



202106220061

06/22/2021 11:08 AM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

When recorded mail to:
Kathy L. Anderson

Recording requested by:
Kathy L. Anderson
1215 Florida St.
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-2816
JUN 22 2021

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

QUIT CLAIM DEED

GRANTOR: DAVID B. ANDERSON, deceased, by his surviving spouse
KATHY L. ANDERSON.

GRANTEE: KATHY L. ANDERSON, a single individual.

FOR AND IN CONSIDERATION OF: Inheritance/Distribution to surviving spouse

LEGAL DESCRIPTION: N P TO ANA LTS 8 TO 10 BLK 503

XrefID NUMBER: 3809-503-010-0008

PARCEL NUMBER: P58411

COMMONLY KNOWN AS: 1215 Florida St., Anacortes, WA 98221

The undersigned GRANTOR, DAVID B. ANDERSON, deceased, by his surviving spouse, KATHY L. ANDERSON, and as authorized by the *Lack of Probate Affidavit*, hereby conveys and quit claims to GRANTEE, the decedent's surviving spouse, KATHY L. ANDERSON, a single individual, the following described real estate, situate in Skagit County, State of Washington, together with all after-acquired title of the Grantor therein:

LOTS 8, 9, AND 10, BLOCK 503, "NORTHERN PACIFIC ADDITION TO ANACORTES", ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY, WASHINGTON, IN VOLUME 2 OF PLATS, PAGE 9.

Return Address:

Kathy L. Anderson
 1215 Florida St.
 Anacortes, WA 98221

LACK OF PROBATE AFFIDAVIT

The undersigned affiant/grantee KATHY L. ANDERSON, being first duly sworn, deposes and states as follows: That she is the rightful and only heir to the real property described below, and she is the surviving spouse of DAVID B. ANDERSON, who died on 5/5, at _____, King County, Washington.

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

LEGAL DESCRIPTION: N P TO ANA LTS 8 TO 10 BLK 503

XrefID NUMBER: 3809-503-010-0008

PARCEL NUMBER: P58411

Full Legal Description:

LOTS 8, 9, AND 10, BLOCK 503, "NORTHERN PACIFIC ADDITION TO ANACORTES", ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAGIT COUNTY, WASHINGTON, IN VOLUME 2 OF PLATS, PAGE 9.

Commonly known as: 1215 Florida St., Anacortes, WA 98221

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked and said Will specifies all assets are allocated to and shall be distributed to his surviving spouse.

"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 the heirs at law of the decedent:

- KATHY L. ANDERSON, surviving spouse, 1215 Florida St., Anacortes, WA 98221

Lack of Probate Affidavit
 Page 1 of 2

THE LAW OFFICE OF DEBORAH HOLBERT, PLLC
 Deborah Holbert, Attorney-at-Law, WSBA #44095
 5575 Harbor Avenue, Suite 207B, PO Box 1046, Freeland, WA 98249
 (360) 331-5595

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-020691

DATE ISSUED: 05/09/2018
FEE NUMBER: 1706332

FIRST AND MIDDLE NAME(S): DAVID BRUCE MONTGOMERY
LAST NAME(S): ANDERSON

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 05, 2018
HOUR OF DEATH: 11:35 AM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: 536-84-7054

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - FIRST HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

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

RESIDENCE STREET: 1215 FLORIDA AVE
CITY, STATE, ZIP: ANACORTES, WA 98221-1308
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: FEBRUARY 12, 1952
BIRTHPLACE: TORONTO, ON CANADA

FATHER/PARENT: DAVID ANDERSON
MOTHER/PARENT: LOUISE WATT

MARITAL STATUS: MARRIED
SPOUSE: KATHY RICHARDSON

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

OCCUPATION: BUSINESS OWNER
INDUSTRY: JANITORIAL SERVICE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: MAY 08, 2018

INFORMANT: KATHY ANDERSON
RELATIONSHIP: SPOUSE
ADDRESS: 1215 FLORIDA AVE, ANACORTES, WA 98221

FUNERAL FACILITY: ELEMENTAL CREMATION & BURIAL - BELLEVUE

ADDRESS: 10900 NE 8TH STREET STE 1000
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98004
FUNERAL DIRECTOR: STACEY C. DALMAN

CAUSE OF DEATH:

- A: CARDIOPULMONARY ARREST
INTERVAL: MINUTES
B: ACUTE ON CHRONIC GASTROINTESTINAL & GENITOURINARY BLEEDING
INTERVAL: DAYS
C: INVASIVE RIGHT SIDED RENAL CELL CARCINOMA INTO ASCENDING COLON, TERMINAL ILEUM, DUODENUM
INTERVAL: MONTHS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: SANDEEP MSUTTA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: MAY 07, 2018

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: MAY 08, 2018



Affidavit for Correction

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
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Required	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:
	4. Father/Parent Full Legal 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:
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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 2 nd 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

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, 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)

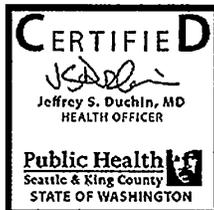
Death Certificates

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). The informant may change marital status with proof. 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 October 2015



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



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