

After recording, please return to:  
Benner-Rothboeck  
1008 5<sup>th</sup> Street  
Anacortes, Washington 98221

202112130137  
12/13/2021 03:59 PM Pages: 1 of 3 Fees: \$205.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2021-5639  
DEC 13 2021

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

**BARGAIN AND SALE DEED**

|                    |   |
|--------------------|---|
| GRANTOR:           | THOMAS EDWARD BEELER, as surviving spouse per the Community Property Agreement recorded with a supporting affidavit pursuant to Skagit County Auditor's File Number <b>202111290054</b> |
| GRANTEE:           | THOMAS EDWARD BEELER, a single man.   |
| Abbreviated Legal: | THE EAST 1/2 OF LOT 12 AND ALL OF LOTS 13 AND 14, BLOCK 37, CITY OF ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGE 4, RECORDS OF SKAGIT COUNTY, WASHINGTON.                             |
| Parcel Numbers:    | P55094  |
| XRefID:            | 3772-037-014-0006   |

Thomas Edward Beeler, in his capacity as surviving spouse under the Community Property Agreement executed by Thomas Edward Beeler and Nola Janine Beeler, husband and wife, on October 9, 2015, and recorded with a supporting affidavit in Skagit County under Auditor's File Number **202111290054**, in consideration of the distribution of Nola Janine Beeler's estate per said Community Property Agreement, hereby bargains, sells and conveys to Grantee, THOMAS EDWARD BEELER, a single man and resident of Skagit County, Washington, all of Nola Janine Beeler's interest in the following described real estate:

The east 1/2 of Lot 12 and all of Lots 13 and 14, Block 37, "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.

Situate in the City of Anacortes, County of Skagit, State of Washington.

Subject to covenants, conditions, restrictions and easements of record.

Dated this 3<sup>rd</sup> day of December 2021.

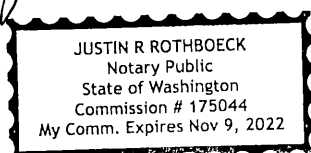
*Thomas Edward Beeler*  
Thomas Edward Beeler, as surviving spouse

STATE OF WASHINGTON )  
 )  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me **Thomas Edward Beeler** to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 3<sup>rd</sup> day of December 2021.

*Justin Rothboeck*  
Signature



Justin Rothboeck  
Notary Public in and for the State of Washington  
Residing at Anacortes, Washington  
My appointment expires November 9, 2022

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-050020

DATE ISSUED: 10/14/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): NOLA JANINE  
LAST NAME(S): BEELER

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: OCTOBER 05, 2021 FOUND  
HOUR OF DEATH: UNKNOWN  
SEX: FEMALE AGE: 75 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: OAK HARBOR, WA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: THOMAS EDWARD BEELER

OCCUPATION: DIRECTOR  
INDUSTRY: PRESCHOOL BUSINESS  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: THOMAS E BEELER  
RELATIONSHIP: HUSBAND  
ADDRESS: 1016 9TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:  
A: PARKINSONS DISEASE  
INTERVAL: 23 YEARS

B: INTERVAL:  
C: INTERVAL:  
D: INTERVAL:

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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 1016 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1016 9TH STREET  
CITY, STATE, ZIP: ANACORTES, WA 98221  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 11 YEARS

FATHER: ARCHIE WALLACE HARVEY ANDERSON  
MOTHER: ELLEN GENEVIEVE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: OCTOBER 08, 2021

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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

CERTIFIER NAME: SUSANNE WILHELM, DO  
TITLE: DO  
CERTIFIER ADDRESS: 1211 24TH STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
DATE SIGNED: OCTOBER 06, 2021

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 211005-343  
ATTENDING PHYSICIAN: SUSANNE WILHELM, DO

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ  
DATE RECEIVED: OCTOBER 06, 2021

**Affidavit for Correction**

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Mail to: Center for Health 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**

|                   |            |          |      |                  |
|-------------------|------------|----------|------|------------------|
| State File Number | Fee Number | Initials | Date | Affidavit Number |
|-------------------|------------|----------|------|------------------|

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Required</b>   | <b>Required information must match current information on record</b>   |  |   |  |
|   | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)  |  |   |  |
|   | 1. Name on Record:<br>First Middle Last  |  | 2. Date of Event:<br>MM/DD/YYYY   | 3. Place of Event:<br>(City or County) |
|   | 4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)<br>First Middle Last/Maiden  |  | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)<br>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<br>Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |  |   |  |
| 7. Return Mailing Address:<br>PO Box or Street Address City State Zip<br>Telephone Number: ( ) Email Address: |  |  |   |  |

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

|                                    |                          |
|------------------------------------|--------------------------|
| <b>The record currently shows:</b> | <b>The true fact is:</b> |
| 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.**

|                 |   |
|-----------------|---|
| 14a. Signature: | 14b. Signature of 2 <sup>nd</sup> parent (if required): |
| Printed name:   | Printed name:   |
| Date:           | Date:   |

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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**

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- 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.
- 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.

**\*CERTIFIED\***

OCT 14 2021

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



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