



201503230108
Skagit County Auditor \$75.00
3/23/2015 Page 1 of 4 1:55PM

**Filed for Record at request of
and return to:**

STILES & STILES INC. P.S
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

Legal : ptn Lot 3, all Lots 1-2, Blk 1, Shae's Home Add. To Lyman, TGW, ptn NW
1/4 of NW 1/4, 17-35-6 E. W.M. SKAGIT COUNTY WASHINGTON
Tax Parcel #: 4133-001-003-0056 / P74563 REAL ESTATE EXCISE TAX
350627-0-004-0018 / P41320 2015 876
MAR 23 2015

QUIT CLAIM DEED

Amount Paid \$0
Skagit Co. Treasurer
By *Mdm* Deputy

THE GRANTOR, ELIZABETH E. WARTCHOW, as the surviving spouse and sole heir of the Estate of RALPH R. WARTCHOW conveys and quit claims to ELIZABETH E. WARTCHOW, as her separate property, in accordance with the attached Affidavit of Surviving Spouse, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Parcel A: P74563

Lot 3, except the South 24 feet thereof, and all of Lots 1 and 2, Block 1, Shea's Home Addition to the Town of Lyman, Skagit Co., Wash., as per plat recorded in Volume 3 of plats, page 86, records of Skagit County, Washington.

Situate in the Town of Lyman, County of Skagit, State of Washington

Parcel B: P41320

That portion of the following described parcel lying South of the right of way of State Highway 20:
The North 1/2 of the Northwest 1/4 of the Northwest 1/4 of Section 17,
Township 35 North,
Range 6 East, W.M.,
EXCEPT the Puget Sound and Baker River Railway right of way,
AND EXCEPT that portion lying Northerly of said right of way,

AND ALSO EXCEPT the West 200 feet and the East 500 feet of said North 1/2 of the Northwest 1/4 of the Northwest 1/4 lying Southerly of the highway.

Situate in the County of Skagit, State of Washington.

Dated March 17, 2015

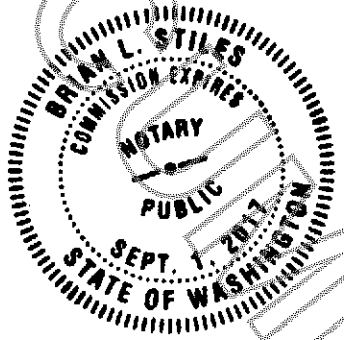
E. Elizabeth Wartchow
Elizabeth E. Wartchow, Grantor

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Elizabeth E. Wartchow, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 17 day of March, 2015

Brian L. Stiles
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 8/1/2017



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-019554

DATE ISSUED: 12/29/2014

FEE NUMBER: 0000000029

GIVEN NAMES: RALPH ROBERT
LAST NAME: WARTCHOW

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 29, 2014
HOUR OF DEATH: 01:00 P.M.
SEX: MALE
AGE: 75 YEARS

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 8132 LYMAN AVENUE
CITY, STATE, ZIP: LYMAN, WASHINGTON 98263

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 8132 LYMAN AVENUE
CITY, STATE, ZIP: LYMAN, WASHINGTON 98263
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: CONRAD, MONTANA

FATHER: WILLIAM RALPH WARTCHOW
MOTHER: ANNABELLE MARIE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: ELIZABETH E. GOTTFRIED

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 03, 2014

OCCUPATION: OWNER/OPERATOR
INDUSTRY: TRUCKING COMPANY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES
ADDRESS: 281 S BURLINGTON BLVD
CITY, STATE, ZIP: BURLINGTON WA 98233
FUNERAL DIRECTOR: PAUL L. GIBSON

INFORMANT: ELIZABETH E. WARTCHOW
RELATIONSHIP: WIFE
ADDRESS: 8132 LYMAN AVENUE, LYMAN, WA 98263

- CAUSE OF DEATH:
- A. MYOCARDIAL INFARCTION
INTERVAL: MINUTES
 - B. ATHEROSCLEROTIC HEART DISEASE
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: WAYNE S. MARTIN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 468
CITY, STATE, ZIP: BURLINGTON WA 98233
DATE SIGNED: SEPTEMBER 02, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: CASE 145-14
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 02, 2014

NUMBER(S): NONE
DATE(S): NONE





Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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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Use the section below for requesting any changes on the record

Record Type:	<input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

6. The record now shows:	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
(Printed Name)		

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
	Passport		

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18**
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014

CERTIFIED

DEC 29 2014

Howard Lebrand

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

BB00054866