



202109090080

09/09/2021 01:41 PM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-4662
SEP 09 2021

Amount Paid \$
Skagit Co. Treasurer
By DJJ Deputy

After Recording Please Return To:
SHELTER BAY COMPANY
1000 Shoshone Drive
La Conner, WA 98257

**SHELTER BAY
ASSIGNMENT OF SUBLEASE**

KNOW ALL MEN BY THESE PRESENTS THAT:

BRENT P. MCELROY, An Unmarried Man, and as Surviving Spouse of Shirley A. Makela

Lessee(s) of a certain sublease dated the 19th day of July, 1969

Wherein SHELTER BAY COMPANY, a Washington corporation, appears as Lessor, recorded on the 7th day of August, 1972 in accordance with Short Form Sublease No. 73 (Master Lease No. 5020, Contract No. 14-20-0500-2949) in records of Skagit County, Auditor's Filing No. 772136, Volume 91, Pages 558-559, hereinafter known as Assignor, for and in consideration of the sum of ten dollars and other valuable consideration paid for assignment of said sublease, receipt of which is hereby acknowledged by **BRENT P. MCELROY, An Unmarried Man, and as Surviving Spouse of Shirley A. Makela**

Assignor(s), whose address is: 73 Hoh Place, La Conner, WA 98257

ASSIGNOR assigned and set over, and by these presents does grant, assign, and set over unto the said **BRENT P. MCELROY, An Unmarried Man**

Assignee(s), whose address is: 73 Hoh Place, La Conner, WA 98257

The within indenture of Sublease, and all right, title and interest now owned or hereafter acquired, of said Assignor(s), in said Sublease including any buildings and appurtenances thereto, and also all estate, right, title, term of years yet to come, claim and demand whatsoever of, in to or out of the same, to have and to hold the said estate and right, title and interest of the Lessee(s) as a member of Shelter Bay Community, Inc., a Non-profit Washington corporation in accordance with and subject to the Articles of Incorporation and By-Laws and rules and regulations of Shelter Bay Community, Inc. As a part of the consideration the Assignee(s) assumes and agrees to pay the annual lease payments provided for in said sublease and the maintenance fees and assessments, if any, of Shelter Bay Community, Inc. from time to time as they become due. **The next annual sublease payment payable to Shelter Bay Company, in the amount of \$235.00 is due and payable on the 1st day of June, 2022.**

PRIOR ASSIGNMENT of Sublease from: Richard Dimmick and Cindy Woods to Brent P. McElroy and Shirley A. Makela under Skagit County Auditor's File #201403310070. Shirley Annette Makela, deceased, January 7, 2021, according to State of Washington, Department of Health, Certificate of Death, Certificate No. 2021-001956. To Brent P. McElroy as community property, and as sole and rightful heir, according to Affidavit of Lack of Probate dated August 31, 2021.

THE REAL ESTATE described in said lease is as follows:

Lot #2, "REVISED MAP OF SURVEY OF SHELTER BAY DIV. 2 Tribal and Allotted Lands of Swinomish Indian Reservations," as recorded March 17, 1970, in Volume 43 of official Records, Pages 833 through 838, under Auditor's File No 737013 records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

P128957

S3402360058

Geo ID: 5100-002-073-0000

IN WITNESS WHEREOF the parties have hereto signed this 9th day of September, 2021.

Assignor(s):

Assignee(s):


BRENT P. MCELROY


BRENT P. MCELROY

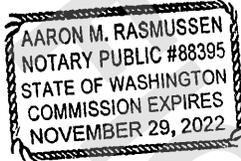
STATE OF Washington
COUNTY OF Skagit) SS.

On this 9 day of September, 2021 before me, the undersigned, a Notary Public in and for the State of Washington duly commissioned and sworn, personally appeared

BRENT P. MCELROY

to me known to be the individual described in and who executed the foregoing instrument and acknowledged to me that he signed and sealed the said instrument as his free and voluntary act and deed for the uses and purposes therein mentioned.

WITNESS my hand and official seal hereto affixed the day and year in the certificate above written.



Aaron M. Rasmussen
Notary Public in and for the State of

Washington

Residing at: Mt. Vernon

My Commission Expires: 11/29/22

CONSENT OF LESSOR

SHELTER BAY COMPANY, Seller in the above described Sublease, does hereby consent to the above assignment of the aforesaid Sublease, subject to payments being made from time to time by the Assignee(s) hereof in accordance with said sublease to cover purchase of sublease, annual lease payments and maintenance fees and assessments for Shelter Bay Community, Inc. as they become due. This consent does not relieve the Assignor(s) from the obligation to make said payments in the event the Assignee(s) does not make said payment, and by this consent Shelter Bay Company does hereby consent to the assignment of membership in Shelter Bay Community, Inc. to the Assignee(s) subject to the approval of the Board of Trustees of Shelter Bay Community, Inc.

Date: 9/09/2021



SHELTER BAY COMPANY

David Franklin

David Franklin, Manager

Decedent's heirs-at-law were as follows:

Brent P. McElroy – Surviving Spouse
73 Hoh Pl.
La Conner, WA 98257

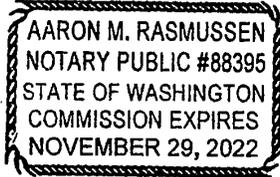
Alisa Adams – Sister
(Address Unknown)

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 31 day of August, 2021, at Mount Vernon, Washington.


BRENT P. MCELROY

SUBSCRIBED and SWORN (or affirmed) to before me this 31 day of August, 2021.




Notary Public in and for the State of Washington,
residing at Mt. Vernon
My appointment expires 11/29/22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-001956

DATE ISSUED: 02/10/2021

FEE NUMBER: 120018403

FIRST AND MIDDLE NAME(S): SHIRLEY ANNETTE
LAST NAME(S): MAKELA

COUNTY OF DEATH: KING
DATE OF DEATH: JANUARY 07, 2021
HOUR OF DEATH: 08:45 PM
SEX: FEMALE AGE: 62 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BRENT MCELROY

OCCUPATION: CUSTOM SERVICE DIRECTOR
INDUSTRY: TRAVEL/SOFTWARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: BRENT MCELROY
RELATIONSHIP: SPOUSE
ADDRESS: 73 HOH PLACE LA CONNER, WA 98257

CAUSE OF DEATH:
A: CARDIAC ARREST
INTERVAL: MINUTES
B: ACUTE RIGHT HEART DYSFUNCTION
INTERVAL: DAYS
C: PULMONARY HYPERTENSION IN THE SETTING OF PULMONARY TUMOR THROMBOTIC MICROANGIOPATHY
INTERVAL: MONTHS
D: METASTATIC BREAST CARCINOMA
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL
FACILITY OR ADDRESS: UNIVERSITY OF WASHINGTON MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195

RESIDENCE STREET: 73 HOH PLACE
CITY, STATE, ZIP: LA CONNER, WA 98257
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: ONNI OLIVA MAKELA
MOTHER: MARTHA FRANCES [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: JANUARY 20, 2021

FUNERAL FACILITY: CASCADE MEMORIAL BELLEVUE

ADDRESS: 13620 NE 20TH STREET
CITY, STATE, ZIP: BELLEVUE, WASHINGTON 98005
FUNERAL DIRECTOR: SCOTT T. SHEEHAN

MANNER OF DEATH: NATURAL
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: DESIREE MARSHALL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1959 NE PACIFIC ST (BOX 356100)
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98195
DATE SIGNED: JANUARY 14, 2021

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: JANUARY 19, 2021



Affidavit for Correction

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Marriage/Divorce Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, Record Type (Birth, Death, Marriage, Dissolution), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Return Mailing Address, Telephone Number, and Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Table with 2 columns: The record currently shows: and The true fact is: with rows 8, 9, 10, 11, 12, 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including Printed name and 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.

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.



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



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