



201604290193

Skagit County Auditor
4/29/2016 Page

1 of

\$78.00
6 2:10PM

Filed for Record at request of
and return to:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20161672
APR 29 2016

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

Legal : PTN TR B S/P 22-82 EXC S 40 FT OF W 200 FT SD LT B AS MEAS ALG W & S LINES THOF & PTN FDT BAT INT OF W LI CO RD WI N LI SE1/4 NE1/4 TH W 436 FT S & PLW CO RD 500 FT TH S 81-47-07 E 444.57 FT TO W LI OLD HWY 99 TH N TPOB ALL ABV LY NLY OF ARC LI DAF BAAP ON W LI SD TR B OF S/P 22-82 1000 FT NWLY OF INTERSEC C/L COOK RD & I-5 TH ELY ALG ARC OF CRV RAD IS 1000 & CENTRAL PT IS SD INTERSEC COOK RD & I-5 TO WLY LI SAM BELL RD RW & TERM THIS ARC LI

Parcel/ID: P36855 / 350419-0-009-0005

QUIT CLAIM DEED

THE GRANTOR, WILLIAM A. STILES, JR., as the surviving spouse and sole heir of the Estate of BETTY M. STILES conveys and quit claims to WILLIAM A. STILES, JR., as his 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:

That portion of the following described Parcels "A" & "B" lying Northerly of an arc line described as follows:

Beginning at the point on the West line of Parcel "A" below described 1000 feet Northwesterly of the intersection of the centerlines of Cook Road and Interstate 5;

Thence Easterly along the arc of a curve whose radius is 1000 feet and whose central point in said intersection of the centerline of Cook Road and Interstate 5 to the Westerly line of the Sam Bell Road right-of-way and the terminus of this arc line:

Parcel "A"

Lot B, Short Plat No. 22-82, approved July 29, 1982, recorded July 29, 1982 in Book 6 of Short Plats, page 6, under Auditor's File No. 8207290006 and being a portion of the South ½ of the Northeast ¼ of Section 19, Township 35 North, Range 4 East, W.M.,

EXCEPTING therefrom the South 40 feet of the West 200 feet of said Lot B as measured along the West and South lines thereof.

TOGETHER WITH a non-exclusive easement for Road and Utilities over Regency Place as shown on the face of the Short Plat.

Parcel "B":

That portion of the Southeast ¼ of the Northeast ¼ of Section 19, Township 35 North, Range 4 East, W.M., described as follows:

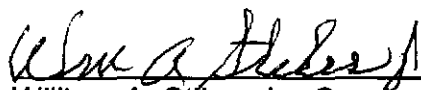
Beginning at a point on the Westerly line of what is commonly known as the S.L. Bell Road, as said road existed on August 9, 1920, where said Westerly line intersects the North line of said subdivision;
Thence West along said North line a distance of 436 feet; thence Southerly and Easterly parallel with the Westerly line of the above mentioned S.L. Bell Road a distance of 500 feet; thence Easterly at right angles to a point on the Westerly line of said S.L. Bell Road, that is 500 feet Southeasterly as measured along said road, from the point of beginning;
Thence Northerly and Westerly along said Westerly line a distance of 500 feet to the point of beginning.

ALL TOGETHER, WITH AND SUBJECT TO other easements; covenants and restriction of record.

This property is subject to a boundary line covenant dated May 17, 1990 and may not be sold as separate parcels.

Situate in the County of Skagit, State of Washington.

Dated: 3-30-16

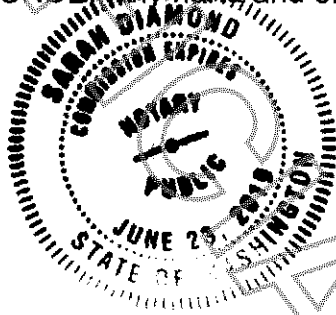


William A. Stiles, Jr., Grantor

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me William A. Stiles, Jr., who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 30th day of March, 2016



Sarah Diamond
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 6-23-19

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of Skagit

Name of deceased : Betty M. Stiles

I, (survivor's name) William A. Stiles affirm that I am

the sole and rightful heir to the property described as:

Parcel number(s) P36885 / 350419-0-009-0005

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 30th day of March, 2016 at Sedro-Woolley, WA
(month) (year) (city) (state)

William A. Stiles
(Signature of surviving spouse or registered domestic partner)

William A. Stiles
(Printed name of surviving spouse or registered domestic partner)

8286 Stiles Lane Sedro-Woolley WA 98284
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-037873

DATE ISSUED: 12/28/2015

FEE NUMBER: 000000029

GIVEN NAMES: BETTY MARIE
LAST NAME: STILES

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: DECEMBER 22, 2015
HOUR OF DEATH: 11:42 P.M.
SEX: FEMALE
AGE: 89 YEARS

SOCIAL SECURITY NUMBER

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: WICHITA, SEDGWICK CNTY, KANSAS

MARITAL STATUS: MARRIED
SPOUSE: WILLIAM A. STILES II

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: WILLIAM A. STILES II
RELATIONSHIP: HUSBAND
ADDRESS: 8286 STILES LANE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 8286 STILES LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: JOE BROCK
MOTHER/PARENT: IDA

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY
CITY, STATE: SEDRO WOOLLEY, WA
DISPOSITION DATE: DECEMBER 30, 2015

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A. SUBARACHNOID, SUBDURAL, AND INTRAPARENCHYMAL BRAIN HEMORRHAGES
INTERVAL: 2 DAYS
 - B. UNWITNESSED FALL FROM HEIGHT
INTERVAL: 2 DAYS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANTICOAGULATED FOR ATRIAL FIBRILLATION, HYPERTENSION, MITRAL VALVE INSUFFICIENCY, DIABETES, HIGH CHOLESTEROL.

DATE OF INJURY: DECEMBER 20, 2015
HOUR OF INJURY: 09:45 A.M. PRESUMED
INJURY AT WORK? NO
PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 8286 STILES LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
COUNTY: WHATCOM

DESCRIBE HOW INJURY OCCURRED:
THE DECEDENT WAS HEADING TO CHURCH AND WENT OUT THE BACK DOOR AND HAD AN UNWITNESSED FALL DOWN TWO FLIGHTS OF STAIRS. HER HUSBAND HEARD HER FALL BUT DID NOT WITNESS IT. NO LAW ENFORCEMENT CONCERN OF INFLECTED TRAUMA.
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: GARY A. GOLDFOGEL, MD
TITLE: MEDICAL EXAMINER
ME/CORONER
ADDRESS: 1500 NORTH STATE STREET #200
CITY, STATE, ZIP: BELLINGHAM WA 98225
DATE SIGNED: DECEMBER 24, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 201-15
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
JESSIE THOMSON
DATE RECEIVED: DECEMBER 28, 2015

ITEM(S) AMENDED: NONE

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

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

| | |
|----------------------------------|---|
| Required | Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce) |
| | 1. Name of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____ |
| | 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____ |
| 7. Return Mailing Address: _____ | |
| 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 now shows: _____ | 9. The true fact is: _____ |
| 10. _____ | 11. _____ |
| 12. _____ | 13. _____ |
| 14. _____ | 15. _____ |

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

| | |
|---------------------------------|---|
| 16a. Signature: _____ | 16b. Signature of 2 nd parent (if required): _____ |
| Printed name: _____ Date: _____ | Printed name: _____ Date: _____ |

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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
- Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 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

*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.

This affidavit cannot be used to add a father to a birth certificate (use 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 cohabiting 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 facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-837 January 2015

CERTIFIED

DEC 28 2015

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

CC00230851