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07/13/2022 03:43 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Prepared By:
Kimberly Farnham

After Recording Return To: 304
Marcella CT
Sedro Woolley, Washington
98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022-2890
JUL 13 2022
Amount Paid \$ 0
Skagit Co. Treasurer
By JLB Deputy

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On July 13, 2022 THE GRANTOR(S),

- Stacy Lee Cassels, a married person, *personal representative for the estate*
Linda Diane Derkland,
for and in consideration of: and/or other good and valuable consideration conveys, releases and
quitclaims to the GRANTEE(S):

- Kimberly Diane Farnham residing at 304 Marcella CT
Sedro Woolley, WA Skagit County, Washington 98284

the following described real estate, situated in Sedro Woolley, in the County of WA, State of
Washington

Legal Description:

Lot 4, Hogg Subdivision, recorded in volume 16 of plats, pages 154 and 155, records of Skagit
County, WA Tax Parcel Number: 110906

Grantor Signatures:

DATED: July 13, 2022Stacy Lee Cassels

Stacy Lee Cassels

3005 S White Salmon dr.

Ridgefield, Washington, 98462

STATE OF WASHINGTON, COUNTY OF SKAGIT, ss:

On this 13 day of July, 2022 before me personally appeared Stacy Lee Cassels, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed same as their free act and deed.

Kristi L Curtin
Notary PublicNotary Public
Title (and Rank)My commission expires 08/19/2023

Notary Address:

901 Moten St
Sedro Woolley WA
98284

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY

FILED
Skagit County Clerk
Skagit County, WA
06/29/2022

Estate of LINDA DERKLAND:

No. 22-4-00320-29

LETTERS TESTAMENTARY

I. BASIS

- 1.1 The last will of LINDA DERKLAND late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on June 23, 2022.
- 1.2 In that will STACY LEE CASSEL is named personal representative.
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT STACY LEE CASSEL is authorized by this court to execute the will of the above decedent according to law.

DATED 06/29/2022.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

III. CERTIFICATE OF COPY

STATE OF WASHINGTON

ss

COUNTY OF SKAGIT

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 June 24, 2022.

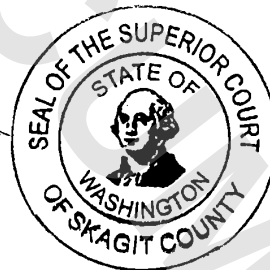
I further certify that these letters are now in full force and effect.

DATED: 6/29/22

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY

Deirdre Reardon
Deputy Clerk
DEIRDRE REARDON





STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-012421

DATE ISSUED: 07/13/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LINDA DIANE
LAST NAME(S): DERKLAND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 05, 2022
HOUR OF DEATH: 03:52 AM
SEX: FEMALE AGE: 79 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: RETAIL
INDUSTRY: GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: KIM FARNHAM
RELATIONSHIP: DAUGHTER
ADDRESS: 304 MARCELLA COURT SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:
A: END STAGE CHRONIC OBSTRUCTIVE LUNG DISEASE
INTERVAL: YEARS
B: ACUTE ON CHRONIC RESPIRATORY FAILURE
INTERVAL: YEARS
C: CHRONIC ANXIETY
INTERVAL: YEARS
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: 304 MARCELLA COURT
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 304 MARCELLA COURT
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: GLENN ROEJE
MOTHER: IDA [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 08, 2022

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

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

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

CERTIFIER NAME: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 07, 2022

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 08, 2022

DOH422-132SKAGIT (2/22)

NOT VALID IF PHOTOCOPIED OR ALTERED

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
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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: 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 foregoing is true and correct.

14a. Signature:		14b. Signature of 2 nd 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

- 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.

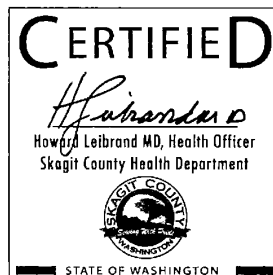
Death Certificates

- 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.



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