



202108100126

08/10/2021 04:09 PM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-3684
AUG 10 2021

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

QUIT CLAIM DEED

THE GRANTOR(S)

EIVA Fernandez surviving spouse of Ramiro Fernandez, deceased

for and in consideration of

in hand paid, conveys and quit claims to

EIVA Fernandez

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:

Parcel "A"
The portion of the Northeast 1/4 of the Northeast 1/4 of the Southwest 1/4 Section 27, Township 35 North, Range 4 East, W.M.

Parcel "B"
That portion of the Northeast 1/4 of the Northeast 1/4 of the Southwest 1/4 of Section 27, Township 35 North Range 4 East W.M.

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): P37732, P37753

Dated: 8-10-2021

[Handwritten signature]

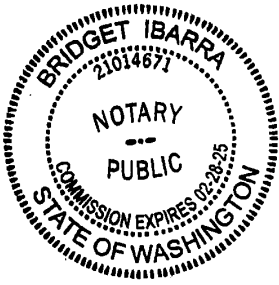
STATE OF washington
COUNTY OF skagit ss.

I certify that I know or have satisfactory evidence that Elva Fernandez
(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: 8-10-21

[Handwritten signature]

Notary name printed or typed: Bridget Ibarra
Notary Public in and for the State of washington
Residing at Mount Vernon
My appointment expires: 2-28-25



LEGAL DESCRIPTIONPARCEL "A":

That portion of the Northeast $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 27, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at a point on the North margin line of State Highway which is 198 feet Northeasterly, measured along said North line of Highway from its intersection with the West line of said subdivision; thence Southwesterly along said North line of highway to said point of intersection with the West line of said subdivision; thence North along said West line 167.6 feet; thence East 143 feet; thence Southeasterly to the Point of Beginning, EXCEPT the following described tract:

Beginning at a point on the North marginal line of State Highway which is 198 feet Northeasterly, measured along said North line of Highway, from its intersection with the West line of said subdivision, said point being hereinafter referred to as "Point X"; thence Southwesterly, along said North line of highway, to said point of intersection with the West line of said subdivision; thence North along said West line 167.6 feet; thence North $89^{\circ}39'30''$ East 113 feet to the TRUE POINT OF BEGINNING; thence North $89^{\circ}39'30''$ East 30 feet; thence Southeasterly to said "Point X"; thence Southwesterly along the North line of the highway, 30 feet; thence Northwesterly to the TRUE POINT OF BEGINNING.

PARCEL "B":

That portion of the Northeast $\frac{1}{4}$ of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 27, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at the Northwest corner of said subdivision; thence South $0^{\circ}21'45''$ East along the West line of said subdivision 325.98 feet, more or less, to a point 167.6 feet North of the North line of the County road, and the TRUE POINT OF BEGINNING; thence North $89^{\circ}39'30''$ East parallel with the North line of said subdivision 113 feet; thence North $0^{\circ}21'45''$ West 63.7 feet; thence South $89^{\circ}39'30''$ West 113 feet to the West line of said subdivision; thence South $0^{\circ}21'45''$ East 63.7 feet to the Point of Beginning.

Situate in the County of Skagit, State of Washington.

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee EIVA FERNANDEZ, 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 Widow
Relationship to decedent
of RAMIRO FERNANDEZ, who died on 1-6-2019
Decedent/Grantor *Date*
at Seattle King Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Parcel "A"
That portion of The Northeast 1/4 of the Northeast 1/4 of
The Southwest 1/4 Section of Township 35 North, Range 4
East, W.M.
Parcel "B"
That portion of The Northeast 1/4 of the Northeast 1/4 of
The Southwest 1/4 Section of Township 35 North, Range 4
East, W.M.

Assessor's Property Tax Parcel/Account Number: P37732, P37753
(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)

EVA T Fernandez, 71, Spouse
21377 SR 20 Sedro-Woolley WA 98284

Full name, age, relationship, address

Angelica Garcia 47, Daughter Strahlen Rd
Sedro Woolley, WA 98284

Full name, age, relationship, address

Diana Castillo-Rodriguez, Daughter 43
Main Street WA.

Full name, age, relationship, address

MARCO A Fernandez, Son 45
Marshall St Sedro-Woolley WA

Full name, age, relationship, address

Juvenal Fernandez 70 Brother Tubatip WA

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 8-10-2021

Elva Fernandez
Affiant's full name

360 420-6338
Telephone number

21377 State Route 20

Sedro Woolley WA 98284
City State Zip Code

[Signature]
Signature

8-10-2021
Date

State of Washington County of Skagit

I know or have satisfactory evidence that Elva Fernandez
(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: 8/10/21

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of Washington

My appointment expires: 02/28/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-003739

DATE ISSUED: 01/28/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RAMIRO
LAST NAME(S): FERNANDEZ

COUNTY OF DEATH: KING
DATE OF DEATH: JANUARY 25, 2019
HOUR OF DEATH: 09:33 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO
RACE: MEXICAN/AMERICAN

RESIDENCE STREET: 21377 STATE ROUTE 20
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 38 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: ALAMO, TX

FATHER/PARENT: HUMBERTO FERNANDEZ
MOTHER/PARENT: GUADALUPE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ELVA TIJERINA

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GREENHILLS CEMETERY

OCCUPATION: OWNER/OPERATOR
INDUSTRY: AUTO DETAIL
EDUCATION: UNKNOWN
US ARMED FORCES: NO

CITY, STATE: BURLINGTON, WASHINGTON
DISPOSITION DATE: FEBRUARY 02, 2019

INFORMANT: ELVA FERNANDEZ
RELATIONSHIP: SPOUSE
ADDRESS: 21377 STATE ROUTE 20, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A: CARDIOGENIC SHOCK
INTERVAL: 24HRS
B: CARDIAC ARREST
INTERVAL: 24HRS
C: CONGESTIVE HEART FAILURE
INTERVAL: 6 MONTHS
D: CORONARY ARTERY DISEASE
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES, MORBID OBESITY

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: JOHN L. MIGNONE, MD, PHD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 500 17TH AVENUE
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: JANUARY 28, 2019

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: JANUARY 28, 2019