

201801100090

Skagit County Auditor

\$78.00

1/10/2018 Page

1 of

5 12:35PM

When recorded return to:

STATUTORY WARRANTY DEED

THE GRANTOR(S)

NORMAN A. LEMBERG, Surviving spouse of CLAIRE LEMBERG (Deceased)

for and in consideration of Inheritance

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018 130

JAN 10 2018

in hand paid, conveys, and warrants to

Amount Paid \$ 0

Skagit Co. Treasurer

By MS Deputy

NORMAN A. LEMBERG

the following described real estate, situated in the County of Skagit, State of Washington:

THE EAST HALF OF LOT 8 AND ALL OF LOTS 9 AND 10, BLOCK 8, KELLOGG AND FORD'S ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF RECORDED IN THE VOLUME 1 OF PLATS, PAGE 41, RECORDS OF SKAGIT COUNTY, WASHINGTON. (BEING KNOWN AS LOT 1, BLOCK 8, OF SURVEY REDORDED IN VOLUME 2 OF SURVEYS, PAGE 90, UNDER AUDITOR'S FILE NO. 877715.)

SITUATED IN SKAGIT COUNTY, WASHINGTON.

Subject to all covenants, conditions, easements, restrictions and reservations of record, if any. Shown in Exhibit "A" attached hereto, and hereby made a part hereof.

Abbreviated Legal: (Required if full legal not inserted above.)

3000 B AV ANACORTES, WA 98221

KELLOGG'S AND FORD TO ANA. E1/2 LOT 8 & ALL LOTS 9 & 10 AKALOT 1 BLK 8 RES SUR AF #877715

Tax Parcel Number(s):

57726

LPB 10-05(1)

Page 1 of 2

Dated: 1/10/2018

Norman A. Lemberg

NORMAN A. LEMBERG

STATE OF WASHINGTON

COUNTY OF SKAGIT

ss.

I certify that I know or have satisfactory evidence that Norman Lemberg
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that He signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 01/10/2018

Benjamin Delmo

Notary name printed or typed: Benjamin Delmo
Notary Public in and for the State of Washington
Residing at Skagit County
My appointment expires: 08-11-2021

Notary Public
State of Washington
Benjamin Delmo
Commission Expires 08-11-2021

EXHIBIT "A" ATTACHED HERETO

Property Use and Development Agreement entered into by and between the City of Anacortes, a municipal corporation, and Meadow Vista, a partnership;

Dated: April 18, 1977
Recorded: August 5, 1977
Auditor's No.: 862088, records of Skagit County, WA

Covenants, conditions, and restrictions contained in declaration of restrictions

Dated: April 5, 1978
Recorded: April 6, 1978
Auditor's No.: 876937, records of Skagit County, WA

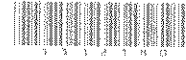
Easement provisions as delineated on the face of that certain survey;

Recorded: Volume 2 of Surveys, page 90
Auditor's No.: 877715, records of Skagit County, WA
As follows:

An easement is hereby reserved for and granted to Puget Sound Power and Light Company, Nationwide T.V.Y. Cable Company, General Telephone Company and their respective successors and assigns in which to install, lay, construct, renew, operate and maintain underground conduits, cables and wires with necessary facilities and other equipment for the purpose of serving the property owners and other areas with electric, T.V. cables, telephone services, together with the right to enter upon the within lots at all times for the purposes stated.

END OF EXHIBIT "A"

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-054219

DATE ISSUED: 12/27/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CLAIRE DANIELLE
LAST NAME(S): LEMBERG

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 16, 2017
HOUR OF DEATH: 06:00 AM
SEX: FEMALE AGE: 73 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3000 B AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 3000 B AVENUE 23
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: JOHNSTOWN, PA

FATHER/PARENT: JEAN STAMBACH BORDER
MOTHER/PARENT: THELMA LOUISE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: NORMAN ALBERT LEMBERG

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: DECEMBER 18, 2017

INFORMANT: NORMAN ALBERT LEMBERG
RELATIONSHIP: SPOUSE
ADDRESS: 3000 B AVE #23, ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAM

CAUSE OF DEATH:
A: OVARIAN CANCER
INTERVAL: 8 YEARS
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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: DECEMBER 18, 2017

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: MARIA VIVANCO
DATE RECEIVED: DECEMBER 18, 2017



Affidavit for Correction

Center for Health Statistics
P.O. Box 47810
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	Ink's	Date	Affidavit Number
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Required	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 of 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:

10. The record now shows:	The true fact is:
11.	
12.	
13.	
14.	

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

16a. Signature	17b. Signature of 2nd parent if required
Printed name	Date
Printed name	Date

INSTRUCTIONS

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 records
 - Military record (DD-214)
 - School transcripts
 - Social Security Number 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 informant of 17b or 17c may change the birth certificate.
 - The proof(s) must match the asserted fact(s). For example, if the affidavit asserts 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 age.

- #### 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 parent's 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 informant information, documentary proof is required.
 - To correct the sex of the child, one documentary proof from a medical provider is required.

To change any part of the name of a child, signatures from both parents listed on the certificate are required. To change the sex of a child, 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 executor/administrator (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.
 - 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 two pieces of documentary proof.
 - To change the date or place of marriage or dissolution, the person with two pieces of documentary proof must complete and submit the affidavit.

CERTIFIED

DEC 27 2017

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

