

When recorded return to:
Michell Goldsmith
8878 Peavey Rd.
TRLR 7
Sedro Woolley, WA 98284

202104140130
04/14/2021 02:53 PM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTOR The Estate of Richard Lee Johnsen by Michell Goldsmith
for and in consideration of inheritance

Hereby conveys and quit claims to Michell Ulene Goldsmith

the following described real estate, situated in the County of Skagit, State of Washington
together with all after acquired title of the grantor herein:

Part of the north half (N ½) of the southwest quarter (SW ¼) of the northwest quarter (NW ¼) of section 29,
Township 34 North, Range 4 East, W.M., described as follows

Beginning at a point on the east line of Sixth Street as Platted in Moore's addition to Mount Vernon, Produced
southerly, 70 feet south of the north line of the north half of the southwest quarter of the north west quarter, said
section; thence south 60 feet; thence east 100 feet; thence 60 feet; thence west 100 feet to the place of the beginning.

Situated in the County of Skagit, State of Washington

Abbreviated Legal: TAX 158 beg on E li 6th St Moores Ass ext sly 70 ft S fr S fr N li N ½ SW ¼ NW ¼ th S 60 ft
E 100 ft N 60 ft W 100 ft TPB

Tax Parcel Number(s): 340429-0-287-0007 (P28476)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021 1594
APR 14 2021

Amount Paid \$ 0
By Skagit Co. Treasurer Deputy

Dated:

04-14-2021

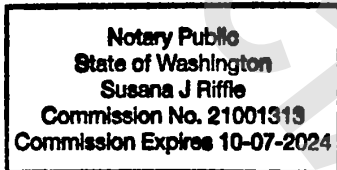
Michell Goldsmith

STATE OF Washington

SS.

COUNTY OF Skaigt

I certify that I know or have satisfactory evidence that Michelle Ulene Goldsmith
_____ (is/are) the person(s) who appeared
before me, and said person(s) acknowledged that Michelle Ulene Goldsmith signed this instrument and
acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 04/14/2021

Susana J. Riffle
Notary name printed or typed: Susana J. Riffle
Notary Public in and for the State of Washington
Residing at 1511 Riverside Dr. Mount Vernon, WA 98273
My appointment expires: 10/07/2024

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Michell U. Goldsmith, 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 Daughter
Relationship to decedent

of Richard L. Johnsen, who died on 11/28/2019
Decedent/Grantor *Date*

at Mount Vernon Skagit W.A.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

TAX 158 beg on E 1/2 6th St Moores Ass ext 514
 70ft S fr S fr N 1/2 SW 1/4 NW 1/4 th S 60 ft
 E 100 ft N 60 ft W 100 ft TPB

Assessor's Property Tax Parcel/Account Number: 340429-0-287-0007
 (Attach full legal description of the property) (P28476)

☒ 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 4)

Michell Ulene Goldsmith, Daughter, 36yrs old.
8878 Peavey Rd TRLR 7 Sedro Woolley, WA 98284

Full name, age, relationship, address

Kelli Johnson, 50 yrs old, Sister
611 Rural St. Emporia, K.S. 66801

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: 4/14/2021Michell Ulene Goldsmith

Affiant's full name

(360)-941-8750

Telephone number

8878 Peavey Rd TRLR 7Sedro Woolley

City

WA

State

98284

Zip Code

Michell Goldsmith

Signature

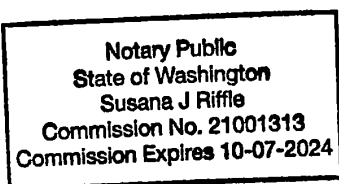
04/14/2021

Date

State of WashingtonCounty of SagitI know or have satisfactory evidence that Michell Ulene Goldsmith.

(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: 04/14 / 2021(SEAL OR
STAMP)[Signature]
Signature of Notary PublicResiding at: 1511 Riverside Dr. Mount Vernon, WANotary Public in and for the State of WashingtonMy appointment expires: 10/07/2024

Parcel Number	XrefID	Quarter	Section	Township	Range
P28476	340429-0-287-0007	NW	29	34	04

TAX 158: PART OF THE N 1/2 OF THE SW 1/4 OF THE NW 1/4 OF SECTION 29, TOWNSHIP 34 NORTH, RANGE 4 EAST, W. M, DESCRIBED AS FOLLOWS: BAP ON THE EAST LINE OF SIXTH STREET AS PLATTED IN MOORE'S ADDITION TO MOUNT VERNON, PRODUCED SOUTHERLY, 70 FEET SOUTH OF THE NORTH LINE OF THE N 1/2 OF THE SW 1/4 OF THE NW 1/4, SAID SECTION; THENCE SOUTH 60 FEET; THENCE EAST 100 FEET; THENCE 60 FEET; THENCE WEST 100 FEET TO THE PLACE OF BEGINNING.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-053403

DATE ISSUED: 12/06/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RICHARD LEE
LAST NAME(S): JOHNSEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 28, 2019
HOUR OF DEATH: 11:32 AM FOUND
SEX: MALE AGE: 53 YEARS
SOCIAL SECURITY NUMBER: 531-54-9945

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

BIRTH DATE: JULY 29, 1966
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MECHANIC
INDUSTRY: AUTO REPAIRS
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: MICHELL GOLDSMITH
RELATIONSHIP: DAUGHTER
ADDRESS: 8878 PEAVEY RD., TRL. #7, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: INHALATION OF PRODUCTS OF COMBUSTION DUE TO RESIDENTIAL FIRE
INTERVAL: SECONDS TO MINUTES

B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: NOVEMBER 28, 2019
HOUR OF INJURY: 06:40 AM
INJURY AT WORK: NO
PLACE OF INJURY: SHED

LOCATION OF INJURY: 2522 OLD HWY 99 S.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: DECEDENT WAS TRAPPED IN A FIRE
INSIDE A RESIDENTIAL STRUCTURE (SHED)

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PERSON'S RESIDENCE
FACILITY OR ADDRESS: 2252 OLD HWY 99 S.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1610 S. 6TH ST.
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: STEVEN JOHNSEN
MOTHER: SUSAN AUBURG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 09, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

MANNER OF DEATH: ACCIDENT
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DEBORAH HOLLIS
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: DECEMBER 02, 2019

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 19SK0375
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: DECEMBER 06, 2019



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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	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 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: <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 2nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to 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 using this form, 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). 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 January 2015



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

CERTIFIED

DEC 06 2019

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



0 3 2 6 6 2 8 9