



202404250022

04/25/2024 11:33 AM Pages: 1 of 6 Fees: \$358.50
Skagit County Auditor

Document Title: Deed

Reference Number :

Grantor(s): additional grantor names on page ___

1. Estate of merydee S. Carlson
2.

Grantee(s): additional grantee names on page___

1. Gregory John Carlson
2.

Abbreviated legal description: full legal on page(s) ✓

Lot 33 JOHNSONS 2nd Add

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

P53341

I, Gregory John Carlson, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$303.50 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed Gregory John Carlson Dated 4-25-2024

When recorded return to:

Gregory John Carlson
1515 E Division St #6
Mount Vernon, WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2024-0275
APR 25 2024

Amount Paid \$
By Skagit Co. Treasurer Deputy

QUIT CLAIM DEED

THE GRANTOR(S) The Estate of Merydee S. Carlson

for and in consideration of Ten Dollars

in hand paid, conveys and quit claims to

Gregory John Carlson
Carlson

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

together with all after aquired title of the grantor(s) herein:

Lot 33, "Johnson's Second Addition", according to the plat recorded in volume 7 of the plats, page 79, records of Skagit County, Washington. Subject to all easements, restrictions, and reservations of record, if any

Abbreviated Legal: (Required if full legal not inserted above.) 2221 Alison Avenue Mount Vernon WA 98273

Tax Parcel Number(s): 53341

Dated: 4/25/24

Gregory John Carlson

State of Washington
County of Skagit

This record was acknowledged before me on 4/25/24 by Gregory John Carlson

Candi Newcombe
(Signature of notary public)

(Stamp)

NOTARY PUBLIC
STATE OF WASHINGTON
CANDI NEWCOMBE
License Number 47549
My Commission Expires 08-01-2025

(Title of office) Notary
My commission expires: 8/1/25

(date)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 08/29/2023
FEE NUMBER:

CERTIFICATE NUMBER: 2023-041653

FIRST AND MIDDLE NAME(S): MERYDEE
LAST NAME(S): CARLSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 27, 2023
HOUR OF DEATH: 01:51 AM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EVERETT, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER
INDUSTRY: PUBLIC SCHOOLS
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: GREG CARLSON
RELATIONSHIP: SON
ADDRESS: 1515 E DIVISION ST MOUNT VERNON WA 98274

CAUSE OF DEATH:
A: CONGESTIVE HEART DISEASE WITH HYPOXIC RESPIRATORY FAILURE
INTERVAL: 6 MONTHS
B: SEVERE AORTIC STENOSIS
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DEMENTIA

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: SOUNDVIEW REHAB
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1105 27TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 MONTHS

FATHER: ESKIL V NESS
MOTHER: EDITH [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 29, 2023

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNNA

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: DEBORAH NORTH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 28, 2023

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: AUGUST 29, 2023



Affidavit for Correction

Mail to: Center for Health Statistics
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: (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)
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:

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 forgoing is true and correct.

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

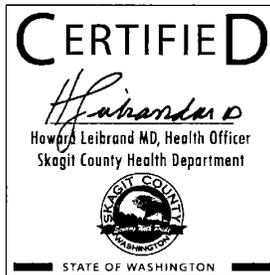
- 1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or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



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



0 6 5 6 0 5 7 3

23-4-00521-29
LRTS 9
Letters Testamentary
15299022



SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY

FILED
Skagit County Clerk
Skagit County, WA
09/28/2023

Estate of MERYDEE S CARLSON:	No. 23-4-00521-29 LETTERS TESTAMENTARY
-------------------------------------	---

I. BASIS

- 1.1 The last will of MERYDEE S CARLSON late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on September 27, 2023.
- 1.2 In that will GREGORY J CARLSON is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT GREGORY J CARLSON is authorized by this court to execute the will of the above decedent according to law.

DATED 09/28/2023.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kenneth Pemberton, 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 September 27, 2023.

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

DATED: 4/24/24

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY *Carissa Anaya*
Deputy Clerk

CARISSA ANAYA

