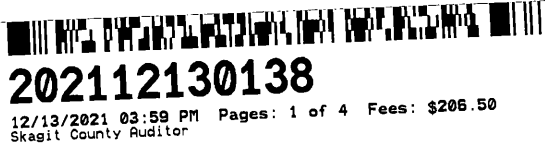


After recording, please return to:
Benner-Rothboeck
1008 5th Street
Anacortes, Washington 98221



SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-5640
DEC 13 2021

Amount Paid \$ 8
Skagit Co. Treasurer
By JLB 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 202111290054
GRANTEE:	THOMAS EDWARD BEELER, a single man.
Abbreviated Legal:	Section 12, Township 35 N, Range 1; Ptn. SE NW
Parcel Numbers:	P31448, P31454, P31455, P31456
XRefID:	350112-2-009-0001, 350112-2-013-0005, 350112-2-014-0004, 350112-2-015-0003

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:

PARCEL "A"

The south 2 acres of the north 1/2 of the northwest 1/4 of the southeast 1/4 of the northwest 1/4 of Section 12, Township 35 North, Range 1 East, W.M.

PARCEL "B"

The south 5 acres of the north 13 acres of the east 1/2 of the southeast 1/4 of the northwest 1/4 in Section 12, Township 35 North, Range 1 East, W.M., EXCEPT right-of-way for Guemes Island Road lying along the east line thereof.

PARCEL "C"

The south 1/2 of the northwest 1/4 of the southeast 1/4 of the northwest 1/4 of Section 12, Township 35 North, Range 1 East, W.M.

PARCEL "D"

The north 1/2 of the southwest 1/4 of the southeast 1/4 of the northwest 1/4 of Section 12, Township 35 North, Range 1 East, W.M.

EXCEPT that parcel conveyed under Skagit County Auditor's File Number 9401050134 described as follows:

The south 2 acres of the north 1/2 of the southwest 1/4 of the southeast 1/4 of the northwest 1/4 of Section 12, Township 35 North, Range 1 East, W.M.

All situate in the County of Skagit, State of Washington.

All subject to covenants, conditions, restrictions and easements of record.

Dated this 3rd day of December 2021.

Thomas Edward Beeler
Thomas Edward Beeler, as surviving spouse

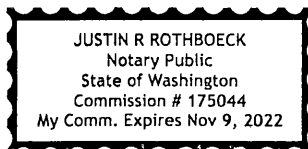
STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

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 3rd 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****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
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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 currently shows:	The true fact is:
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 nd parent (if required):
Printed name:	Printed name:
Date:	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**

- 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.
- 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.
- *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

- 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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