Recording Return To:**

Skagit Law Group, PLLC  
P.O. Box 336  
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-0910  
FEB 18 2021

Amount Paid \$ 0  
By Skagit Co. Treasurer Deputy

**STATUTORY WARRANTY DEED**

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**GRANTOR:** KATHLEEN R. CHRISTOFFER, Individually and as  
Personal Representative of the Estate of LEONARD W.  
CHRISTOFFER, Deceased

**GRANTEE:** KATHLEEN R. CHRISTOFFER, a single woman

**Legal Description:**  
Abbreviated Form: P62506: PTN TRACT 36 BURL AC AKA TR 2 SHT PLT 64-  
DK 12 77 AF#871786 LESS E 20 FT M/L  
P62515: PTN TR 36 BURL AC AKA TR 3 of SHT DK 12 PLT  
64-77 AF #871786  
P62516: LOT 4 OF REVISED SHORT PL NO. 64-77, SEC 33,  
TOWNSHIP 35, RANGE 4 E.W.M.  
P62510: LOT 1, REVISED SP 64-77. S 33 T 35 R 4 EWM

Additional on: Exhibit "A"

**Assessor's Tax Parcel No.:** P62506 / 3867-000-036-0202  
P62515 / 3867-000-036-1002  
P62516 / 3867-000-036-1101  
P62510 / 3867-000-036-0509

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THE UNDERSIGNED GRANTOR, KATHLEEN R. CHRISTOFFER, individually  
and in her capacity as the duly appointed, qualified, and acting Personal Representative of the  
Estate of LEONARD W. CHRISTOFFER, Deceased, under Skagit County Superior Court

STATUTORY WARRANTY DEED - 1

Cause No. 17-4-00316-6, in distribution of said Estate, hereby conveys and warrants to the GRANTEE, **KATHLEEN R. CHRISTOFFER**, a single woman, all of Grantor's interest, together with all after-acquired title, in that certain real property situated in the County of Skagit, State of Washington, legally described as follows:

See Exhibit "A" attached hereto and incorporated herein by this reference.

SUBJECT TO: Easements, restrictions, and reservations of record.

DATED this 10 day of July, 2018.

*Kathleen R. Christoffer*  
**KATHLEEN R. CHRISTOFFER**, Off

Individually and as Personal Representative of  
the **Estate of LEONARD W.**

**CHRISTOFFER, Deceased**

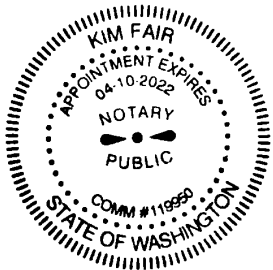
STATE OF WASHINGTON

COUNTY OF SKAGIT

} ss.

I certify that I know or have satisfactory evidence that **KATHLEEN R. CHRISTOFFER** is the person who appeared before me, and said person acknowledged that she was authorized to execute this instrument and acknowledged it individually and as the Personal Representative of the **Estate of LEONARD W. CHRISTOFFER, Deceased**, to be her free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 10 day of ~~July, 2018.~~ <sup>February, 2021</sup>



*Kim Fair*

Printed Name Kim Fair  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 04-10-22

STATUTORY WARRANTY DEED - 2

**EXHIBIT "A"**  
**(Legal Descriptions)**

**Skagit County Assessor's Parcel # 3867-000-036-0202; P62506**

LOT 2, "REVISED SHORT PLAT NO. 64-77", APPROVED JANUARY 10, 1978, RECORDED IN VOLUME 2 OF SHORT PLATS, PAGE 176, RECORDS OF SKAGIT COUNTY AND BEING A PORTION OF TRACT 36, "PLAT OF BURLINGTON ACREAGE", EXCEPT THAT PORTION DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID TRACT 2, THENCE SOUTH 89 DEGREES 37'16" WEST ALONG THE NORTH LINE OF SAID TRACT 2 A DISTANCE OF 21.44 FEET; THENCE SOUTH 0 DEGREES 43'26" EAST A DISTANCE OF 138.51 FEET TO A POINT ON THE SOUTH LINE OF SAID TRACT 2, THENCE NORTH 89 DEGREES 37'16" EAST ALONG THE SOUTH LINE OF SAID TRACT 2 A DISTANCE OF 20.61 FEET TO THE SOUTHEAST CORNER OF SAID TRACT 2; THENCE NORTH 0 DEGREES 22'53" WEST ALONG THE EAST LINE OF SAID TRACT 2 A DISTANCE OF 138.51 FEET TO THE TRUE POINT OF BEGINNING.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR ROAD PURPOSES AND UTILITIES OVER LOTS 1, 3, AND 4, AS DELINEATED ON THE FACE OF SAID SHORT PLAT.

**Skagit County Assessor's Parcel #3867-000-036-1101; P62516**

Lot 4 of Revised Short Plat No. 64-77 located in Section 33, Township 35, Range 4 E.W.M., approved January 10, 1978, recorded in Volume 2 of Short Plats, page 176, under Auditor's File No. 871786.

SUBJECT TO easement as shown on Lot 1 and 2 of Short Plat No. 64-77, approved September 9, 1977, recorded in Volume 2 of Short Plats, page 114, under Auditor's File No. 864338, records of Skagit County, Washington;

SUBJECT TO easements, restrictions and reservations of record.

**Skagit County Assessor's Parcel #3867-000-036-1002; P62515**

Lot 3 of Revised Short Plat No. 64-77 located in Section 33, Township 35, Range 4 E.W.M., approved January 10, 1978, recorded in Volume 2 of Short Plats, page 176, under Auditor's File No. 871786.

SUBJECT TO easement as shown on Lot 1 and 2 of Short Plat No. 64-77, approved September 9, 1977, recorded in Volume 2 of Short Plats, page 114, under Auditor's File No. 864338, records of Skagit County, Washington;

SUBJECT TO easements, restrictions and reservations of record.

**EXHIBIT "A"**  
**STATUTORY WARRANTY DEED**

**Skagit County Assessor's Parcel #3867-00-036-0509; P62510**

Lot 1 of Revised Short Plat No. 64-77 located in Section 33, Township 35, Range 4 E.W.M., approved January 10, 1978, recorded in Volume 2 of Short Plats, page 176, under Auditor's File No. 871786.

TOGETHER WITH easement as shown on Lot 1 and 2 of Short Plat No. 64-77, approved September 9, 1977, recorded in Volume 2 of Short Plats, page 114, under Auditor's File No. 864338, records of Skagit County, Washington.

SUBJECT TO: Easements, restrictions and reservations of record.

**EXHIBIT "A"**  
**STATUTORY WARRANTY DEED**

**SUPERIOR COURT OF THE STATE OF WASHINGTON  
FOR SKAGIT COUNTY**

ESTATE OF:	CASE NO. 17-4-00316-6
LEONARD WAYNE CHRISTOFFER Deceased	LETTERS TESTAMENTARY

1.1 The last will of LEONARD WAYNE CHRISTOFFER late of Skagit County was duly exhibited proven and recorded in this court on August 25, 2017.

1.2 In that will KATHLEEN CHRISTOFFER named personal representative.

1.3 The personal representative has qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT **KATHLEEN CHRISTOFFER** is authorized by this court to execute the will of the above decedent according to law.

DATED August 25, 2017

MAVIS E. BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Linda B. Petrzela, Deputy Clerk

**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON)

) ss

COUNTY OF SKAGIT )

I, MAVIS E. BETZ, 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 August 25, 2017.

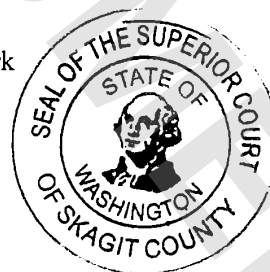
I further certify that these letters are now in full force and effect.

DATED Aug 25, 2017

MAVIS E. BETZ

COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Linda B. Petrzela Deputy Clerk



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-019298

DATE ISSUED: 05/02/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEONARD WAYNE

LAST NAME(S): CHRISTOFFER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 21, 2017

HOUR OF DEATH: 02:21 AM

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: KATHLEEN RAE BUNKER

OCCUPATION: TEACHER

INDUSTRY: PHOTOGRAPHY

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: KATHY R CHRISTOFFER

RELATIONSHIP: SPOUSE

ADDRESS: 20340 PATRICK DRIVE, BURLINGTON, WA 98233

CAUSE OF DEATH:

A: PROGRESSIVE WASTING AND PAIN

INTERVAL: 2 MONTHS

B: METASTATIC LARGE CELL NEUROENDOCRINE CARCINOMA INVOLVING BRAIN, ORBIT, LYMPH NODES, LUNG AND LIVER

INTERVAL: 2 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: WASTING SYNDROME, CHRONIC PAIN, SEIZURES, INABILITY TO SWALLOW, PRIOR MALIGNANCIES INCLUDING LUNG, PROSTATE, COLON AND LYMPHOMA

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

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: 20340 PATRICK DRIVE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 20340 PATRICK DRIVE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER/PARENT: ELDON LEVERNE CHRISTOFFER

MOTHER/PARENT: EDNA MAE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HERITAGE CREMATORY

CITY, STATE: MARYSVILLE, WASHINGTON

DISPOSITION DATE: APRIL 28, 2017

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209

CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223

FUNERAL DIRECTOR: JUDY A. JEWELL

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: GEORGE GJERSET, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 307 S. 13TH ST., SUITE 100

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 23, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: APRIL 27, 2017



# Affidavit for Correction

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

Mail to: Center for 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
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<b>Required</b>	<b>Required Information must match current information on record</b>			
	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:
	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 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:

**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 foregoing is true and correct**

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

## INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

#### Child under 18

- 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

#### Adult (18 years or older)

- 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

\*To change 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)**

### 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). The informant may change marital status with proof. 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 October 2015

**\*CERTIFIED\***

MAY 02 2017

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



0 1 4 3 9 6 1 9

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