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04/08/2021 03:32 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

Quitclaim Deed

RECORDING REQUESTED BY THERESA S. WEST

AND WHEN RECORDED MAIL TO:
THERESA S WEST, Grantee(s)
1811 E HIGHLAND AVE
MOUNT VERNON, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20211506
APR - 8 2021

Consideration: \$ 0

Property Transfer Tax: \$ _____

Assessor's Parcel No.: 79692

Amount Paid \$ 0
Skagit Co. Treasurer
By HB Deputy

PREPARED BY: THERESA S WEST certifies herein that he or she has prepared this Deed.

Theresa West
Signature of Preparer

MARCH 31, 2021
Date of Preparation

THERESA S WEST
Printed Name of Preparer

Highland Glenn Div No 1(L+21)
THIS QUITCLAIM DEED, executed on MARCH 31, 2021 in the County of
SKAGIT, State of WASHINGTON

by Grantor(s), THERESA S WEST, *INDIVIDUALLY & SURVIVING SPOUSE
whose post office address is _____ DELBERT
to Grantee(s), THERESA S WEST A. WEST,
whose post office address is 1811 E HIGHLAND AVE, MOUNT VERNON, WA

WITNESSETH, that the said Grantor(s), THERESA S WEST, INDIVIDUALLY &
for good consideration and for the sum of _____ SURVIVING SPOUSE OF DELBERT
(\$ _____) 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

*AKA Suzann + Suzanne West

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:

Dated 3/31/21

GRANTOR(S):

Theresa West
Signature of Grantor

Signature of Second Grantor (if applicable)

TERESA S WEST, INDIVIDUALLY
Print Name of Grantor & SURVIVING SPOUSE
OF DELBERT A. WEST

Print Name of Second Grantor (if applicable)

X *[Signature]*
Signature of First Witness to Grantor(s)

Signature of Second Witness to Grantor(s)

Andrew Johnson
Print Name of First Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Theresa West
Signature of Grantee

Signature of Second Grantee (if applicable)

TERESA S WEST
Print Name of Grantee

Print Name of Second Grantee (if applicable)

X *[Signature]*
Signature of First Witness to Grantee(s)

Signature of Second Witness to Grantee(s)

Andrew Johnson
Print Name of First Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of WASHINGTON

County of SKAGIT

On MARCH 31, 2021, before me, DEANNA DEATLEY ARCHER, a notary public in and for said state, personally appeared, THERESA S WEST

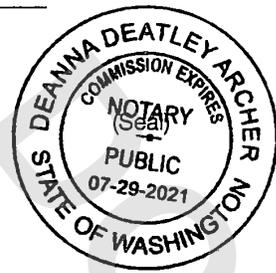
who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity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

WITNESS my hand and official seal.

Deanna Deatley Archer
Signature of Notary

Affiant Known Produced ID

Type of ID WA DRIVERS LIC



LOT 21, PLAT OF HIGHLAND GLEN DIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 11 OF
PLATS, PAGE 52, RECORDS OF SKAGIT COUNTY, WASHINGTON

COMMUNITY PROPERTY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This agreement, made and entered into this 31st day of August, 1981, by and between Delbert A. West and Theresa Suzann West, husband and wife, of Skagit County, Washington, pursuant to the provisions of RCW 26.16.120, permitting agreements between husband and wife fixing the status and disposition of community property to take effect upon the death of either, Witnesseth: That, in consideration of the love and affection that each of us has for the other, and in consideration of the mutual benefits to be derived by each of us, it is hereby agreed, covenanted, and promised as follows:

I

That all property of whatsoever nature or description, whether real, personal or mixed, and wheresoever situated, now owned or hereafter acquired by us, or either of us, including separate property, shall be considered and is hereby declared to be community property, and each of us hereby conveys and quit claims to the other his or her interest in any separate property he or she now owns or hereafter acquires so as to convert the same to community property.

II

That upon the death of either of us, title to all community property as herein defined shall immediately vest in fee simple in the survivor.

IN WITNESS WHEREOF, we, Delbert A. West and Theresa Suzann West, have hereunto set our hands and seals this 31st day of August, 1981.

Delbert A. West
Delbert A. West

Theresa Suzann West
Theresa Suzann West

Witnessed:

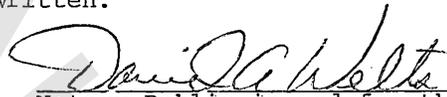
Paul Beaulieu

Virginia K. Beaulieu

STATE OF WASHINGTON)
 : SS
COUNTY OF SKAGIT)

This is to certify that on this 31st day of August, 1981, before me, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally came Delbert A. West and Theresa Suzann West, husband and wife, to me known to be the individuals described in and who executed the within instrument, and acknowledged to me that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.



Notary Public in and for the State of
Washington, residing at Mount Vernon.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-009268

DATE ISSUED: 02/25/2021
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DELBERT ALTON
LAST NAME(S): WEST

AKA: DELL WEST

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 23, 2021

HOUR OF DEATH: 11:20 AM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEMINOLE, OK

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: THERESA SUZANN SHIMEK

OCCUPATION: MECHANIC

INDUSTRY: AGRICULTURE

EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE

US ARMED FORCES: NO

INFORMANT: THERESA S WEST

RELATIONSHIP: WIFE

ADDRESS: 1811 EAST HIGHLAND AVE., MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ACUTE RESPIRATORY FAILURE WITH HYPOXIA

INTERVAL: 2 DAYS

B: SEPTIC SHOCK

INTERVAL: 2 DAYS

C: PNEUMONIA

INTERVAL: 3 DAYS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: END STAGE RENAL DISEASE,
METABOLIC ENCEPHALOPATHY, ACUTE KIDNEY INJURY

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: 1811 EAST HIGHLAND AVE.

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER: DAVID WEST

MOTHER: RHODA L [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 25, 2021

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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: JEFFREY W. MILLER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: FEBRUARY 24, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: FEBRUARY 25, 2021



Affidavit for Correction

04/08/2021 03:32 PM Page 1 of 8
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: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 forgoing is true and correct.
14a. Signature: 14b. Signature of 2nd parent (if required):
Printed name: Date: Printed name: 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:
• 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 Adult (18 years or older)
• If legal guardian(s), include certified court order proving guardianship. • Only the adult can change his or her birth certificate.
• Up to age one or up to one year following the filing of an Acknowledgement 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. • If the first or middle name is missing, three pieces of proof documentation are required.
• No proof is required to change the first or middle name.* • 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 information, one proof documentation is required. • To correct parent's birth date, place of birth, or name, one proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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.



CERTIFIED

FEB 25 2021

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



0 4 4 9 5 7 2 5

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