



202202280211

02/28/2022 02:03 PM Pages: 1 of 11 Fees: \$213.50
Skagit County Auditor

When recorded return to:

Sarah M. Rodriguez
405 Manito DR.
Mt. Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022-028
FEB 22 2022

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

QUIT CLAIM DEED

THE GRANTOR(S)

~~Patricia L. Doran~~

Sarah M. Rodriguez, PR of Estate
of Patricia L. Doran

for and in consideration of

Inheritance

in hand paid, conveys and quit claims to

Sarah M. Rodriguez
405 Manito DR., Mt. Vernon, WA 98273

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:

17292 - (0.1200ac) Tax 46 BEG ON ELY R/W LI R14..

17291 - (0.0900ac) Tax 45 BEG ON ELY R/W LINPRU..

17223 - (0.3500ac) PTN BN RR R/W CONV AF#870218..

Please see "Exhibit A" for full legal descriptions

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

Tax Parcel Number(s): 17292, 17291, 17223

Dated: 2/18/22

Sm _____ 2/23/22
Sarah M. Rodriguez _____ 2/23/22

State of Washington
County of SKagit

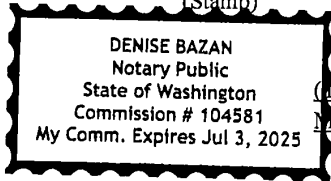
2/18/22 by Sarah Rodriguez

This record was acknowledged before me on (date) by (name(s) of individuals).

(Signature of notary public)

Denise Bazan
Denise Bazan

(Stamp)



(Title of office)

Notary

My commission expires:

07/03/2025

(date)

2/18/22

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-048284

DATE ISSUED: 11/30/2016

FEE NUMBER: 0000000029

GIVEN NAMES: PATRICIA L.
LAST NAME: DORAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 23, 2016
HOUR OF DEATH: 07:00 P.M.
SEX: FEMALE
AGE: 66 YEARS

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 22843 LAKESIDE LN
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: DETROIT, WAYNE CNTY, MICHIGAN

FATHER/PARENT: CHARLES BENJAMIN KELLER
MOTHER/PARENT: BETTY JANE [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY
CITY, STATE: LA CONNER, WA
DISPOSITION DATE: DECEMBER 05, 2016

OCCUPATION: CURATOR
INDUSTRY: MUSEUM
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

INFORMANT: SARAH M. RODRIGUEZ
RELATIONSHIP: DAUGHTER
ADDRESS: 405 MANITO DR MOUNT VERNON, WA 98273

- CAUSE OF DEATH:
- A. SUDDEN DEATH UNSPECIFIED NATURAL CAUSES
INTERVAL: 1 HOUR
 - B. CHRONIC ALCOHOLISM WITH HEPATIC CIRRHOSIS
INTERVAL: 1 YEAR
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA DUE TO ALCOHOL TOXICITY, ASTHMA, ALCOHOLIC HEPATIC CIRRHOSIS

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: BARBARA HAHN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: NOVEMBER 29, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE.

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 549
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: NOVEMBER 30, 2016

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

02/28/2022 02:03 PM Page 15 of 18
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
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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:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			
	7. Return Mailing Address:			
	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 forgoing 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.

Child under 18

- 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

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 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

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

NOV 30 2016

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

GG00096378

Return Address:

Sarah Rodriguez
405 Manito Dr.
Mt. Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022.628
FEB 22 2022

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

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Sarah M. Rodriguez, 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 Daughter
Relationship to decedent

of Terrance J. Doran, who died on 4/2/2012
Decedent/Grantor *Date*

at Mt. Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: 25-33-4

17223 - (0.3500) ac PTN BN BR R/W Conv AF# 8702180078...

17291 - (0.0900 ac) Tax 45 BEG ON ELY R/W LNPRLY.

17292 - (0.1200 ac) Tax 46 BEG ON ELY R/W LNPRLY.

*Please see "Exhibit A" for full descriptions

Assessor's Property Tax Parcel/Account Number: 17223, 17291, 17292
(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 _____)

Patricia Lynn Doran - Wife - DOB - 8-8-50

22843 LAKESIDE LN., Mt. Vernon, WA 98274

Full name, age, relationship, address

Sarah M. Rodriguez - Daughter - DOB - 10-14-76

405 MANITO DR., Mt. Vernon, WA 98273

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

Full name, age, relationship, address

Dated: 2/18/22

Sarah Mariah Rodriguez
Affiant's full name

360-421-2882
Telephone number

405 Manito DR.

Mt. Vernon WA 98273
City State Zip Code

[Signature] 2/23/22
Signature Date

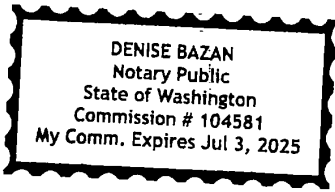
State of Washington County of Skagit

I know or have satisfactory evidence that Sarah Rodriguez
(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: 2/18/22

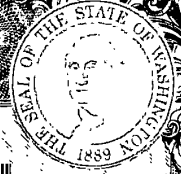
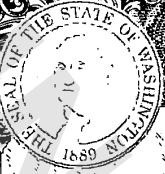
[Signature]
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Mount Vernon
Notary Public in and for the State of Washington
My appointment expires: 07/03/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2012-003740

DATE ISSUED: 02/17/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): TERRANCE JOSEPH ANTHONY
LAST NAME(S): DORAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 02, 2012
HOUR OF DEATH: 09:15 AM
SEX: MALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL EMERGENCY ROOM
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 22843 LAKESIDE LN
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MONROE, MI

FATHER: JAMES ALBERT DORAN
MOTHER: MARY ANGELINE RUTH [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PATRICIA KELLER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: PLEASANT RIDGE CEMETERY

OCCUPATION: REGIONAL MANAGER
INDUSTRY: STATE PARKS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: LA CONNER, WASHINGTON
DISPOSITION DATE: APRIL 05, 2012

INFORMANT: PATRICIA DORAN
RELATIONSHIP: WIFE
ADDRESS: P.O. BOX 551, CONWAY, WA, 98238

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 SOUTH THIRD STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

- CAUSE OF DEATH:
- A: ACUTE CORONARY SYNDROME
INTERVAL: MINUTES
- B: TYPE 2 DIABETES
INTERVAL: YEARS
- C: HYPERTENSION
INTERVAL: YEARS
- D: MORBID OBESITY
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NOT APPLICABLE

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

CERTIFIER NAME: SUZANNE ROBERTSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: APRIL 03, 2012

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 197
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 03, 2012



Affidavit for Correction

02/28/2022 02:03 PM Page 1 of 1

Washington State Department of Health
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

Required information must match current information on record
Record Type: Birth, Death, Marriage, 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)
5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, 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 2nd parent (if required):
Printed name: Date: Printed name: 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 Acknowledgement 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
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.

CERTIFIED

FEB 17 2022

Handwritten signature

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



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



0 5 2 6 0 6 7 6

Exhibit A

P17223-(0.3500 ac) PTN BN RR R/W CONV AF#8702180078 LY NLY OF LI BEAR SWLY MEAS AT R/A TO MAIN TR C/L FR PT ON ELY R/W LI BN RR R/W WH PT IS 442.68FT S & 1680.06FT E FR NW COR GOVERNMENT LOT 5, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., & LY SLY OF LI WH MEAS AT R/A TO MAIN TR C/L LY 1309.73FT NWLY MEAS ALG SD MAIN TR C/L FR S LI SD SEC

P17291-(0.0900 ac) TAX 45 BEG ON ELY R/W LI NP RLY 417.93F TS & 1663.1FT E OF NW C GOVERNMENT LOT 5, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., TH N 55-34-30 E AT R/A TO SD ELY R/W LI 30.0FT TH N 2-57-30 E 46.5FT TO SHR LK MCMRY TH NWLY ALG SD SHR LI TO ELY R/W LI SD RLY TH S 34-25-30 E 74.0FT ALG SD R/W LI TPB TGW PTNS GOV LT 5 IF ANY & ANY ACCRETIONS THERETO LY SELY OF NELY EXT NWLY LI TR CONV T J DORAN AF#8707160075 & LY ELY FORMER BNRR R/W & LY NLY OF NLY LI TR CONV T J DORAN AF#840147

P17292-(0.1200 ac) TAX 46 BEG ON ELY R/W LI NP RLY 442.68F TS & 1680.06FT E OF NW C SD GOVERNMENT LOT 5, SECTION 25, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M., TH N 34-25-30 W ALG SD R/W LI 30.0FT TH N 55-34-30 E 30.0FT TH N 2-57-30 E 46.5FT TO SH RLK MCMRY TH SELY ALG SD SHR LI TAP BEAR N 39-54 E 95.38FT FR POB TH S 35-50 W 76.3FT TH S 55-34-30 W 20.0FT TPB