202508220066

08/22/2025 10:09 AM Pages: 1 of 8 Fees: $310.50
Skagit County Auditor

When recorded return to:
JEFFREY BRAWLEY
605 Olympia Ave
Burlington, wa 98233

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2025-2717
AUG 22 2025
Amount Paid $ -0-
Skagit Co. Treasurer
By EC Deputy

# QUIT CLAIM DEED

THE GRANTOR (S) JEFFREY BRAWLEY, a single man, Administrator of the estates of Holli Brawley and Michael Brawley, husband and wife.

for and in consideration of ONE DOLLAR In hand paid, conveys and quit claims to

JEFFREY BRAWLEY, a single man, GAVEN BRAWLEY, a single man, WYATT HECTOR, a single man, the heirs of the estates of Holli Brawley and Michael Brawley, husband and wife.

The following described real estate, situated in the county of SKAGIT, state of Washington together with all after acquired title of the grantor(s) herein:

TAX42: DK:12: THAT PORTION OF TRACT 35, PLAT OF BURLINGTON ACREAGE PROPERTY, ACCORDING TO PLAT RECORDED IN VOLUME 1 OF PLATS, PAGE 49, RECORDS OF SKAGIT COUNTY, WASHINGTON, DESCRIBED AS FALLOWS: BEGINNING AT A POINT ON THE WEST LINE OF SAID TRACT, 240 FEET NORTH OF THE CENTER LINE OF FAIRHAVEN AVENUE, PRODUCED EASTERLY THROUGH SAID TRACT; THENCE 230 FEET TO THE TRUE POINT OF BEGINNING; THENCE EAST 75 FEET; THENCE SOUTH 100 FEET; THENCE WEST 75 FEET; THENCE NORTH 100 FEET TO THE TRUE POINT OF BEGINNING.

Abbreviated legal: (Required if full legal not inserted above.)

Tax Parcel Number: P62496

Address:
1420 EAST VICTORIA AVENUE
BURLINGTON, WA 98233

Dated: 8/22/25

STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Jeff Steven Brawley (is/are) the person(s) who appeared before me, and said person(s) acknowledged that signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 8/22/2025

Notary name printed or typed: Alan Garcia
Notary Public in and for the State of
Residing at Skagit County
My appointment expires: February 11, 2026

ALAN GARCIA
NOTARY PUBLIC
STATE OF WASHINGTON
COMM # 22006810
APPOINTMENT EXPIRES February 11, 2026

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-017957

DATE ISSUED: 04/06/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): HOLLI MARIE
LAST NAME(S): BRAWLEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 31, 2022
HOUR OF DEATH: 09:30 PM FOUND
SEX: FEMALE AGE: 46 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: SEDRO WOOLLEY, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: MICHAEL BRAWLEY

OCCUPATION: LOW VOLTAGE ELECTRICIAN
INDUSTRY: ELECTRICAL
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: JEFFREY BRAWLEY
RELATIONSHIP: SON
ADDRESS: 605 E OLYMPIA AVE, BURLINGTON, WA, 98233

CAUSE OF DEATH:
A: GUNSHOT WOUND OF HEAD
INTERVAL: SECONDS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MARCH 31, 2022
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 1420 E. VICTORIA AVENUE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: SHOT BY ANOTHER

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1420 E VICTORIA AVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1420 E VICTORIA AVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: BRUCE BLANKINSHIP
MOTHER: DONNA[redacted]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: APRIL 06, 2022

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: HOMICIDE
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT PREGNANT WITHIN THE PAST YEAR

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 03, 2022

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 220401-135
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: APRIL 06, 2022

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2018

# 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 |
|---|---|---|---|---|
| | | | | |

**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) 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 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: | | 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 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 Acknowledgement 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.

THE SEAL OF THE STATE OF WASHINGTON 1889

*CERTIFIED*

APR 06 2022

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.

0 5 4 9 1 6 2 2

# STATE OF WASHINGTON
# DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2022-018684

DATE ISSUED: 04/11/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MICHAEL ALLEN
LAST NAME(S): BRAWLEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 31, 2022
HOUR OF DEATH: 09:30 PM FOUND
SEX: MALE AGE: 47 YEARS
SOCIAL SECURITY NUMBER: [redacted]

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

BIRTH DATE: [redacted]
BIRTHPLACE: SEDRO WOOLLEY, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: HOLLI BLANKINSHIP

OCCUPATION: JOURNEYMAN CARPENTER
INDUSTRY: CONSTRUCTION
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

INFORMANT: JEFFREY BRAWLEY
RELATIONSHIP: SON
ADDRESS: 605 E OLYMPIA AVE BURLINGTON, WA 98233

CAUSE OF DEATH:
A: GUNSHOT WOUND OF HEAD
INTERVAL: SECONDS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MARCH 31, 2022
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 1420 E. VICTORIA AVENUE

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED: SELF-INFLICTED GUNSHOT WOUND

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 1420 E VICTORIA AVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1420 E VICTORIA AVE
CITY, STATE, ZIP: BURLINGTON, WA 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: JEFFREY BRAWLEY
MOTHER: CINDY[redacted]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GREENHILLS CEMETERY

CITY, STATE: BURLINGTON, WASHINGTON
DISPOSITION DATE: APRIL 15, 2022

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: SUICIDE
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: APRIL 03, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 220401-137
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: APRIL 11, 2022

DOH 422-132 (6/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

Washington State Department of Health
DOH 422-034 August 2019

# Affidavit for Correction

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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 |
|---|---|---|---|---|
| | | | | |

**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) 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 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:

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| 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 2nd parent (if required): | |
|---|---|---|---|
| Printed name: | Date: | Printed name: | Date: |

**INSTRUCTIONS** – go to www.doh.wa.gov for more information

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- 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
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4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

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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.

THE SEAL OF THE STATE OF WASHINGTON 1889

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

*CERTIFIED*

APR 11 2022

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

0 5 4 9 1 9 1 6

# CERTIFIED COPY

FILED
2022 JUL 26
KING COUNTY
SUPERIOR COURT CLERK

CASE #: 22-4-05139-3 SEA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

| | |
|---|---|
| IN RE MICHAEL ALLEN BRAWLEY<br><br>DECEASED | NO: 22-4-05139-3 SEA<br><br>LETTERS OF ADMINISTRATION (LTRAD) |

The above named decedent died intestate leaving property in Washington State subject to administration. **JEFFREY BRAWLEY** is/are appointed by the Court as Administrator(s) and authorized to administer the estate according to law.

WITNESS my hand and seal of said Court: July 26, 2022.

BARBARA MINER
King County Superior Court Clerk

By: _____, Deputy Clerk
J.Greenfield

**• NOT OFFICIAL WITHOUT SEAL •**

I BARBARA MINER, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this Seal of said Superior Court at my office at Seattle. Barbara Miner
By Deputy Clerk: J. Greenfield

2022-07-26
Page 1 of 1

# CERTIFIED COPY

FILED
2022 JUL 26
KING COUNTY
SUPERIOR COURT CLERK

CASE #: 22-4-05138-5 SEA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

| | |
|---|---|
| IN RE HOLLI MARIE BRAWLEY<br><br>DECEASED | NO: 22-4-05138-5 SEA<br><br>LETTERS OF ADMINISTRATION (LTRAD) |

The above named decedent died intestate leaving property in Washington State subject to administration. **JEFFREY BRAWLEY** is/are appointed by the Court as Administrator(s) and authorized to administer the estate according to law.

WITNESS my hand and seal of said Court: July 26, 2022.

BARBARA MINER
King County Superior Court Clerk

By: _____, Deputy Clerk
J.Greenfield

**• NOT OFFICIAL WITHOUT SEAL •**

I BARBARA MINER, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this Seal of said Superior Court at my office at Seattle. Barbara Miner
By Deputy Clerk: J. Greenfield