

201803120165

Skagit County Auditor

\$80.00

3/12/2018 Page

1 of

7 11:06AM

When recorded return to:

Gary Lohman  
8795 District Line Rd.  
Burlington, WA.  
98233

### QUIT CLAIM DEED

THE GRANTOR(S) *Glenn K. Nickel*

for and in consideration of *\$10,000.00* Ten thousand

in hand paid, conveys and quit claims to *Gary Lohman*

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:

*Lot 10, Amended Plat of Leighton Acres  
AF# 200909180031  
Section 18, Township 35 North, Range 8 East*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

*2018945*  
MAR 12 2018

Amount Paid \$ *220.83*  
Skagit Co Treasurer  
By *mm* Deputy

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

Tax Parcel Number(s): *P-123392*

Dated: 10-25-17

Glenn K. Nickel

STATE OF Oregon  
COUNTY OF Douglas

ss.

I certify that I know or have satisfactory evidence that

Glenn K. Nickel

(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: 10-25-17

Marlene Louise Flora

Notary name printed or typed: Marlene Louise Flora  
Notary Public in and for the State of Oregon  
Residing at Canyonville Oregon

My appointment expires:

12-15-2017



Return Address:

Glenn Nickel  
2128 Starveout Crk. Rd.  
Azalea, OR 97410

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Glenn K. Nickel, being first duly sworn  
*Name of Affiant*  
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real  
property described below, and is Daughters, Son  
*Relationship to decedent*  
of Karen Renee Nickel, who died on Dec 17, 2013  
*Decedent/Grantor* *Date*  
at Concrete Skaft Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Amended Plat of Leckinton Acres, Lot 10  
AF# 200909180031 "PLAT OF LECKINTON ACRES" AS PER LONG CORN  
NO. 03-0314, APPROVED SEPTEMBER 13, 2009, AND RECORDED ON  
SEPTEMBER 19, 2009, UNDER HUDYOR FILE # 200507190141, RECORDS  
OF SKAGIT COUNTY, WASHINGTON

Assessor's Property Tax Parcel/Account Number: 4970-000-000-0000 / P# 123372  
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Autumn Renee Paulowicz, 48, Daughter

26904 Hoehn Rd. Sedro Woolley, WA. 98284

Full name, age, relationship, address

Eron Gene Nickel, 45, son

Vagrant

Full name, age, relationship, address

Anyela Dawn Johnson, 44, Daughter

6457 Marshall Ave S.W. Seattle, WA. 98136

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10-11-17

Glenn Kenneth Nickel JR  
Affiant's full name

360-708-4805  
Telephone number

2128 Starvation Creek Rd

AZalea OR 97410  
City State Zip Code

[Signature] 10-11-17  
Signature Date

State of Oregon County of Douglas

I know or have satisfactory evidence that Glenn Kenneth Nickel Jr  
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/11/17

Marlene Louise Flora  
Signature of Notary Public

(SEAL OR STAMP)

Residing at: 215 So Main Canyonville Or

Notary Public in and for the State of Oregon

My appointment expires: 12/15/2017



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-024021

DATE ISSUED: 12/19/2013

FEE NUMBER: 000000029

GIVEN NAMES: KAREN RENEE  
LAST NAME: NICKEL

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 17, 2013  
HOUR OF DEATH: 07:20 P.M.  
SEX: FEMALE  
AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: OAKLAND, ALAMEDA CNTY, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: GLENN NICKEL

OCCUPATION: BOOKKEEPER  
INDUSTRY: CONSTRUCTION  
EDUCATION: UNKNOWN  
US ARMED FORCES? NO

INFORMANT: GLENN NICKEL  
RELATIONSHIP: HUSBAND  
ADDRESS: 42366 SOUTH SKAGIT HWY CONCRETE, WA 98237

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 42366 SOUTH SKAGIT HWY  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237

RESIDENCE STREET: 42366 SOUTH SKAGIT HWY  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237  
INSIDE CITY LIMITS? NO  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: CARL DETILLION  
MOTHER: BARBARA [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: DECEMBER 19, 2013

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
FUNERAL DIRECTOR: RICK B. LEMLEY

- CAUSE OF DEATH:
- A. SMALL CELL LUNG CANCER  
INTERVAL: 13 MONTHS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

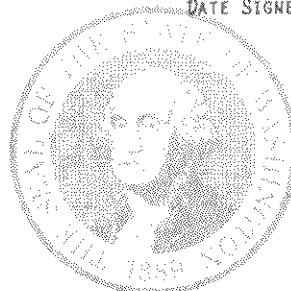
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: BRUCE C. MATHEY, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: DECEMBER 18, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: N/A# 702  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: DECEMBER 18, 2013

Administrative  
Department  
Stagh County Health Department  
1000 North Main Street  
Stagh, VA 22180  
Phone: 540-863-2200  
Fax: 540-863-2201  
www.staghcountyva.gov

UNOFFICIAL DOCUMENT

**\*CERTIFIED\***

DEC 19 2013

*H. Lehman*  
Stagh County Public Health Department  
Howard Lehman M.D., Health Officer

ZZ00026112