

File for record and return to:

Jon P. Adams  
Name  
424 WIDNOR DRIVE  
Address  
Address 2  
Mount Vernon WA 98274  
City/State/Zip

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2024 9542  
FEB 09 2024  
Amount Paid \$ 0  
By Skagit Co. Treasurer  
Bm Deputy

QUIT CLAIM DEED

GRANTOR(S):		MARTHA C. ADAMS
1. NAME:	Jon P. Adams (SURVIVING SPOUSE OF) ^	
ADDRESS:	424 WIDNOR DRIVE, MOUNT VERNON WA 98274	
2. NAME:	MARTHA C. ADAMS (DECEASED)	
ADDRESS:	424 WIDNOR DRIVE, MOUNT VERNON WA 98274	
3. NAME:		
ADDRESS:		
4. NAME:		
ADDRESS:		

GRANTEE(S):	
1. NAME:	Jon P. Adams
ADDRESS:	424 WIDNOR DRIVE, MOUNT VERNON WA 98274
2. NAME:	
ADDRESS:	
3. NAME:	
ADDRESS:	
4. NAME:	
ADDRESS:	

PARCEL NO(S):	P.54.89.7
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ABBREVIATED LEGAL DESCRIPTION:	
(i.e., lot, block, plat, or township, range, quarter/quarter and reference to the document page number where the full legal description is included, if applicable)	(0.1400 AC) (Title Elimination AP# 2017050801S3 FOR MANUFACTURED HOME 2008 KARSTEN VIN# STA0293380R, LOT 21, WIDNOR DRIVE per plat in volume 9 of Plats page 104 Skagit County WA

**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.

**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. Subject only to those easements, restrictions, and reservations of record

**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:

(0.1400 AC) (Title Elimination AF# 201705080153  
FOR MANUFACTURED HOME 2008 KARSTEN  
VIN# STA0293380R, LOT 21, WIDNOR DRIVE  
PER PLAT IN VOLUME 9 OF PLATS PAGE 104  
SKAGIT COUNTY WA.

**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 9 day of February, 2024.

J.R. Adams

GRANTOR:

GRANTOR:

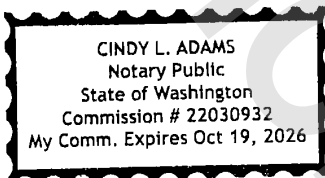
GRANTOR:

GRANTOR:

STATE OF WASHINGTON )  
COUNTY OF ) ss.  
SKAGIT )

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 their free and voluntary act for the uses and purposes described in this instrument.

SUBSCRIBED to before me this 9<sup>th</sup> day of February, 2024.



Cindy L. Adams  
Cindy L. Adams, Notary Public  
Commission Expires: 10/19/2026

## Return Address:

JON R. ADAMS  
424 WIDNOR DRIVE  
MOUNT VERNON WA 98274

SKAGIT COUNTY WASHINGTON  
 REAL ESTATE EXCISE TAX

2024 9542  
FEB 09 2024

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

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee JON R. ADAMS, being first duly sworn  
Name of Affiant  
 deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
 property described below, and is husband, widower  
Relationship to decedent  
 of MARTHA C. ADAMS, who died on 10/31/2001  
Decedent/Grantor Date  
 at MOUNT VERNON SKAGIT WASHINGTON  
City County State

## REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

## Abbreviated Legal Description:

(0.1400 AC) (Title Elimination AF# 201705080153 FOR  
 MANUFACTURED HOME 2008 KARSTEN VIN# 5TA029 338 OR  
 LOT 21, WIDNOR DRIVE, AS PER PLAT RECORDED IN VOLUME  
 9 OF PLATS, PAGE 104, RECORDS OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: 54897  
 (Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of  
 predeceased child or adopted child, parents, brothers and sisters of the decedent.  
 Affiant hereby identifies all heirs at law of the decedent: (use additional pages if  
 necessary)

(Page 1 of \_\_\_\_\_)

\_\_\_\_\_  
Laura Nicole (Adams) Williams, 32, daughter,  
*Full name, age, relationship, address*

\_\_\_\_\_  
879 St. Andrews Way, Bellingham WA 98229

\_\_\_\_\_  
Nathan Daniel Adams, 28, son,

*Full name, age, relationship, address*

\_\_\_\_\_  
219 Thompson Road Run, Unit #1, Pittsburgh PA

\_\_\_\_\_  
Ripley Fox Adams, 26, child, 15237

*Full name, age, relationship, address*

\_\_\_\_\_  
2600 E Division #2 Mount Vernon WA 98274

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

\_\_\_\_\_  
*Full name, age, relationship, address*

Dated : 2/9/2024Jon Robert Adams  
Affiant's full name360-421-5045  
Telephone number424 Widnor DriveMount Vernon WA 98274  
City State Zip CodeJ.R. Adams 2/9/2024  
Signature DateState of Washington County of SkagitI know or have satisfactory evidence that Jon Robert Adams  
(name of person)

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

Dated: 02/09/2024(SEAL OR  
STAMP)Belen Martinez  
Signature of Notary PublicResiding at: Skagit CountyNotary Public in and for the State of WashingtonMy appointment expires: 03 / 2026

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-055296

DATE ISSUED: 11/02/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARTHA COLLEEN

LAST NAME(S): ADAMS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 31, 2021

HOUR OF DEATH: 09:54 PM

SEX: FEMALE AGE: 53 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE [REDACTED]

BIRTHPLACE: NEWPORT, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JON ADAMS

OCCUPATION: EARLY CHILDHOOD EDUCATOR

INDUSTRY: EDUCATION

EDUCATION: MASTER'S DEGREE

US ARMED FORCES: NO

INFORMANT: JON ADAMS

RELATIONSHIP: HUSBAND

ADDRESS: 424 WIDNOR DRIVE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: SEPTIC SHOCK DUE TO PNEUMONIA

INTERVAL: HOURS TO DAYS

B: RESPIRATORY FAILURE DUE TO PNEUMONIA

INTERVAL: 7 DAYS

C: RECURRENT STENOPHOMONAS PNEUMONIA

INTERVAL: DAYS

D: BRONCHIECTASIS

INTERVAL: YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH: IGG DEFICIENCY COPD  
DIABETES CUSHING SYNDROME

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: 424 WIDNOR DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: WILLIAM F SANDO

MOTHER: KITTY JOY HENDERSON

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: NOVEMBER 03, 2021

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: JEREMIAH T. LESOURD

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: PREGNANT AT THE TIME OF DEATH

CERTIFIER NAME: MALIK FUIMAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: NOVEMBER 02, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: MALIK FUIMAONO, PHYSICIAN

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: NOVEMBER 02, 2021

**Affidavit for Correction**

02/09/2024 02:36 PM Page 1 of 3  
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
<b>Required information must match current information on record</b>				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(City or 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)		
First	Middle	Last/Maiden	First	Middle
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
Telephone Number:			Email Address:	
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>Birth/Marriage/Divorce record</li> <li>Military record (DD-214)</li> <li>School transcripts</li> <li>Social Security Numident Report</li> <li>Certificate of Naturalization</li> <li>Hospital/medical record</li> <li>Copy of Passport / Enhanced ID</li> <li>Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match</b> 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).				
<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, <b>signatures from both parents listed on the certificate are required.</b> If one parent is deceased, submit a death certificate with request.				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.				



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

**\*CERTIFIED\***

NOV 02 2021

*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer



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