

When recorded return to:

David Alan Oliver and Iris Cathleen Syquia
2220 15th Street
Anacortes, WA 98221

21-11109

STATUTORY WARRANTY DEED

THE GRANTOR(S) Heirs and Devisees of Elizabeth J. Boner, deceased,

for and in consideration of ten dollars and other valuable consideration

in hand paid, conveys, and warrants to David Alan Oliver, an unmarried person and Iris Cathleen Syquia, an unmarried person, as tenants in common

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

FOR PROPERTY DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART
HEREOF.

Abbreviated legal description:

Ptn. Lots 11-14, Block 206, MAP OF THE CITY OF ANACORTES

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "B" attached hereto

Tax Parcel Number(s): P56247/ 3772-206-014-0007

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Affidavit No. 2021-2770

Jun 18 2021

Amount Paid \$7405.00

Skagit County Treasurer

By Heather Beauvais Deputy

Statutory Warranty Deed
LPB 10-05

Order No.: 21-11109-KS

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Dated: June 17, 2021

Estate of Elizabeth J. Boner

By: Robert Graydon Boner
Robert Graydon Boner, Personal Representative

STATE OF WASHINGTON
COUNTY OF

I certify that I know or have satisfactory evidence that Robert Graydon Boner is the person who appeared before me and said person acknowledged that he signed this instrument, on oath stated he is authorized to execute this instrument and is Personal Representative for the Estate of Elizabeth J. Boner to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 17 day of June, 2021

Kim Smith
Signature

Notary
Title

My appointment expires: 10-6-2024



Statutory Warranty Deed
LPB 10-05

Order No.: 21-11109-KS

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**EXHIBIT A
LEGAL DESCRIPTION**

Property Address: 2220 15th Street, Anacortes, WA 98221

Tax Parcel Number(s): P56247/ 3772-206-014-0007

Property Description:

Lots 11, 12, 13 and the West ½ of Lot 14, Block 206, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

Statutory Warranty Deed
LPB 10-05

Order No.: 21-11109-KS

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EXHIBIT B

21-11109-KS

1. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Map of the City of Anacortes

Recorded: May 27, 1893

Auditor's No.: Volume 2 of Plats Page 4

2. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Survey

Recorded: July 5, 2019

Auditor's No.: 201907050015

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY

FILED
Skagit County Clerk
Skagit County, WA
10/21/2020

Estate of ELIZABETH J BONER:	No. 20-4-00436-29
	LETTERS TESTAMENTARY

I. BASIS

- 1.1 The last will of ELIZABETH J BONER late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on October 21, 2020.
- 1.2 In that will ROBERT GRAYDON BONER is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT ROBERT GRAYDON BONER is authorized by this court to execute the will of the above decedent according to law.

DATED 10/21/2020.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kristen Denton, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON |
COUNTY OF SKAGIT | ss

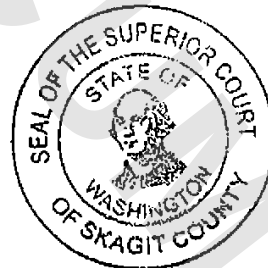
I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on October 21, 2020.

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

DATED: 10/22/2020

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT


BY 
Deputy Clerk



STATE OF WASHINGTON DEPARTMENT OF HEALTH	
CERTIFICATE OF DEATH	
CERTIFICATE NUMBER: 2020-045103	DATE ISSUED: 10/02/2020 FEE NUMBER:
FIRST AND MIDDLE NAME(S): ELIZABETH JOSEPHINE LAST NAME(S): BONER	
COUNTY OF DEATH: SKAGIT DATE OF DEATH: SEPTEMBER 29, 2020 HOUR OF DEATH: 05:00 AM SEX: FEMALE SOCIAL SECURITY NUMBER: -	AGE: 91 YEARS
HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO RACE: WHITE	
BIRTH DATE: [REDACTED] BIRTHPLACE: ANACORTES, WA	
MARITAL STATUS: WIDOWED SURVIVING SPOUSE: NOT APPLICABLE	
OCCUPATION: HOMEMAKER INDUSTRY: OWN HOME EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED US ARMED FORCES: NO	
INFORMANT: BECKY FOWLER RELATIONSHIP: DAUGHTER ADDRESS: 27226 45TH PLACE S, KENT, WA 98032	
CAUSE OF DEATH: A: LIVER METASTASES FROM UNKNOWN PRIMARY CANCER - DIAGNOSIS BY IMAGING INTERVAL: 3 WEEKS B: INTERVAL: C: INTERVAL: D: INTERVAL:	PLACE OF DEATH: HOME FACILITY OR ADDRESS: 2220 15TH STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 RESIDENCE STREET: 2220 15TH STREET CITY, STATE, ZIP: ANACORTES, WA 98221 INSIDE CITY LIMITS: YES COUNTY: SKAGIT TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 56 YEARS FATHER: ANDREW GULLICKSON MOTHER: - METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: NORTHWEST CREMATORY CITY, STATE: ANACORTES, WASHINGTON DISPOSITION DATE: OCTOBER 04, 2020 FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC. ADDRESS: 1105 32ND STREET CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221 FUNERAL DIRECTOR: JOSEPH J. WAHAM
OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATOMEGALY, WEIGHT LOSS AND POOR APPETITE	
DATE OF INJURY: HOUR OF INJURY: INJURY AT WORK: PLACE OF INJURY:	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
LOCATION OF INJURY: CITY, STATE, ZIP: COUNTY: DESCRIBE HOW INJURY OCCURRED:	CERTIFIER NAME: ANITA M. MEYER, MD TITLE: PHYSICIAN CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A CITY, STATE, ZIP: MOUNT VERNON, WA 98273 DATE SIGNED: SEPTEMBER 29, 2020
IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE	CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN: NOT APPLICABLE LOCAL DEPUTY REGISTRAR: CHERYL PETERSON DATE RECEIVED: SEPTEMBER 30, 2020

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-032 (9/18)

 Affidavit for Correction		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300	
DOH 422-034 August 2019			
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: 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:		<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 City State Zip Telephone Number: Email Address:			
Use this 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: Printed name: Date:		14b. Signature of 2nd parent (if required): 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			
• 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. *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.			
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 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.			
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

OCT 02 2020

Howard Leibrand

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

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



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