



202203310205

03/31/2022 01:51 PM Pages: 1 of 5 Fees: \$207.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

MAR 31 2022 20221301

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

RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:

Teri S. Thomsen  
1777 South Burlington Blvd, PmB 457  
Burlington, wa. 98233

## Warranty Deed

Teri S. Thomsen Personal Rep of

This Deed is made by Chuck M. Martin, "Grantor(s)", to  
Teri S. Thomsen, "Grantee(s)", whose post office address  
is 1777 South Burlington Blvd, PmB 457 Burlington, wa. 98233,  
as (select one):

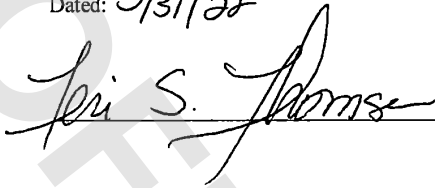
- ☐ An Unmarried Sole Owner ☒ A Married Sole Owner ☐ A Single Sole Owner  
☐ Joint Tenants ☐ Tenants in Common  
☐ Community Property (only in AZ, ID, LA, NM, NV, TX, WA, and WI)  
☐ Community Property with Right of Survivorship (only in AZ, ID, NV, and WI)

For valuable consideration in the sum of \$ Inheritance, the receipt of which is hereby  
acknowledged, Grantor(s) grant and convey and warrant to Grantee(s) the following real  
property (the premises) located in Skagit County/Parish,  
\_\_\_\_\_:

LEGAL DESCRIPTION: Lot 28 Block 1, Cape Horn on the Skagit Division #2,  
as recorded in Volume 9 of Plats, Pages 14 through 19, records of  
Skagit County, Washington

PARCEL NUMBER: P63307

Dated: 3/31/22

  
\_\_\_\_\_

STATE OF WA

COUNTY OF Skagit

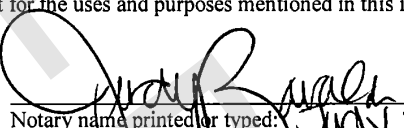
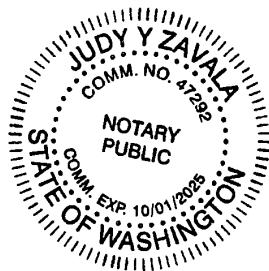
SS.

I certify that I know or have satisfactory evidence that

Teri S. Thomsen

(is/are) the person(s) who appeared  
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be  
her free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: March 31, 2022

  
\_\_\_\_\_  
Notary name printed or typed: Judy Y. Zavala  
Notary Public in and for the State of WA  
Residing at Burlington  
My appointment expires 10/01/2025

SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY**FILED**Skagit County Clerk  
Skagit County, WA  
03/22/2022**Estate of CHARLES MARTIN:**

No. 22-4-00131-29

LETTERS TESTAMENTARY

**I. BASIS**

- 1.1 The last will of CHARLES MARTIN late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on March 22, 2022.
- 1.2 In that will TERI S THOMSEN is named personal representative(s).
- 1.3 The personal representative has qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT TERI S THOMSEN is authorized by this court to execute the will of the above decedent according to law.

DATED 03/22/2022.

MELISSA BEATON, COUNTY CLERK  
CLERK OF THE SUPERIOR COURT  
Kristen Denton, Deputy Clerk

**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON |  
COUNTY OF SKAGIT | ss

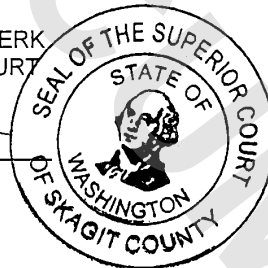
I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on March 22, 2022.

I further certify that these letters are now in full force and effect.

DATED: 03/23/2022

MELISSA BEATON, COUNTY CLERK  
CLERK OF THE SUPERIOR COURT

BY   
Deputy Clerk



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-066181

DATE ISSUED: 12/29/2021

FEE NUMBER: 311221

FIRST AND MIDDLE NAME(S): CHARLES M

LAST NAME(S): MARTIN

AKA: CHUCK MARTIN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 23, 2021

HOUR OF DEATH: 01:15 PM

SEX: MALE

AGE: 90 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: FERGUS FALLS, MN

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: DAIRY FARMER / TRUCK DRIVER

INDUSTRY: HEAVY CONSTRUCTION OPERATOR

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: TERI S THOMSEN

RELATIONSHIP: DAUGHTER

ADDRESS: 1777 S. BURLINGTON BOULEVARD, APT. 457, BURLINGTON,

CAUSE OF DEATH:

A: HEPATIC ENCEPHALOPATHY

INTERVAL: WEEKS

B: ALCOHOLIC LIVER CIRRHOSIS

INTERVAL: UNKNOWN

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: 41734 MOUNTAIN VIEW LANE

CITY, STATE, ZIP: CONCRETE, WA 98237

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: CHARLES MELVIN MARTIN

MOTHER: ELIZABETH [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: AMERICAN CREMATION SERVICES

CITY, STATE: STANWOOD, WASHINGTON

DISPOSITION DATE: DECEMBER 29, 2021

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 8808 271ST ST NW

CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292

FUNERAL DIRECTOR: AMY H. BERMAN

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: NO RESPONSE

CERTIFIER NAME: H EDWIN STICKLE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1400 E. KINCAID

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: DECEMBER 28, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 28, 2021



# Affidavit for Correction

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

Man 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

Required	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: State, Country
	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 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 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: Printed name: Date:	14b. Signature of 2 <sup>nd</sup> parent (if required): Printed name: Date:
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### 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).
- |   |   |
|---|---|
| <b>Child under 18</b> <ul style="list-style-type: none"> <li>If legal guardian(s), include certified court order proving guardianship.</li> <li>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.</li> <li>No proof is required to change the first or middle name.*</li> <li>To correct parent's information, one proof documentation is required.</li> <li>To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul> | <b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>Only the adult can change his or her birth certificate.</li> <li>If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>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.</li> <li>To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul> |
|---|---|
- \*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

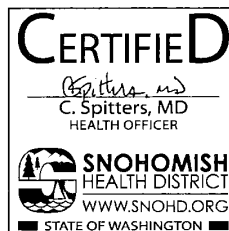
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult 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.



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