



201805210128

05/21/2018 12:25 PM Pages: 1 of 8 Fees: \$81.00  
Skagit County Auditor

Return Address:

DOUGLAS K. SPRAGUE

5058 AERIE LN.

SEDOO WOODEN, WA 98284

Document Title(s):

QUIT CLAIM DEED

Reference Number (if applicable):

Grantor(s):

additional grantor names on page \_\_\_\_

1. DOUGLAS K. SPRAGUE, a widower, who took title  
as the husband of CHERYL A. SPRAGUE now DECEASED.

Grantee(s):

additional grantee names on page \_\_\_\_

1. DOUGLAS K. SPRAGUE, a widower

2. \_\_\_\_\_

Abbreviated legal description:

full legal on page(s) \_\_\_\_

LOT 42, EAGLE VALLEY P.U.D.

Assessor Parcel / Tax ID Number:

additional parcel number(s) on page \_\_\_\_

P106935

When recorded return to:  
DOUGLAS K. SPRAGUE

**QUIT CLAIM DEED**

THE GRANTOR(S) **DOUGLAS K. SPRAGUE, A WIDOWER, WHO TOOK TITLE AS THE HUSBAND OF CHERYL A. SPRAGUE, NOW DECEASED**

for and in consideration of NO MONETARY EXCHANGE

in hand paid, conveys and quit claims to **DOUGLAS K. SPRAGUE, A WIDOWER**

the following described real estate, situated in the county SKAGIT, State of Washington

together with all after acquired title of the grantor(s) herein:

LOT 42, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

Tax Parcel Number(s): P106935

DATED: 04/12/2018  
*Douglas K. Sprague*  
DOUGLAS K. SPRAGUE

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20182091  
MAY 21 2018

Amount Paid \$ 0  
By *BI* Skagit Co. Treasurer Deputy

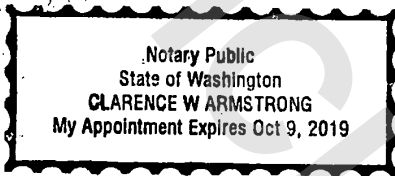
STATE OF WA  
COUNTY OF Skagit

ss.

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

Dated: 04/12/2018

*Clarence W. Armstrong*  
Notary name printed or typed: Clarence W. Armstrong  
Notary Public in and for the State of WA  
Residing at Snohomish County  
My appointment expires: 10/09/2019



After recording, return to:

**INHERITANCE LACK OF PROBATE AFFIDAVIT  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF WA )  
COUNTY OF Skagit ) SS:

The undersigned, Douglas K. Sprague, executes this affidavit relating to the estate of Cheryl Ann Sprague (herein "Decedent"), who died on 12/05/2014, in the County of Skagit, State of WA, then being a resident of the City of Mt Vernon, County of Skagit, State of WA. (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):  
 the lawful surviving spouse of the Decedent  
 Registered domestic partner of the Decedent  
 Surviving child of the Decedent  
 One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.  
 other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

\_\_\_\_\_

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]  
Name & relationship \_\_\_\_\_

DOUGLAS K. SPRAGUE  
(SPOUSE)

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skagit, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

SEE ATTACHED

5. **Status of the Will (if any)**

- The decedent left a Will that devises real property.
- The decedent left no Will that devises real property.

DATED: 04 12, 20 18

Douglas K Sprague  
(Signature)

Douglas K Sprague  
(Print or type full name)

5058 AERIE LN., SEOPA WOODLEY  
(Full address and telephone number) WA 98284  
(509) 977-3685

State of WA  
County of Skagit

SUBSCRIBED and SWORN TO before me this 12<sup>th</sup> day of April, 20 18,  
by Douglas A. Sprague, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Clarence W. Armstrong  
Notary Public in and for the State of WA  
residing at Snohomish County

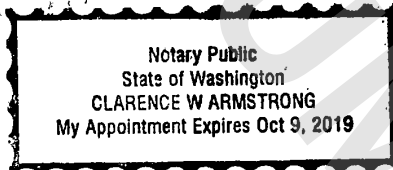


Exhibit A

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, AND IS DESCRIBED AS FOLLOWS:

LOT 42, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE 181 TO 183, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

MANUFACTURED/MOBILE HOME:

NAME: LIBERTY HOMES  
MODEL NO.: 01643  
NEW/USED/YEAR: 1995  
SERIAL NO.: 09L30262XU  
LENGTH AND WIDTH: 26X66.

Parcel ID: P106935

Commonly known as 5058 Aerie Lane, Sedro Woolley, WA 98284  
However, by showing this address no additional coverage is provided

ABBREVIATED LEGAL: LOT 42, "EAGLE VALLEY P.U.D.", AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGE 181 TO 183

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2014-028323

DATE ISSUED: 05/11/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): CHERYL ANN  
LAST NAME(S): SPRAGUE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 05, 2014  
HOUR OF DEATH: 08:13 AM  
SEX: FEMALE AGE: 50 YEARS  
SOCIAL SECURITY NUMBER: 517-94-0170

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 5058 AERIE LANE  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 5058 AERIE LN  
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 19 YEARS

BIRTH DATE: MAY 14, 1964  
BIRTHPLACE: WHITEFISH, MT

FATHER/PARENT: WILLIAM HART  
MOTHER/PARENT: MYRTLE JONES

MARITAL STATUS: MARRIED  
SPOUSE: DOUGLAS SPRAGUE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

OCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: ASSOCIATE DEGREE  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: DECEMBER 15, 2014

INFORMANT: DOUGLAS SPRAGUE  
RELATIONSHIP: HUSBAND  
ADDRESS: 5058 AERIE LANE, SEDRO-WOOLLEY, WASHINGTON 98284

FUNERAL FACILITY: LEMLEY CHAPEL  
ADDRESS: 1008 THIRD ST  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:  
A: STAGE 4 HODGKIN'S LYMPHOMA  
INTERVAL: 6 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: NOT PREGNANT WITHIN THE PAST YEAR

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

CERTIFIER NAME: SUZANNE ROBERTSON, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: DECEMBER 10, 2014

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER:  
FILE NUMBER: NJA# 756  
ATTENDING PHYSICIAN: SUZANNE ROBERTSON, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA  
DATE RECEIVED: DECEMBER 10, 2014



# Affidavit for Correction

201805210128

Mail to: Center for Health Statistics

05/21/2018 12:25 PM Page 8 of 8

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

<b>Required</b>	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<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

#### INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

#### 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

- 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.

# \*CERTIFIED\*

MAY 11 2018

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

DOH 422-034 October 2015



0 1 8 0 4 8 5 8

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.