

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587



Skagit County Auditor \$78.00
7/10/2017 Page 1 of 6 12:45PM

QUIT CLAIM DEED

THE GRANTOR, CAROL J. SABO, surviving spouse of **RICHARD H. SABO (Deceased)**, for and in consideration of transfer to surviving spouse pursuant to a Lack of Probate Affidavit in Support of Community Property, attached hereto and incorporated herein by this reference (WAC 458-61A-202 (6)(h)), conveys and quit claim to **GRANTEE, CAROL J. SABO**, 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.

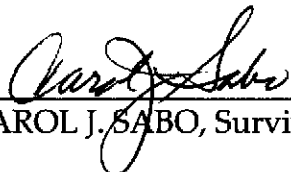
TPN: P126439 4935-000-046-0000

Lot 46, MONTREAUX PHASE 1, according to the plat thereof, recorded July 23, 2007, under Auditor's File No. 200707230124, records of Skagit County, Washington.

Situated in Skagit County, Washington.

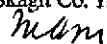
SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements and assessments of record, if any, and Skagit County Right to Farm Ordinance.

Dated the 10th day of July, 2017.



CAROL J. SABO, Surviving spouse

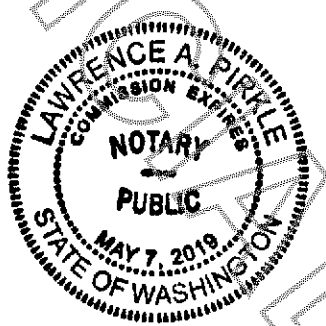
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2017 3122
JUL 10 2017

Amount Paid \$0
Skagit Co. Treasurer
By  Deputy

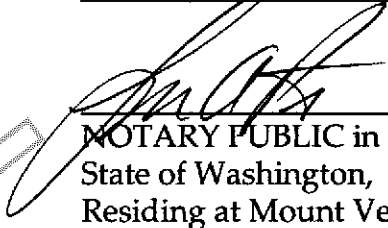
STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that CAROL J. SABO is the person who appeared before me, and said person 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 10th day of July, 2017.



LAWRENCE A. PIRKLE


NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My appointment expires: 5/7/19

**LACK OF PROBATE AFFIDAVIT
IN
SUPPORT OF COMMUNITY PROPERTY**

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

CAROL J. SABO, being first duly sworn, deposed and says:

1. That the undersigned Affiant is the surviving spouse of RICHARD H. SABO, who passed away on June 9, 2017, in Skagit County, State of Washington, then being a legal resident of Mount Vernon, Washington. RICHARD H. SABO's Certificate of Death is attached as Exhibit A incorporated herein by this reference.

2. The real property is commonly known as 965 Chestnut Loop, Mount Vernon, Washington 98274 (TPN: 4935-000-046-0000 / P126439) and legally described as follows:

Lot 46, MONTREAUX PHASE 1, according to the plat thereof recorded July 23, 2007, under Auditor's file No. 200707230124, records of Skagit County, Washington,

Situate in Skagit County, Washington

3. The heirs at law of decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters of decedent and any surviving parents are as follows:

<u>Name and Address</u>	<u>Relationship</u>	<u>Age</u>
CAROL J. SABO 965 Chestnut Loop Mount Vernon, WA 98274	Spouse	Legal
DOUGLAS L. SABO 20812 – 40th Drive SE Bothell, WA 98021	Son	Legal
BETH A. RICHARDS 16008 NE 165th Street Woodinville, WA 98072	Daughter	Legal

4. All the debts of the decedent's and/or the marital community, including but not limited to, all expenses due to decedent's last illness, funeral and burial and all applicable federal and state succession or inheritance taxes, have been fully paid.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 06/15/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2017-026400

FIRST AND MIDDLE NAME(S): RICHARD HENRY
LAST NAME(S): SABO

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 09, 2017 FOUND
HOUR OF DEATH: UNKNOWN UNKNOWN
SEX: MALE AGE: 81 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PORTLAND, OREGON

MARITAL STATUS: MARRIED
SPOUSE: CAROL STOCKMAN

OCCUPATION: CLAIMS ANALYST
INDUSTRY: INSURANCE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: CAROL SABO
RELATIONSHIP: WIFE
ADDRESS: 965 CHESTNUT LOOP MOUNT VERNON WA 98274

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS
B: ALZHEIMER'S DEMENTIA
INTERVAL: YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECENT LEFT SCAPULA
FRACTURE AND RIB FRACTURES FROM A GROUND LEVEL FALL

DATE OF INJURY: MAY 23, 2017
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: DECEDENT'S RESIDENCE

LOCATION OF INJURY: 965 CHESTNUT LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGIT
DESCRIBE HOW INJURY OCCURRED:
GROUND LEVEL FALL AT HOME

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 965 CHESTNUT LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 965 CHESTNUT LOOP
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: HENRY SABO
MOTHER/PARENT: INEZ [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 14, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: ADAM J. CRENNAN

MANNER OF DEATH: ACCIDENT
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 RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON
TITLE: CORONER/ME
CERTIFIER ADDRESS: 116 S. 11TH STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: JUNE 14, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: SANDEEP BAL, MD

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 14, 2017



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				
Record Type	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
1. Name on Record:		2. Date of Event:		3. Place of Event:
4. Father/Parent Full Legal 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:

The record now shows:		The true fact is:	
8.		9.	
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:	Printed name:
Date:	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

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. 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, 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

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
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.

DOH 422-034 October 2015

CERTIFIED

JUN 15 2017

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



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