UNOFFICIAL DOCUMENT

202106180062
06/18/2021 10:47 AM Pages: 1 of 9 Fees: $111.50
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) Bertha A. Pitner-Walker
Surviving spouse of Bernie L. Walker

for and in consideration of Inheritance 458-61A-202(6)(H)

in hand paid, conveys and quit claims to Bertha A. Pitner-Walker

the following described real estate, situated in the County of Skagit , State of Washington

together with all after acquired title of the grantor(s) herein:

See Attached legal description

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-2764
JUN 18 2021
Amount Paid $ 0
Skagit Co. Treasurer
By JLB Deputy

Abbreviated Legal: (Required if full legal not inserted above.)
Tract 24 Plat of Brookfield Vol 7 page 26

Tax Parcel Number(s): 57007

Dated: 5-26-21

Bertha A. Pitner Walker

STATE OF Washington
COUNTY OF Skagit

ss.

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

Dated: 5-26-2021

WENDY DRAKE
APPOINTMENT EXPIRES
September 01, 2024
NOTARY
PUBLIC
COMM # 20115015
STATE OF WASHINGTON

Notary name printed or typed: Wendy Drake
Notary Public in and for the State of Washington
Residing at Anacortes
My appointment expires: Sept. 1, 2024

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Assessor's Tax/Parcel No. 3778-000-024-0006 / P57007

Tract 24 of THE PLAT OF BROOKFIELD PARK, ANACORTES, WASHINGTON, as per plat recorded in Volume 7 of Plats, page 26, records of Skagit County; situate in the County of Skagit, State of Washington.

SUBJECT TO right of the public for the use of the public forever all streets and roads shown on the plat, and the use thereof for any and all public purposes, and also dedicate to the City of Anacortes all easements as shown on the plat. Also the right to make all necessary slopes for cuts and fills in the original reasonable grading of all roads and streets shown on the plat.

ALSO subject to restrictive covenants as contained in the dedication of the plat and imposed upon said property by instrument dated November 10, 1954, filed November 15, 1954 under Auditor's File No. 509194.

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Return Address:

_____

_____

_____

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Bertha Pitner-Walker 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 Bernie L. Walker, who died on June 28, 2017
Decedent/Grantor *Date*

at Anacortes Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Tract 24 Plat of Brookfield Vol 7 page 26

Assessor's Property Tax Parcel/Account Number: 57007
(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)

UNOFFICIAL DOCUMENT

Bertha Ann Pitner-Walker - age 81 - widow

1706 - 36th St: Anacortes, Wa 98221

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

Full name, age, relationship, address

UNOFFICIAL DOCUMENT

Dated: 5-26-21

Bertha Ann Pitner-Walker
Affiant's full name

360-293-9839
Telephone number

1706 - 36th St
Street

Anacortes | Washington | 98221
City | *State* | *Zip Code*

Bertha A. Pitner-Walker | 5-26-21
Signature | *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that Bertha Ann Pitner-Walker
(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: 5/26/2021

Signature of Notary Public

(SEAL OR STAMP)

WENDY DRAKE
NOTARY PUBLIC
STATE OF WASHINGTON
COMM # 20116916
APPOINTMENT EXPIRES September 01, 2024

Residing at: Anacortes

Notary Public in and for the State of Washington

My appointment expires: Sept. 1st, 2024

REV 84 0017 (1/3/17)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: **2017-028602**

DATE ISSUED: **03/09/2020**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **BERNIE LEE**
LAST NAME(S): **WALKER JR**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **JUNE 28, 2017**
HOUR OF DEATH: **06:00 AM**
SEX: **MALE** AGE: **76 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: **WENATCHEE, WA**

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE: **BERTHA FORSYTH**

OCCUPATION: **WELDER**
INDUSTRY: **WELDING**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES: **YES**

INFORMANT: **BERTHA WALKER**
RELATIONSHIP: **WIFE**
ADDRESS: **1706 36TH ST ANACORTES, WA 98221**

CAUSE OF DEATH:
A: **PULMONARY FIBROSIS**
INTERVAL: **YEARS**
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: **CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE HEART FAILURE, ESOPHAGEAL DYSMOTILITY WITH ASPIRATION**

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: **1706 36TH ST**
CITY, STATE, ZIP: **ANACORTES, WASHINGTON 98221**

RESIDENCE STREET: **1706 36TH ST**
CITY, STATE, ZIP: **ANACORTES, WA 98221**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **40 YEARS**

FATHER: **BERNIE LEE WALKER**
MOTHER: **RUTH FERN** [redacted]

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **HAWTHORNE MEMORIAL PARK CREMATORY**

CITY, STATE: **MOUNT VERNON, WASHINGTON**
DISPOSITION DATE: **JUNE 30, 2017**

FUNERAL FACILITY: **HAWTHORNE FUNERAL HOME**

ADDRESS: **PO BOX 398**
CITY, STATE, ZIP: **MOUNT VERNON, WASHINGTON 98273**
FUNERAL DIRECTOR: **ADAM J. CRENNA**

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: **JUNE 28, 2017**

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

LOCAL DEPUTY REGISTRAR: **CHERYL PETERSON**
DATE RECEIVED: **JUNE 29, 2017**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

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Washington State Department of Health

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

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) First / Middle / Last/Maiden	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First / Middle / Last/Maiden	

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 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 forgoing is true and correct

16a. Signature:		16b. Signature of 2nd parent (if required):	
Printed name:	Date:	Printed name:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- Green/Permanent Resident card (I-551)

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. 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

1. 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.
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 documentary proof
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

DOH 422-034 January 2015

THE SEAL OF THE STATE OF WASHINGTON 1889

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

CERTIFIED

MAR 0 9 2020

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

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UNOFFICIAL DOCUMENT

Assessor's Tax/Parcel No. 3778-000-024-0006 / P57007

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