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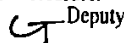
04/17/2023 12:22 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

After Recording Return To:

Skagit Law Group, PLLC
P.O. Box 336
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20236150
APR 17 2023

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

STATUTORY WARRANTY DEED

GRANTOR: **NANCY A. KISNER**, Trustee of **THE KISNER FAMILY LIVING TRUST** utd February 4, 1992

GRANTEES: **NANCY A. KISNER**, Trustee of the **NANCY A. KISNER SURVIVOR'S TRUST** utd February 4, 1992, and **NANCY A. KISNER**, Trustee of the **ROGER L. KISNER DISCLAIMER TRUST** utd February 4, 1992, each as to an undivided one-half fractional interest as tenants in common

Legal Description;
Abbreviated Form: Lots 5 & 6, BLK 164, ANACORTES

Additional on: Page 2

Assessor's Tax Parcel No: P56036; 3772-164-006-0008

THE GRANTOR, **NANCY A. KISNER**, as Trustee of **THE KISNER FAMILY LIVING TRUST** utd February 4, 1992, in distribution of said Trust following the death of Trustor **ROGER L. KISNER** on December 2, 2022, hereby conveys and warrants to the GRANTEE, **NANCY A. KISNER**, Trustee of the **NANCY A. KISNER SURVIVOR'S TRUST** utd February 4, 1992, and **NANCY A. KISNER**, Trustee of the **ROGER L. KISNER DISCLAIMER TRUST** utd February 4, 1992, each as to an undivided one-half fractional interest as tenants in common, all of Grantor's right, title, and interest, together with all after-acquired title of the Grantor,

STATUTORY WARRANTY DEED-1

in and to that certain real property situated in the County of Skagit, State of Washington, legally described as follows:

Lots 5 and 6, Block 164, "MAP OF THE CITY OF ANACORTES, SKAGIT COUNTY, WASHINGTON," according to the plat thereof recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

SUBJECT TO: Easements, restrictions, and reservations of record.

On recording this deed all right, title, and interest in the above-described property shall vest in **NANCY A. KISNER**, Trustee of the **NANCY A. KISNER SURVIVOR'S TRUST** utd February 4, 1992, and in **NANCY A. KISNER**, Trustee of the **ROGER L. KISNER DISCLAIMER TRUST** utd February 4, 1992, each as to an undivided one-half fractional interest as tenants in common.

DATED: April 13, 2023.

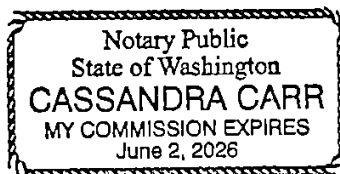
THE KISNER FAMILY LIVING TRUST
utd February 4, 1992

By Nancy A. W. Kisner
NANCY A. KISNER
Trustee

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **NANCY A. KISNER** is the person who appeared before me, and said person acknowledged that she was authorized to execute the instrument and acknowledged it as the Trustee of **THE KISNER FAMILY LIVING TRUST** utd February 4, 1992, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 13th day of April, 2023.



Cassandra Carr
Printed Name **CASSANDRA CARR**
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 6/2/2026

STATUTORY WARRANTY DEED-2

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-061231

DATE ISSUED: 12/05/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROGER LYNN

LAST NAME(S): KISNER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 02, 2022

HOUR OF DEATH: 05:21 AM

SEX: MALE

AGE: 90 YEARS

SOCIAL SECURITY NUMBER: 571-40-5750

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 13, 1931

BIRTHPLACE: ST LOUIS, MO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: NANCY ANN WASHBURN

OCCUPATION: DENTIST

INDUSTRY: DENTAL PRACTICE

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: NANCY W KISNER

RELATIONSHIP: WIFE

ADDRESS: 1811 - 7TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: DEMENTIA - LIKELY VASCULAR

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: AGITATION, HYPOTENSION, WEIGHT LOSS

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1119 - 26TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: EDGAR LYNN KISNER

MOTHER: MELBA MARIE VON CLEAVE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: DECEMBER 03, 2022

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 02, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: DECEMBER 02, 2022

**Affidavit for Correction**

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: <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 forgoing is true and correct.

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

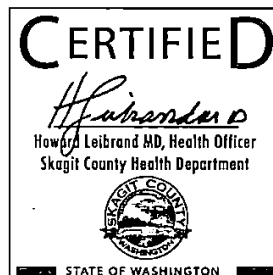
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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