

202203090077

03/09/2022 02:57 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022.910

MAR 09 2022

Amount Paid \$ 0

Skagit Co. Treasurer

By Deputy

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

Grantor: Sharon Weninger, as sole heir of the Estate of Dennis Weninger
Grantee: Sharon Weninger
Legal: Lot 3, Town of Lyman Short Plat No. LY-01-2001
Parcel No.: P118528 / 350617-0-188-0900

QUIT CLAIM DEED

The Grantor, SHARON WENINGER, as sole heir of the ESTATE OF DENNIS WENINGER, in accordance with the Lack of Probate Real Estate Affidavit recorded on 9/27/21 under auditor file no. 202109270018, conveys and quit claims to SHARON WENINGER, as her own separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Lot 3, Town of Lyman Short Plat No. LY-01-2001, approved September 17, 2001, and recorded September 26, 2001, under Auditor's File No. 200109260013, records of Skagit County, Washington; being a portion of the Northwest ¼ of the Northeast ¼ of Section 17, Township 35 North, Range 6 East, W. M. Except that portion described as follows: Beginning at the Northwest corner of said Lot 3; thence South 87 degrees 56'42" East along the North line thereof 6239 feet to the true point of beginning of this description said point being the beginning on a curve concave to the Northeast having a radius of 22.5 feet; thence Southerly, Southeasterly and Easterly 32.84 feet along said curve through a central angle of 83 degrees 37' 14" to the Northwest corner of Lot 1 of said Short Plat No. LY-01-2001; thence South 87 degrees 56'42" East along the North line of said Lot 1, 158.69 feet to the Northeast corner of said lot 1, said point also being the Southeast corner of the 20 foot panhandle portion of said Lot 3 and the beginning of a curve concave to the East having a radius of 1400.00 feet; thence Northerly 20.04 feet along said curve through a central of 0 degree 49' 13" to the most Northeasterly corner of said Lot 3; thence North 87 degrees 56'42" West along the North line of said Lot 3, 182.36 feet, more or less, to the point of beginning.

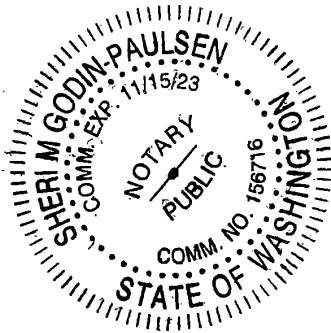
Dated March 3, 2022

Sharon M. Weninger
Sharon Weninger, heir of the
Estate of Dennis Weninger, Grantor

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me **Sharon Weninger**, heir of the Estate of Dennis Weninger, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 3 day of March, 2022



Sheri M. Godin-Paulsen
NOTARY PUBLIC in and for the
State of Washington, residing at
Chenabala
Commission Expires: 11-15-23

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-002813

DATE ISSUED: 01/23/2019

FEE NUMBER: 310119

FIRST AND MIDDLE NAME(S): DENNIS MICHAEL

LAST NAME(S): WENINGER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JANUARY 19, 2019

HOUR OF DEATH: 06:20 AM

SEX: MALE

AGE: 73 YEARS

SOCIAL SECURITY NUMBER: 501-54-9911

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 30, 1945

BIRTHPLACE: DEVILS LAKE, ND

MARITAL STATUS: MARRIED

SPOUSE: SHARON MARIE WENINGER

OCCUPATION: FIELD ENGINEER

INDUSTRY: AVIATION ELECTRONICS

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: SHARON WENINGER

RELATIONSHIP: SOUSE

ADDRESS: 8044 PIPELINE ROAD, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:

A: PNEUMONIA

INTERVAL: 4 DAYS

B: LUNG CANCER

INTERVAL: 2 MONTHS

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: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 8044 PIPELINE ROAD

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: JOSEPH MICHAEL WENINGER

MOTHER/PARENT: KATHRYN RANKIN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JANUARY 22, 2020

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: JOHN K. MOODY

MANNER OF DEATH: NATURAL

AUTOPSY: NO

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: ANGELA J. CLEMENTS

TITLE: PHYSICIAN ASSISTANT

CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200

CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284

DATE SIGNED: JANUARY 21, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ANGELA CLEMENTS

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: JANUARY 22, 2019

Affidavit for Correction

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

 Mail to: Center for Health Statistics
 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

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:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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)	
First	Middle	Last/Maiden	First	Middle
			Last/Maiden	
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:				
PO Box or Street Address			City	State
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 2nd parent (if required):	
Printed name:	Date:	Printed name:	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

*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 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

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). 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.

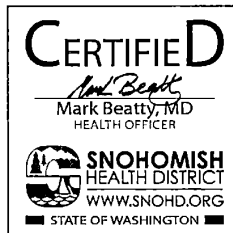
Marriage/Dissolution (Divorce) Certificates

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 January 2015



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



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