



201805010032

Skagit County Auditor

\$82.00

5/1/2018 Page

1 of

9 11:19AM

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) *Teresa C Voss surviving spouse of Lynn E Voss.*

for and in consideration of *Inheritance*

in hand paid, conveys and quit claims to *Teresa C Voss*

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:
*Section 32, Township 34 North, Range 4 East; Ptn. SW 1/4 - NE 1/4
(aka Tract B, SP #33-76)
see attached legal description*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018/5/1
MAY 01 2018

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

Tax Parcel Number(s): *P# 29481*

Amount Paid \$
Skagit Co. Treasurer
By *YMG* Deputy

Dated: 5-1-18

Terese C Voss

STATE OF Washington
COUNTY OF Shagit

ss.

I certify that I know or have satisfactory evidence that Terese C. Voss

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that she signed
this instrument, on oath stated that she authorized to execute the instrument and acknowledge it
as the surviving spouse of
Lynn E. Voss to be
the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 5-1-18

Jessica Massingale
Notary name printed or typed: Jessica Massingale
Notary Public in and for the State of Washington
Residing at Mt. Vernon, WA
My appointment expires: Jan 1st 2019

NOTARY PUBLIC
STATE OF WASHINGTON
JESSICA MASSINGALE
My Appointment Expires
JANUARY 01, 2019

LEGAL DESCRIPTION: Real property in the County of Skagit, State of Washington, described as follows:

Tract "B" of Short Plat No 23-76, approved May 26, 1976 and recorded May 27, 1976, under Auditor's File No. 835799, in Volume 1 of Short Plats, pages 134 and 135, records of Skagit County, Washington; being located in the Southwest 1/4 of the Northeast 1/4 of Section 32, Township 34 North, Range 4 East, W.M., EXCEPT that portion of said Tract "B" lying Southerly of the following described line: Beginning at the Southwest corner of said Tract "B", Skagit County Short Plat No. 23-76, from which the South line of said Tract "B" bears South 89°36'49" East; thence North 76°54'51" East, parallel with and Northerly of an existing fence line, 154.03 feet, more or less, to the East line of said Tract "B" at a point being North 0°02'50" East, 35.89 feet, from the Southeast corner of said Tract "B" and being the terminus of said line.

Return Address:

Teresa C Voss
19630 Sky Ridge Road
Mount Vernon Wash 98274

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Teresa Voss, 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 wife
Relationship to decedent
of Lynn E. Voss, who died on 12/7/17
Decedent/Grantor *Date*
at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: _____
Section 32, Township 34 North, Range 4 East;
Ptn. SW 1/4 - NE 1/4 (aka Tract B, SP# 23-76)

Assessor's Property Tax Parcel/Account Number: (P29481) 34043210150405
(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)

Teresa C Voss 65 years old wife
196305 Sky Ridge Road Mount Vernon Wn.
Full name, age, relationship, address 98274

Rachael L Voss
Full name, age, relationship, address

Rachael L Voss daughter 33 years old
3306 Pennsylvania Ave Austin Texas 78721
Full name, age, relationship, address

Carly L. Skelton daughter 31 years old
2003 Woodridge Ave Mount Vernon Wash 98273
Full name, age, relationship, address

Jessie K. Voss daughter 39 years old
10420 - 131 Street ^{of living from previous relationship} Kirkland Wash 98034
Full name, age, relationship, address

Jan Voss sister 61 years old
2236 Stonecreek Trail Billings Montana 59106
Full name, age, relationship, address

Julie Quinn sister 65 years old
2236 Stonecreek Trail Billings Montana 59106
Full name, age, relationship, address

Full name, age, relationship, address

Dated: _____

Teresa C Voss

Affiant's full name

360-399-7351 or 425-301-7351

Telephone number

19630 Sky Ridge Road

Mount Vernon Washington 98274
City State Zip Code

teresa c voss 5-1-18
Signature Date

State of Washington County of Skagit

I know or have satisfactory evidence that Teresa C. Voss
(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.

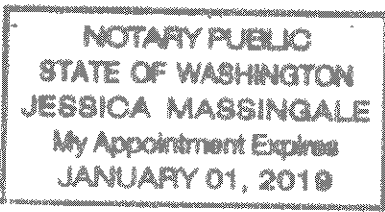
Dated: 5/1/18 Jessica Massingale
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Mt. Vernon, WA

Notary Public in and for the State of Washington

My appointment expires: 01/2019



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-052991

DATE ISSUED: 12/12/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LYNN EDWARD
LAST NAME(S): VOSS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 07, 2017
HOUR OF DEATH: 03:16 AM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: 538-54-1758

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 19630 SKYRIDGE ROAD
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: APRIL 24, 1951
BIRTHPLACE: DAVENPORT, IA

FATHER/PARENT: VERNON EDWARD VOSS
MOTHER/PARENT: JEANETTE ARLENE HARTKOP

MARITAL STATUS: MARRIED
SPOUSE: TERESA CHRISTINE WISHON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: SALESMAN
INDUSTRY: METAL INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 11, 2017

INFORMANT: TERESA CHRISTINE VOSS
RELATIONSHIP: SPOUSE
ADDRESS: 19630 SKYRIDGE ROAD, MOUNT VERNON, WA 98274

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:

- A: SEPSIS
INTERVAL: HOURS
- B: TUMOR LYSIS SYNDROME
INTERVAL: DAYS
- C: METASTATIC CANCER
INTERVAL: YEARS
- 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: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: DECEMBER 08, 2017

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: DECEMBER 11, 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
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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 2nd 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.

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

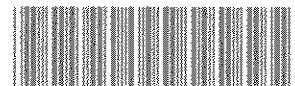
- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

DEC 12 2017

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



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