



202103300137

03/30/2021 02:47 PM Pages: 1 of 9 Fees: \$111.50
Skagit County Auditor

Quitclaim Deed

RECORDING REQUESTED BY _____

AND WHEN RECORDED MAIL TO:

Carol Vannoy, Grantee(s)7456 Spruce St.
Concrete, Wa 98237Consideration: \$ 0Property Transfer Tax: \$ 0Assessor's Parcel No.: P63066 + P63067PREPARED BY: Carol Vannoy certifies herein that he or she has prepared this Deed.Carol Vannoy
Signature of PreparerCarol Vannoy
Printed Name of PreparerSKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX20211338
MAR 30 2021Amount Paid \$ 0
Skagit Co. Treasurer
By HB DeputyMarch 26, 2021
Date of PreparationTHIS QUITCLAIM DEED, executed on March 26, 2021 in the County ofSkagit, State of Washingtonby Grantor(s), Carol Vannoy surviving spouse of Arthur Vannoy Jr.,whose post office address is 7456 Spruce St, Concrete, Wa. 98237,to Grantee(s), Carol Vannoy,whose post office address is 7456 Spruce St, Concrete, Wa. 98237,WITNESSETH, that the said Grantor(s), Carol Vannoy surviving spouse of Arthur Vannoy Jr.,for good consideration and for the sum of No Consideration(\$ 0) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of SKagit, State of Washington and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Carol Vannoy Surviving Spouse of
Signature of Grantor Arthur Vannoy Jr.

Carol Vannoy Surviving Spouse of
Print Name of Grantor Arthur Vannoy Jr.

N/A
Signature of First Witness to Grantor(s)

N/A
Print Name of First Witness to Grantor(s)

Carol Vannoy
Signature of Second Grantor (if applicable)

Carol Vannoy
Print Name of Second Grantor (if applicable)

Signature of Second Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Carol Vannoy
Signature of Grantee

Carol Vannoy
Print Name of Grantee

N/A
Signature of First Witness to Grantee(s)

N/A
Print Name of First Witness to Grantee(s)

Signature of Second Grantee (if applicable)

Print Name of Second Grantee (if applicable)

Signature of Second Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of WA
County of Skaagit
On March 29, 2021, before me, Kristi L Curtin, a notary
public in and for said state, personally appeared, Carol Vannoy

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons
whose names are subscribed to the within instrument and acknowledged to me that they ex-
ecuted the same in their authorized capacities, and that by their signatures on the instrument the
persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Kristi L Curtin
Signature of Notary

Affiant Known _____ Produced ID WA Dr ID

Type of ID WA state Drivers License (Seal)



Exhibit "A"

Cape Horn on the Skagit Lots 36 & 37 BLK E
Lot 36 outbuildings, utilities
Lot 37 no utilities, no buildings

Return Address:

Carol Vannoy
7456 Spruce St
Concrete Wa 98237

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Carol Jean Vannoy, 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 wife
Relationship to decedent

of Arthur Clarence Vannoy Jr., who died on March 25, 2018
Decedent/Grantor *Date*

at Concrete Skagit Wa.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Cape Horn on the Skagit Lots 36+37 BLK E
P63066
P63067

Assessor's Property Tax Parcel/Account Number: P63066 + P63067
 (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)

Full name, age, relationship, address

Carol Jean Vannoy, age 66 yrs., wife
7456 Spruce St, Concrete Wa 98237

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: March 22, 2021Carol Jean Vannoy

Affiant's full name

(360) 630-6513

Telephone number

7456 Spruce StConcrete Wa. 98237

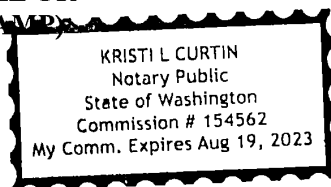
City

State

Zip Code

Carol Vannoy
SignatureMarch 22, 2021
DateState of WA County of SnohomishI know or have satisfactory evidence that Carol Vannoy
(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: 03/22/2021Kristi L. Curtin
Signature of Notary Public(SEAL OR
STAMP)Residing at: Sedro-WalkerNotary Public in and for the State of WAMy appointment expires: 08 / 2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-014022

DATE ISSUED: 03/24/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ARTHUR CLARENCE
LAST NAME(S): VANNOY JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 25, 2018
HOUR OF DEATH: 02:20 PM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROL BRAY

OCCUPATION: WATER DEPARTMENT
INDUSTRY: WATER DEPARTMENT
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: CAROL VANNOY
RELATIONSHIP: WIFE
ADDRESS: 7456 SPRUCE STREET, CONCRETE, WASHINGTON 98237

CAUSE OF DEATH:
A: STAGE IV LUNG CANCER
INTERVAL: 2 YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7456 SPRUCE STREET
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 7456 SPRUCE STREET
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: ARTHUR CLARENCE VANNOY SR
MOTHER: AILEEN FRANCE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: MARCH 28, 2018

FUNERAL FACILITY: THE CO-OP FUNERAL HOME OF PEOPLE'S
MEMORIAL
ADDRESS: 1801 12TH AVENUE STE. A
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122-2474
FUNERAL DIRECTOR: CHRISTOPHER J. E. RONK

MANNER 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 RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MARCH 28, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: MARCH 28, 2018

Affidavit for Correction

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State of Washington Department of 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
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 and 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
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:		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.

CERTIFIED

MAR 24 2021

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



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