

POOR ORIGINAL

202205190081

05/19/2022 11:08 AM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor, WA

When recorded return to:

Eduardo Nuno-Napoles
10614 Collins Road
Sedro-Woolley, WA 98284

GNW 22-15144

BARGAIN AND SALE DEED

Reference No.: 22-15144-TJ

THE GRANTOR(S)

Arienne L. Spickard, as Personal Representative for the Len R. Nelson Estate, under Skagit County Cause No. 22-4-00013-29

for and in consideration of
TWO HUNDRED SIXTY THOUSAND FIVE HUNDRED AND 00/100 (\$260,500.00) DOLLARS

in hand paid, bargains, sells, and conveys to
Eduardo Nuno-Napoles, a married man as his separate property

the following described estate, situated in the County of Skagit, State of Washington:

FOR PROPERTY DESCRIPTION SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART
HEREOF.

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

Tract 14, PLAT OF EASTWIND

Tax Parcel Number(s): P80953/4384-000-014-0002

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Affidavit No. 20222074

May 19 2022

Amount Paid \$4173.00
Skagit County Treasurer
By Lena Thompson Deputy

Dated: May 18th, 2022

Estate of Len R. Nelson

By: Arienne L. Spickard, Personal Representative

Arienne L. Spickard, Personal Representative

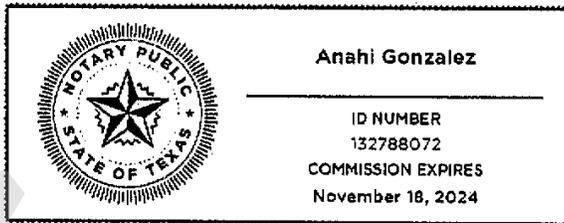
STATE OF Texas
COUNTY OF Montgomery

This record was acknowledged before me on 18th day of May, 2022 by Arienne L. Spickard, Personal Representative of Estate of Len R. Nelson.

Anahi Gonzalez
Signature

Notary Public, State of Texas
Title

My appointment expires: 11/18/2024



Notarized online using audio-video communication

**EXHIBIT A
LEGAL DESCRIPTION**

Property Address: 2000 North 33rd Place, Mount Vernon, WA 98273
Tax Parcel Number(s): P80953/4384-000-014-0002

Property Description:

Tract 14, "PLAT OF EASTWIND," as per plat recorded in Volume 12 of Plats, pages 31 and 32, records of Skagit County, Washington; EXCEPT mineral rights as reserved by the State of Washington by Deed dated May 8, 1908 and recorded May 20, 1908 under Auditor's File No. 67757, in Volume 74 of Deeds, page 221, records of Skagit County, Washington.

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY

FILED
Skagit County Clerk
Skagit County, WA
05/13/2022

Estate of LEN R NELSON:	No. 22-4-00013-29 LETTERS TESTAMENTARY
--------------------------------	---

I. BASIS

- 1.1 The last will of LEN R NELSON late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on January 12, 2022.
- 1.2 In that will ARIENNE L SPICKARD is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT ARIENNE L SPICKARD is authorized by this court to execute the will of the above decedent according to law.

DATED 05/16/2022.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kayla Irons, Deputy Clerk

III. CERTIFICATE OF COPY

STATE OF WASHINGTON |
COUNTY OF SKAGIT | ss

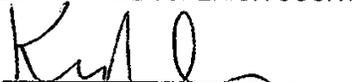
I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on January 12, 2022.

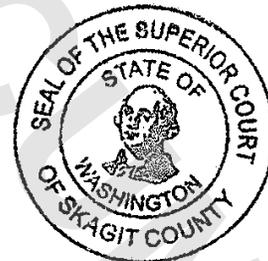
I further certify that these letters are now in full force and effect.

DATED: 05/16/2022

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY


Deputy Clerk



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-000510

DATE ISSUED: 01/10/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LEN ROBERT
LAST NAME(S): NELSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 01, 2022
HOUR OF DEATH: 09:08 AM
SEX: MALE AGE: 61 YEARS
SOCIAL SECURITY NUMBER: ~~538-66-3659~~

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 2000 NORTH 33RD PLACE
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: ~~SEPTEMBER 04, 1960~~
BIRTHPLACE: SEATTLE, WA

FATHER: LEWROE NELSON
MOTHER: ~~XARUXEINSON~~

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: INVESTING
INDUSTRY: STOCK MARKET
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 10, 2022

INFORMANT: ARIENNE SPICKARD
RELATIONSHIP: DAUGHTER
ADDRESS: 1625 WILLOW ROAD GREENSBORO, NC 27401

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:
A: ACUTE HYPOXIC RESPIRATORY FAILURE
INTERVAL: 1 DAY
B: SEPTIC SHOCK
INTERVAL: HOURS
C: SUSPECTED DENTAL ABSCESS
INTERVAL: UNKNOWN
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ACUTE ENCEPHALOPATHY OF
LIKELY MULTIFACTORIAL ETIOLOGY, ALCOHOL DEPENDENCE WITH
WITHDRAWAL, LIVER CIRRHOSIS, CHRONIC OBSTRUCTIVE PULMONARY
DISEASE, ACUTE KIDNEY INJURY, ANEMIA

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

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

CERTIFIER NAME: KRISTEN KILCREASE, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JANUARY 07, 2022

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: JANUARY 10, 2022

DOH 422-133 (9/10)

NOT VALID IF PHOTOCOPIED OR REPRODUCED

Washington State Department of Health
 DOH 422-024 August 2010

Affidavit for Correction
 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: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: Only for Birth
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:

8. The record currently shows:	9. The true fact is:
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

14a. Signature: Printed name: Date:		14b. Signature of 2nd parent (if required): 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 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

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executor/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

JAN 10 2022

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



0 5 2 5 8 5 4 1

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