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04/01/2026 03:24 PM Pages: 1 of 8 Fees: \$310.50  
Skagit County Auditor

When Recorded Please Return To:  
PIRKLE LAW FIRM, INC. P.S.  
P.O. Box 1788  
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2026.0939  
APR 1 2026

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

**QUIT CLAIM DEED**

**THE GRANTOR**, CATHY JEAN BUTLER, as surviving spouse of CLIFF FRANKLIN BUTLER (Deceased), for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit (WAC 458-61A-202(6)(h)), conveys and quit claims to **GRANTEE**, CATHY JEAN BUTLER, a single person as her separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

**Assessor's Parcel Number:** P75477 (4149-017-005-0003)

The East Half of Lot 4, and all of Lot 5, Block 17, Plat of Town of Sedro, according to the plat thereof recorded in Volume 1 of Plats, page 17, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

**TOGETHER WITH AND SUBJECT TO:** All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any.

Dated this 19 day of March, 2026.

Cathy Jean Butler  
CATHY JEAN BUTLER



**AFFIDAVIT OF SURVIVING SPOUSE  
FOR LACK OF PROBATE AND  
CLAIM OF EXEMPTION BASED UPON INHERITANCE OF REAL ESTATE**

STATE OF WASHINGTON        )  
  ) ss.  
COUNTY OF SKAGIT         )

CATHY JEAN BUTLER, being first duly sworn, deposes and says:

FIRST, that this Affidavit is for the purpose of supplying information pertaining to the Estate of CLIFF FRANKLIN BUTLER, deceased, and it is intended that the statements set forth herein (and hereto attached, if applicable), shall be considered representations of fact which may be relied upon by all persons dealing with the real property located in Skagit County, Washington, commonly known as 715 Jameson Street, Sedro Woolley, Washington 98284, and legally described as set forth on Exhibit "A" attached hereto and incorporated herein by this reference.

SECOND, I am the surviving spouse of CLIFF FRANKLIN BUTLER and we owned this property as husband and wife.

THIRD, that said Decedent passed away on July 24, 2020, as a resident of Skagit County, Washington. Decedent's original/certified Death Certificate is recorded separately, with a copy attached hereto as Exhibit "B" and incorporated herein by this reference.

FOURTH, that said Decedent executed no Wills, agreements to convey, conveyances, mortgages, deeds of trust, lien agreements or other instruments for the purpose of conveying or encumbering said land, any portion thereof, or any interest therein, other than those instruments which have been duly recorded in the office of the Auditors of said County, except as follows: NONE.

FIFTH, that the Estate of said Decedent at the date of death was in excess of its liabilities.

SIXTH, that all obligations of the Estate owing at the date of death of said Decedent have been paid in full, and all expenses of last sickness and for funeral services have been paid.

SEVENTH, that the following list comprises all of the heirs at law by whom said Decedent was survived.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
CATHY JEAN BUTLER 715 Jameson Street Sedro Woolley, WA 98284	Spouse	Legal
ASHLIE JEAN GUTIERREZ 718 E. Rio Vista Avenue Burlington, WA 98233	Daughter	Legal
CLIFF RYAN BUTLER 715 Jameson Street Sedro Woolley, WA 98284	Son	Legal

EIGHTH, I, CATHY JEAN BUTLER, affirm that I am the sole and rightful heir to the property legally described above.

NINETH, that the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(h).

DATED this 19 day of March, 2026.

Cathy Jean Butler  
CATHY JEAN BUTLER

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

I certify that I know or have satisfactory evidence that CATHY JEAN BUTLER is the individual who appeared before me and said individual acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 19<sup>th</sup> day of March, 2026.

AMELIA L. SALE



Amelia L. Sale  
NOTARY PUBLIC in and for the  
State of Washington,  
Residing at Mount Vernon  
My Commission Expires: 11/1/29

**EXHIBIT "A"**

**Assessor's Parcel Number: P75477 (4149-017-005-0003)**

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-034094

DATE ISSUED: 07/30/2020  
FEE NUMBER: 37FIRST AND MIDDLE NAME(S): CLIFF FRANKLIN  
LAST NAME(S): BUTLERCOUNTY OF DEATH: WHATCOM  
DATE OF DEATH: JULY 24, 2020  
HOUR OF DEATH: 11:23 AMSEX: MALE AGE: 69 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: WENATCHEE, WAMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: CATHY THURMONDOCCUPATION: PUBLIC WORKS SUPERINTENDANT  
INDUSTRY: COUNTY PUBLIC WORKS  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YESINFORMANT: CATHY BUTLER  
RELATIONSHIP: SPOUSE  
ADDRESS: 715 JAMESON STREET, SEDRO-WOOLLEY, WA 98284CAUSE OF DEATH:  
A: AORTO-ESOPHAGEAL FISTULA  
INTERVAL: 3 DAYS  
B: ESOPHAGEAL CANCER  
INTERVAL: 4 YEARSC:  
INTERVAL:D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 715 JAMESON STREET  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 40 YEARSFATHER: RETE BUTLER  
MOTHER:METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUMCITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: JULY 30, 2020

FUNERAL FACILITY: WHATCOM CREMATION &amp; FUNERAL

ADDRESS: 4202 GUIDE MERIDIAN #106  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226  
FUNERAL DIRECTOR: TIM D. POWELLMANNER 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 RESPONSECERTIFIER NAME: KEVIN S. LEE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY  
CITY, STATE, ZIP: BELLINGHAM, WA 98225  
DATE SIGNED: JULY 27, 2020CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: KEVIN LEE, MDLOCAL DEPUTY REGISTRAR: ASHLEY GELEYNSE  
DATE RECEIVED: JULY 28, 2020

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
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**Required information must match current information on record**

**Required**

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)  
 First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
 Person on Record:  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 2<sup>nd</sup> parent (if required):  
 Printed name: Date: Printed name: Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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 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.

**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.

\*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.

**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.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

*Greg Stern MD*

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



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