

After recording, send document to:

DALE KEITH McINTOSH, SENIOR

32641 143rd Place SE

Sultan, Washington 98294



201809250081

09/25/2018 01:29 PM Pages: 1 of 8 Fees: \$105.00
Skagit County Auditor

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018
SEP 25 2018

Amount Paid \$10
By *Ma* Skagit Co. Treasurer Deputy

QUIT CLAIM DEED

Under RCW 64.04.050

The grantor, **DALE KEITH McINTOSH, SENIOR**,

For and in consideration of: Ten Dollars (\$10.00) in hand paid, conveys and quit claims to the grantee: **THE DALE KEITH McINTOSH, SENIOR REVOCABLE TRUST.**

Dale Keith McIntosh TRUSTEE OF
All interest in the following described real estate situated in **Skagit** County, Washington legally described as:

Lot 83, Block 1, "Lake Cavanaugh Subdivision No. 3", according to the plat recorded in volume 6 of plats, pages 25 to 31 inclusive, records of Skagit County, Washington, EXCEPT the North 200 feet thereof, and EXCEPT that portion thereof described as follows: Beginning at the Southeast corner of lot 83; thence North along the East line of said Lot, 50 feet; thence West at right angles to the East line of said Lot, 10 feet; thence South parallel to the East line of said Lot to the South line of said Lot; thence Southeasterly along the Southerly line of said Lot to the point of beginning.

SUBJECT TO easements, restrictions and reservation now of record.

Parcel ID: -8412040021 *P66851*

Associated document reference numbers: Vol 583 page 117

Dated this 25th day of September 2018.

Dale Keith McIntosh Sr

DALE KEITH McINTOSH SENIOR, GRANTOR

Dale Keith McIntosh Sr.

**DALE KEITH McINTOSH SENIOR, as TRUSTEE OF
THE REVOCABLE TRUST OF DALE KEITH McINTOSH, SENIOR
GRANTEE**

Signed, sealed and delivered in the presence of:

Rita Loue

WITNESS SIGNATURE

Rita Loue

WITNESS SIGNATURE

STATE OF WASHINGTON _____)

)ss.

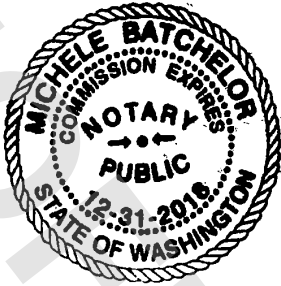
COUNTY OF SKAGIT _____)

On this day personally appeared before me **DALE KEITH McINTOSH, SENIOR**, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the purposes therein mentioned.

Given my hand and official seal this 25 day of Sept, 2018.

mmayman

Notary Public in and for the State of Washington



Residing at: 1800 S Burlington BLVD
Burlington WA 98233

Print name: Michele Batchelor
12.31.18

Commission expiration date

UNOFFICIAL DOCUMENT

Return Address:

32641 143rd PL SE
SULTAN, WA 98294

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Dale Keith McIntosh, Sr, 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 HUSBAND
Relationship to decedent

of SHIRLEY VAUGHN McIntosh, who died on 10/12/2014
Decedent/Grantor *Date*

at Seattle KING Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 83, BLOCK 1 LAKE CAVANAUGH SUBDIVISION 3 EXCEPT
THE NORTH 200 FEET THEREOF, AND EXCEPT THAT PORTION DESCRIBED AS
FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF LOT 83; THENCE NORTH
ALONG THE EAST LINE OF SAID LOT 5 FEET; THENCE WEST AT RIGHT ANGLES
TO EAST LINE OF SAID LOT, 10 FEET; THENCE SOUTH PARALLEL TO EAST LINE
OF SAID LOT; THENCE SOUTHEASTLY ALONG THE SOUTHWESTLY OF SAID
LOT TO THE POINT OF BEGINNING.

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

(Page 1 of _____)

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

32641 143rd PL SE, SUIT 14, WA 98294

Date Keith McIntosh, Sr Age 81

Full name, age, relationship, address

32641 143rd PL SE, SUIT 14, WA 98294

Full name, age, relationship, address

Kirsten Louise Bailey Age 54

Age 57 - Address Unknown

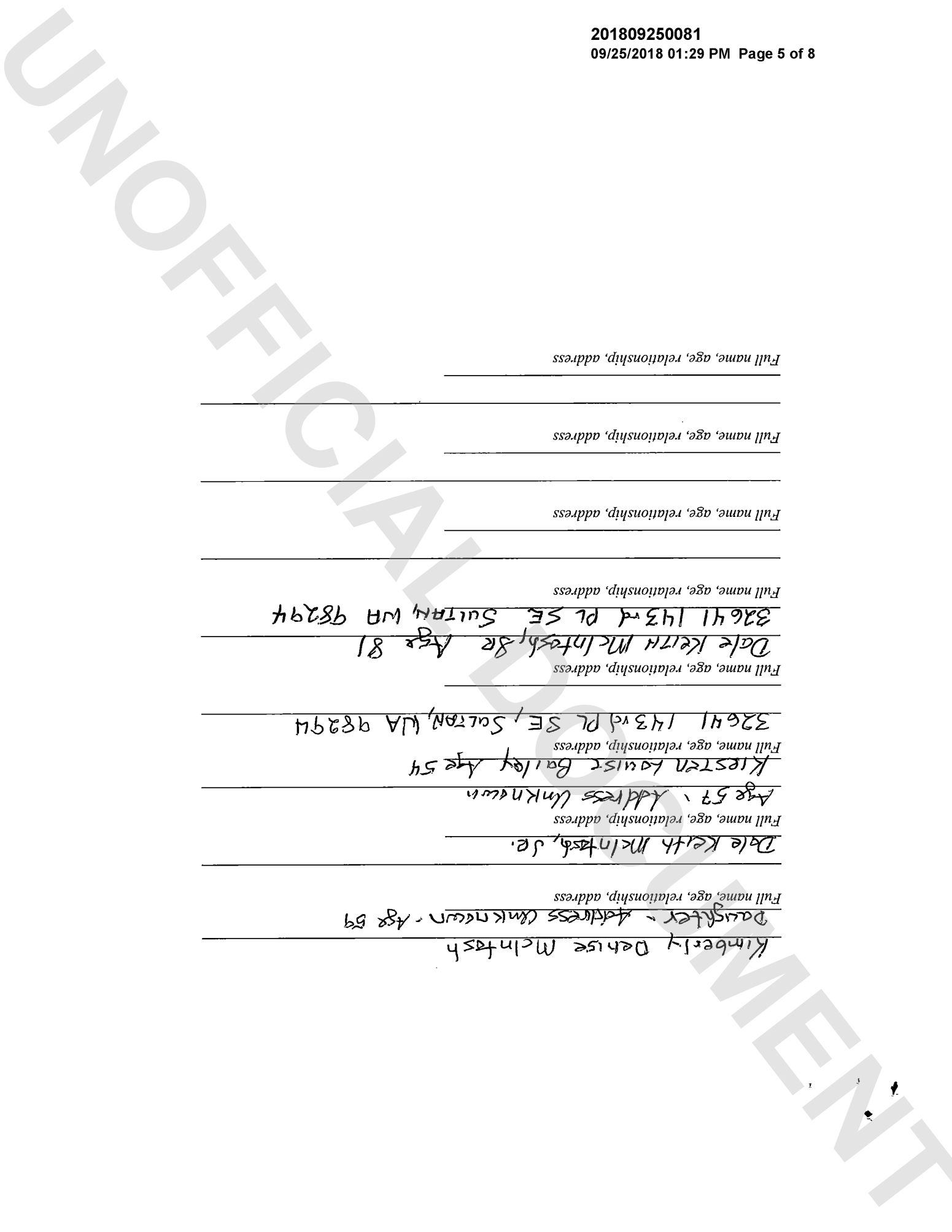
Full name, age, relationship, address

Date Keith McIntosh, Jr.

Full name, age, relationship, address

Daughter - Address Unknown - Age 59

Kimberly Denise McIntosh



Dated : 09/25/2018

Dale Keith McIntosh, Sr

Affiant's full name

206-972-5337

Telephone number

100 METERS ESTE, Aralfa, Calle Valverde, Distrito AGFARO,
CONTONI SAN RAMON, PROVINCIA: ALAJUELA, COSTA RICA

City

Street

State

Zip Code

Dale Keith McIntosh, Sr
Signature

09/25/2018
Date

State of Washington County of Skagit

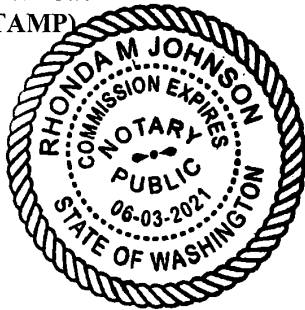
I know or have satisfactory evidence that Dale Keith McIntosh
(name of person)

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: 9/25/2018

Rhonda M Johnson
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Burlington, WA

Notary Public in and for the State of WA

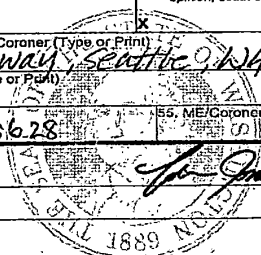
My appointment expires: 06/03/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

10426

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix		2. Death Date		3. Sex (MF)		4a. Age - Last Birthday	
Shirley Vaughn McIntosh		10/12/2014		Female		76	
4b. Under 1 Year		4c. Under 1 Day		5. Social Security Number		6. County of Death	
						King	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
		Seattle		Washington		Nursing School	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
NO				Caucasian			
13a. Residence: Number and Street (e.g., 824 SE 6 th St.) (Include Apt. No.)				13b. City or Town		13c. State or Foreign Country	
3717 191st Pl. SW				Lynnwood		Washington	
13d. Tribal Reservation Name (if applicable)		13e. Zip Code + 4		13f. Inside City Limits?		13g. State or Foreign Country	
		98036-5718		Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>		Washington	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
48 years		Married		Dale K. McIntosh, Sr.			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Registered Nurse				Nursing			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Harold Hagen				Lillian			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dale K. McIntosh, Sr.		Husband		3717 191st Pl. SW Lynnwood, WA 98036			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (if not a facility, give number & street or location)			
Inpatient				Swedish Medical Center			
26a. City, Town, or Location of Death		26b. State		27. Zip Code		28. Method of Disposition	
Seattle		WA		98122		Cremation	
29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Local/In-City/Town, and State		31. Name and Complete Address of Funeral Facility			
First Cremation Service		Kent, WA		The Co-op Funeral Home of People's Memorial			
32. Date of Disposition				33. Funeral Director Signature X			
10/14/2014				CSOW			
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
Cause of Death (See instructions and examples)							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Hypercarbic respiratory failure</u>		Due to (or as a consequence of):		Interval between Onset & Death HOURS	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <u>Congestive heart failure</u>		Due to (or as a consequence of):		Interval between Onset & Death DAYS	
		c. <u>Acute myocardial infarction</u>		Due to (or as a consequence of):		Interval between Onset & Death DAYS	
		d. <u>Anemia</u>		Due to (or as a consequence of):		Interval between Onset & Death WEEKS	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
<u>Pneumonia, renal Failure</u>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		41. Date of Injury (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		42. Hour of Injury (24hrs)	
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?		45. Location of Injury: Number & Street		46. Describe how injury occurred	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
47a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.		47b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		49. Hour of Death (24hrs)	
X <u>GILBERT SUN</u>		X		747 Broadway, Seattle, WA 98122		18:41	
50. Name and Title of Attending Physician (if other than Certifier (Type or Print))		51. License Number		52. Date Signed (mm/dd/yyyy)		53. Title of Certifier	
		MD00045628		10/13/2014		MD - Physician	
54. Registrar Signature		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?		57. Date Received (mm/dd/yyyy)	
X				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OCT 14 2014	
58. Amendments							
X							





Affidavit for Correction

201809250081

Center for Health Statistics
P.O. Box 47814
Seattle, WA 98178-07814
360-236-4300
www.doh.wa.gov

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

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STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
-----------------------	-------------------

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) _____ Telephone Number: _____

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

15. Signature: _____ 16. Date: _____ 17. Address: _____

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

- Examples of acceptable documentary proof:**
- Birth Record
 - Certificate of Naturalization
 - Military Record (DD-214)
 - Passport
 - Numident Report (Social Security Administration)
 - Marriage/Divorce Record
 - Life Insurance Policy
 - Hospital/Medical Record
 - School Transcripts (Official)
 - Alien Registration (front and back)

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
 - Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the 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). 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 fact(s) (minor spelling changes in name, date or place of birth) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED
 Seattle - King County
 Department of Public Health
 David Fleming,
 Director and Health Officer

DOH 422-034 January 2014

OCT 14 2014

AA00255706