



202302210065

02/21/2023 02:07 PM Pages: 1 of 5 Fees: \$246.50
Skagit County Auditor

File for record and return to:

Name

Address

Address 2

City/State/Zip

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20230221
FEB 21 2023

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

QUIT CLAIM DEED

GRANTOR(S):

John David Alder personal Rep. for the estate of
Maria A LaBadr

GRANTEE(S):

John David Alder

ADDRESS:

22913 Gheryl Dr Sedro Woolley

PARCEL NO(S): 82518

ABBREVIATED LEGAL: Lot 5^{plat} of Garden Meadows

SUBJECT TO:

Easements, restrictions, and reservations
of record

SINGULAR AND PLURAL Wherever appropriate in this Quit Claim Deed, a singular term shall be construed to mean the plural where necessary, and a plural term the singular. For example, if at any time two or more parties shall constitute Grantor or Grantee, then the relevant term shall refer to all parties together so designated. The masculine gender shall include the feminine and neuter genders, and vice versa.

GRANTOR(S). The name of the Grantor is designated above with the mailing address of 22913 Cheryl Dr Sedro Woolley WA 98284

GRANTEE(S). The name of the Grantee is designated above with the mailing address of 22913 Cheryl Dr Sedro Woolley WA 98284

KNOW ALL MEN BY THESE PRESENTS, That for One Dollar (\$1.00) and/or other good and valuable consideration Grantor hereby conveys, releases and quitclaims to Grantee all interest in the following described real estate situated in the County of Skagit, State of Washington.

LEGAL DESCRIPTION. The real property that is the subject of this Quit Claim Deed is situated in the County of Skagit, State of Washington, and it is legally described as follows:

Lot 5, Plat of Garden Meadow, As
per Plat Recorded in Volume 13 of
Plats, Page 48, Records of Skagit

TO HAVE AND TO HOLD, all and singular the described property, together with the tenements, hereditaments, and appurtenances belonging to the property, or in any way appertaining, and the rents, issues, and profits of the property to the Grantee and his assigns forever.

Date this 21 day of Feb, 2023.

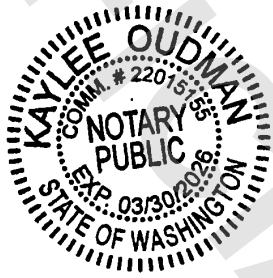
John David Adams
GRANTOR:

GRANTOR:

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.
)

I certify that I know or have satisfactory evidence the Grantor(s) is/are the person(s) who appeared before me and each acknowledged that they signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes described in this instrument.

SUBSCRIBED to before me this 21 day of February, 2023.



Kaylee Oudman

[Notary Public]

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 01/31/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-002201

FIRST AND MIDDLE NAME(S): MARIA ANNABELLE
LAST NAME(S): LABEUR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 14, 2022
HOUR OF DEATH: 04:54 PM
SEX: FEMALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SAN BERNARDINO, CA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CLERICAL WORKER
INDUSTRY: OFFICE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: JOHN ALDER
RELATIONSHIP: SON
ADDRESS: 22913 CHERYL DRIVE, SEDRO-WOOLLEY WA 98284

CAUSE OF DEATH:
A: RIGHT VENTRICULAR HEART FAILURE
INTERVAL: MONTHS
B: SEVERE AORTIC VALVE STENOSIS
INTERVAL: YEARS
C: ATRIAL FIBRILLATION
INTERVAL: YEARS
D: HYPERTENSION
INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: SACRAL FRACTURE,
THROMBUS OF LEFT ATRIAL APPENDAGE, DIABETES TYPE 2, PULMONARY
HYPERTENSION, OBSTRUCTIVE SLEEP APNEA, MITRAL VALVE REPAIR,
CHRONIC KIDNEY DISEASE, SARCOIDOSIS, AND ARTHRITIS.

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: 22913 CHERYL DRIVE
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98273

RESIDENCE STREET: 22913 CHERYL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER: BERT EDGAR JOHNSON
MOTHER: ANNA MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 19, 2022

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

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: KIMM I. LAYLAND, PAC
TITLE: PHYSICIAN ASSISTANT
CERTIFIER ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
DATE SIGNED: JANUARY 18, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 220115-62
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ
DATE RECEIVED: JANUARY 19, 2022



Affidavit for Correction

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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: State, 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:
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.
*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

JAN 31 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.



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