



202605150050

05/15/2026 11:13 AM Pages: 1 of 11 Fees: \$313.50
Skagit County Auditor

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2026-1444
MAY 15 2026

Amount Paid \$
By Skagit Co. Treasurer Deputy

QUIT CLAIM DEED

THE GRANTOR, JOHN S. HAINES, as surviving spouse of RUTH A. HAINES (Deceased), for and in consideration of transfer to surviving spouse pursuant to an Affidavit in Support of Community Property Agreement (WAC 458-61A-202(6)(a)), conveys and quit claims to GRANTEE, JOHN S. HAINES, a single person as his 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: P16413 (330406-0-003-0107)

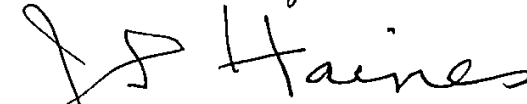
Abbreviated Legal Description: Portion of Government Lot 2, Section 6, Township 33 North, Range 4 East of the Willamette Meridian.

Full Legal Description: Attached hereto as Exhibit "A" and incorporated herein by this reference.

Situated in Skagit County, Washington.

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

Dated this 7th day of May, 2026.

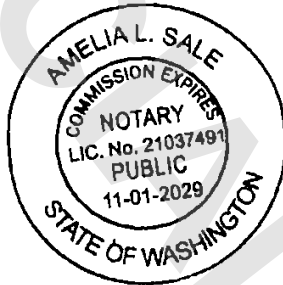


JOHN S. HAINES

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that JOHN S. HAINES is the individual who appeared before me, and said individual acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 7th day of May, 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: P16413 (330406-0-003-0107)

PARCEL A:

That portion of Government Lot 2, Section 6, Township 33 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the South line of Hickox Road and the East line of Government Lot 2 of said Section 6, said point being 20 feet South of the Northeast corner of said Government Lot 2;
Thence South $89^{\circ}31'13''$ West along the South line of Hickox Road, a distance of 780.22 feet;
Thence South $00^{\circ}05'06''$ West, a distance of 149.15 feet;
Thence South $38^{\circ}18'48''$ East, a distance of 62.11 feet;
Thence South $89^{\circ}18'22''$ East, a distance of 367.28 feet;
Thence South $2^{\circ}35'57''$ East, a distance of 148.45 feet;
Thence North $89^{\circ}31'13''$ East, a distance of 395.05 feet to the East line of said Government Lot 2;
Thence North $4^{\circ}22'57''$ West along said East line of Government Lot 2, a distance of 354.89 feet to the point of beginning of this description.

PARCEL B:

An easement for ingress and egress over and across that portion of Government Lot 2, Section 6, Township 33 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the above described 5 acre parcel;
Thence South $0^{\circ}05'06''$ West along the West line of the above described parcel, a distance of 149.15 feet;
Thence South $38^{\circ}18'48''$ East, along the West line of the above described parcel, a distance of 55.71 feet;
Thence North $89^{\circ}26'23''$ West, a distance of 46.61 feet;
Thence North $0^{\circ}05'06''$ East, a distance of 149.15 feet to the South line of Hickox Road;
Thence North $89^{\circ}31'13''$ East, along the South line of Hickox Road, a distance of 12.00 feet to the Northwest corner of the above described parcel and the point of beginning of this description.

Situated in Skagit County, Washington.

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

KATHRYN L. HAINES
621 Creek Lane
Flourtown, PA 19031

Daughter

Legal

BRADLEY A. HAINES
Address Not Found

Stepson

Legal

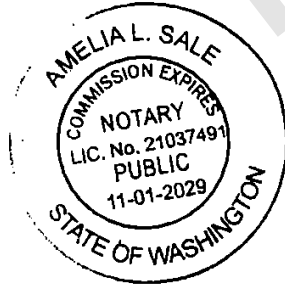
7. I, JOHN S. HAINES, affirm that I am the sole and rightful heir to the property legally described above.

8. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 7th day of May, 2026.

John S. Haines
JOHN S. HAINES

SIGNED AND SWORN to before me this 7th day of May, 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"

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PARCEL A:

That portion of Government Lot 2, Section 6, Township 33 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the South line of Hickox Road and the East line of Government Lot 2 of said Section 6, said point being 20 feet South of the Northeast corner of said Government Lot 2;
Thence South 89°31'13" West along the South line of Hickox Road, a distance of 780.22 feet;
Thence South 00°05'06" West, a distance of 149.15 feet;
Thence South 38°18'48" East, a distance of 62.11 feet;
Thence South 89°18'22" East, a distance of 367.28 feet;
Thence South 2°35'57" East, a distance of 148.45 feet;
Thence North 89°31'13" East, a distance of 395.05 feet to the East line of said Government Lot 2;
Thence North 4°22'57" West along said East line of Government Lot 2, a distance of 354.89 feet to the point of beginning of this description.

PARCEL B:

An easement for ingress and egress over and across that portion of Government Lot 2, Section 6, Township 33 North, Range 4 East of the Willamette Meridian, described as follows:

Beginning at the Northwest corner of the above described 5 acre parcel;
Thence South 0°05'06" West along the West line of the above described parcel, a distance of 149.15 feet;
Thence South 38°18'48" East, along the West line of the above described parcel, a distance of 55.71 feet;
Thence North 89°26'23" West, a distance of 46.61 feet;
Thence North 0°05'06" East, a distance of 149.15 feet to the South line of Hickox Road;
Thence North 89°31'13" East, along the South line of Hickox Road, a distance of 12.00 feet to the Northwest corner of the above described parcel and the point of beginning of this description.

Situated in Skagit County, Washington.

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

Exhibit "B"

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 21st day of March, 2024, between JOHN S. HAINES and RUTH A. HAINES, husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by husband and wife. Any separate property of either, (now owned or hereafter acquired), shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

Notwithstanding the foregoing, any and all real property located in the State of Illinois and owned by RUTH A. HAINES or her Revocable Living Trust shall be distributed outright to KATHRYN L. HAINES, provided she survives RUTH A. HAINES by thirty (30) days. If KATHRYN L. HAINES fails to survive RUTH A. HAINES by thirty (30) days, then this property shall be distributed outright and equally to KELLIE (GOODRICH) ALVARADO, VALARIE (GOODRICH) REVNEW and NIKKI (GOODRICH) HAHN, per stirpes.

C. *Vesting at Death.* On the death of either husband or wife, all of the subject property shall vest in the survivor of them.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

Community Property Agreement
Page 1

Lawrence A. Pirkle
Attorney at Law
(360) 336-6587

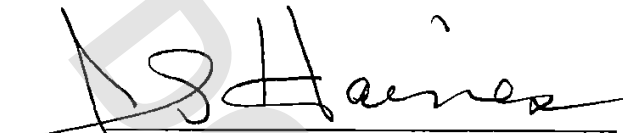
ORIGINAL


F. *Optional Revocation by One Party.* This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the County where the parties are currently residing.

G. If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

H. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

I. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.



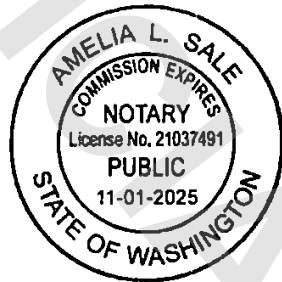
JOHN S. HAINES


RUTH A. HAINES

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

On this day personally appeared before me, JOHN S. HAINES and RUTH A. HAINES, to me known to be the individuals described in and who executed the within and foregoing instrument and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 21st day of March, 2024.



AMELIA L. SALE

Amelia L. Sale

NOTARY PUBLIC in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 11/1/25

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



Exhibit "C"

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-003656

DATE ISSUED: 01/28/2026
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RUTH ANN
LAST NAME(S): HAINES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 24, 2026
HOUR OF DEATH: 09:35 AM
SEX: FEMALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: DECEDENT'S HOME
FACILITY OR ADDRESS: 18604 HICKOX ROAD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 18604 HICKOX ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 20 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: BLOOMINGTON, ILLINOIS

FATHER: PERCY GOODRICH
MOTHER: EDNA [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JOHN S. HAINES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: PROGRAM MANAGER
INDUSTRY: GOVERNMENT
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JANUARY 30, 2026

INFORMANT: KATHRYN HAINES
RELATIONSHIP: DAUGHTER
ADDRESS: 621 CREEK LANE, FLOURTOWN, PA 19031

FUNERAL FACILITY: KERN FUNERAL HOME

CAUSE OF DEATH:
A: HEPATOCELLULAR CARCINOMA
INTERVAL: 6 YEARS

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: SARA E. PERRY

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: JANUARY 26, 2026

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JANUARY 27, 2026



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: 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 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:

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 foregoing is true and correct.

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

- 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.

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

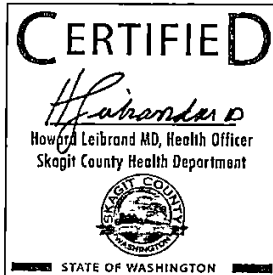
- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult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



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



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