



201709280109

WHEN RECORDED RETURN TO:

Skagit County Auditor
9/28/2017 Page

1 of 4 11:06AM
\$77.00

Name: _____
Address: _____
City, State, Zip: _____

QUIT CLAIM DEED

THE GRANTOR Avis M. Oldenburger, surviving spouse of Kenneth P. Oldenburger, deceased
for and in consideration of 458-61A-202(6)CA
conveys and quit claims to Avis M Oldenburger
the following described real estate, situated in the County of Skagit, State of Washington,
together with all after acquired title of the grantor(s) herein:

see attached exhibit "A"
Unit 4C Alpine Fairway Villa Condo

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20174574
SEP 28 2017

Tax Account Number: 113820

DATED September 27, 2017

Avis M. Oldenburger
(Individual)

(Individual)

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

By _____ (President)

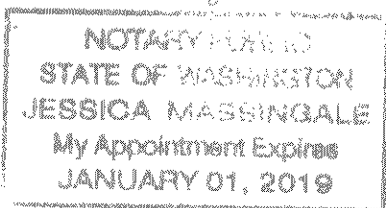
By _____ (Secretary)

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me
Avis Oldenburger
to me known to be the individual described in an
d who executed the within and foregoing instrument, and
acknowledged that she signed the
same as signature free and voluntary
act and deed, for the uses and purposes therein mentioned.

27th GIVEN under my hand and official seal this
day of September, 2017

Jessica Massingale
Notary Public in and for the State of Washington,
residing at Skagit County
My commission expires: January 1st 2019



STATE OF WASHINGTON)
COUNTY OF _____) ss.

On this _____ day of _____, 20____
before me, the undersigned, a Notary Public in and for the State of
Washington, duly commissioned and sworn, personally appeared _____
and _____
to me known to be the _____ President and
Secretary, respectfully, of _____
the corporation that executed the foregoing instrument, and
acknowledged the said instrument to be the free and voluntary act and
deed of said corporation, for the uses and purposes therein mentioned,
and on oath stated that _____ authorized to execute
the said instrument and that the seal affixed is the corporate seal of said
corporation.

Witness my hand and official seal hereto affixed the day and year
first above written.

Notary Public in and for the State of Washington,
residing at _____
My commission expires: _____

Exhibit "A"

The land referred to herein is situated in the County of Skagit, State of Washington, and is described as follows:

Unit 4C of "SURVEY MAP AND PLANS FOR ALPINE FAIRWAY VILLA CONDOMINIUM, PHASE II", recorded December 3, 1999 under Auditor's File No. 199912030104, records of Skagit County, Washington, according to the Declaration thereof recorded under Skagit County Auditor's File No. 9905260007 and amended by Skagit County Auditor's File No. 199912030105;

TOGETHER WITH the rights to the common areas and limited common areas appurtenant thereto; ALSO TOGETHER WITH a non-exclusive easement over, across and under Alpine View Place, (a private road) as delineated on the face of said condominium and the underlying Plat of "ALPINE FAIRWAY VILLA" in Volume 17 of Plats, pages 32 and 33.

(Formerly known as Unit B-2, Lot 4, as delineated on the face "ALPINE FAIRWAY VILLA" in Volume 17 of Plats, pages 32 and 33).



200002090077

Kathy Hill, Skagit County Auditor

2/9/2000 Page 2 of 2 3:24:17PM

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-038121

DATE ISSUED: 09/21/2016

FEE NUMBER: 000000029

GIVEN NAMES: KENNETH PETER
LAST NAME: OLDENBURGER

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 16, 2016
HOUR OF DEATH: 03:35 P.M.
SEX: MALE
AGE: 83 YEARS

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1418 ALPINE VIEW PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: HALBE OLDENBURGER
MOTHER/PARENT: ESTHER [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: BOZEMAN, GALLATIN CNTY, MONTANA

MARITAL STATUS: MARRIED
SPOUSE: AVIS MARTINA ANDERSON

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 24, 2016

OCCUPATION: AERONAUTICAL ENGINEER
INDUSTRY: ROCKET ENGINE MANUFACTURING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: KENT THOMAS OLDENBURGER
RELATIONSHIP: SON
ADDRESS: 12707 NE 170TH LANE, WOODINVILLE, WA 98072

CAUSE OF DEATH:
A. MULTIPLE BLUNT FORCE INJURIES OF THE HEAD, TORSO, AND EXTREMITY
INTERVAL: DAYS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: SEPTEMBER 09, 2016
HOUR OF INJURY: 09:16 A.M.
INJURY AT WORK? NO
PLACE OF INJURY: PARKING LOT

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

LOCATION OF INJURY: 1318 S. 18TH ST.

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
COUNTY: SKAGIT

ME/CORONER: MICHELINE LUBIN, MD
TITLE: MEDICAL EXAMINER
ME/CORONER
ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE WA 98104
DATE SIGNED: SEPTEMBER 19, 2016

DESCRIBE HOW INJURY OCCURRED:
STRUCK BY MOTOR VEHICLE IN PARKING LOT

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
PEDESTRIAN

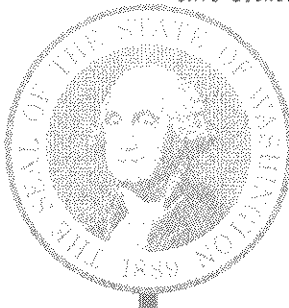
CASE REFERRED TO ME/CORONER? NO
FILE NUMBER: 16-1838

ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:
RUTH ROBERSON
DATE RECEIVED: SEPTEMBER 21, 2016

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



Affidavit for Correction

Form for Health Services

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State of Washington

Required information must match current information on record

Required	Birth	Death	Marriage	Dissolution (Divorce)
1 Name				
4 Date of Birth				
6 Name (Last)				

7 Return Address

Telephone Number

Use the section below for describing any changes on the record. The record is incorrect or incomplete as follows:

10

12

14

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

16a Signature

Printed name

Address

Record type

- Birth Certificate
- Death Certificate

Birth Certificates

- 1 City of birth
- 2 The proof of birth date
- 3 Date of birth

Child order

- If legal
- If illegitimate
- Adoption
- Name change
- Birth date
- Termination of parental rights

7 This affidavit must be signed in front of a Notary Public or a Justice of the Peace. This affidavit cannot be used in court. Contact the Department of Social & Health Services (DHS) at 472-0132.

Death Certificates

- 1 City of death
- 2 The date of death

Marriage/Dissolution (Divorce) Certificates

- 1 Date of marriage
- 2 Date of dissolution

CERTIFIED

SEP 21 2016

Howard Lebrand

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

GG00095710