


After Recording Return to:

James S Scott
2122 Meadows Ln
Anacortes, Washington 98221


202107280017
07/28/2021 09:38 AM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-3446
JUL 28 2021

Amount Paid \$ 8
Skagit Co. Treasurer
By JLB Deputy

QUIT CLAIM DEED

Grantor: James S. Scott, surviving spouse of Sharon Kay Scott (deceased)

Grantee: James S. Scott

Assessor's Tax Parcel Number: P114046 4725-000-012-0000

Reference No.: _____

THE GRANTOR, James S. Scott, surviving spouse of Sharon Kay Scott (deceased), a single person, for and in consideration of \$1 and other good and valuable consideration, hereby conveys and quit claims to the GRANTEE, James S. Scott, a single person, the following described real property, situated in the County of Skagit, State of Washington:

Legal Description:

LOT 12, 'PLAT OF THE MEADOWS, DIV. NO 1', as per plat recorded in Volume 17 of Plats, page 38 and 39, records of Skagit county, Washington

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.

Tax parcel no. P114046 4725-000-012-0000

Commonly known as: 2122 Meadows Ln, Anacortes, Washington 98221

Grantor Signatures:

DATED: 7-28-2021

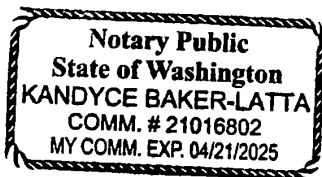
James S. Scott, surviving spouse of Sharon Kay Scott (deceased)
2122 Meadows Ln
Anacortes, Washington 98221

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that James S. Scott, surviving spouse of Sharon Kay Scott (deceased) is the person who appeared before me, and said person acknowledged that s/he signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 28 day of July, 2021.

Kandyce Baker-Latta
Print Name Kandyce Baker-Latta
NOTARY PUBLIC in and for the State of Washington,
Residing at: 1415 Commercial Ave 98221
My commission expires: 04/21/2025



Return Address:

James S. Scott
2122 Meadows Ln
Anacortes WA 98221

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee James S. Scott, 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 Surviving Spouse
Relationship to decedent
of Sharon Kay Scott, who died on Jan 13, 2019
Decedent/Grantor Date
at Anacortes Skagit Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number: P114046 4725-000-012-0000
(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)

(Page 1 of _____)

James S. Scott, 81, Surviving Spouse
2122 Meadows Ln. Anacortes WA 98221

Full name, age, relationship, address

Shannon Lee Scott, 53, Daughter
2122 Meadows Ln. Anacortes WA 98221

Full name, age, relationship, address

Eryn Lynn Swanson, 51, Daughter
1914 Island View Pl 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

Dated : _____

James S. Scott

Affiant's full name

360-333-8127

Telephone number

2122 Meadows LnAnacortes WA 98221
City State Zip Code_____
Signature Date

State of _____ County of _____

I know or have satisfactory evidence that _____
(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: ____ / ____ / ____

(SEAL OR
STAMP)_____
Signature of Notary Public

Residing at: _____

Notary Public in and for the State of _____

My appointment expires: ____ / ____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-002293

DATE ISSUED: 01/18/2019

FEE NUMBER: 310119

FIRST AND MIDDLE NAME(S): SHARON KAY
LAST NAME(S): SCOTTCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 13, 2019
HOUR OF DEATH: 01:00 PM
SEX: FEMALE AGE: 75 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: OKLAHOMA CITY, OKMARITAL STATUS: MARRIED
SPOUSE: JAMES STERLING SCOTTOCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NOINFORMANT: JAMES SCOTT
RELATIONSHIP: SPOUSE
ADDRESS: 2122 MEADOWS LANE, ANACORTES, WA 98221CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARSB:
INTERVAL:C:
INTERVAL:D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: LEWY-BODY DEMENTIA,
RECENT URINARY TRACT INFECTION, AND CHRONIC KIDNEY DISEASEDATE 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: 2122 MEADOWS LANE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 2122 MEADOWS LANE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARSFATHER/PARENT: EDWARD KAUFMANN
MOTHER/PARENT: MAXINE ISABETH [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 18, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOHN K. MOODYMANNER 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 RESPONSECERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 14, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JANUARY 18, 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 | 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: |
| | First Middle Last | MM/DD/YYYY | (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) | |
| | First Middle Last/Maiden | First Middle Last/Maiden | | |
| 6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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 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

| | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 <p>*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.</p> | <p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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 |
|--|--|

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.

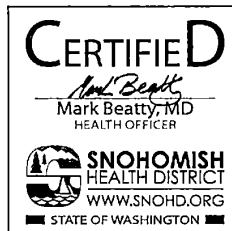
Marriage/Dissolution (Divorce) Certificates

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



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



0 2 8 6 7 2 5 4