

201811260061

11/26/2018 08:59 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

When Recorded Return To:

K. T. Esp, Attorney at Law
301 Prospect Street
Bellingham, WA 98225

DOCUMENT TITLE: **QUIT CLAIM DEED**

REFERENCE NUMBER OF RELATED DOCUMENT: **534479; 201709180042**

GRANTOR: **KENNETH GENE MARKEL, PERSONAL REPRESENTATIVE OF THE ESTATE OF RUBY LEONA MARKEL**

ADDITIONAL GRANTOR: **NONE**

GRANTEE: **KENNETH GENE MARKEL**

ADDITIONAL GRANTEE: **NONE**

ABBREVIATED LEGAL DESCRIPTION: **LOT 63, ISLAND VIEW PARK**

ADDITIONAL LEGAL DESCRIPTION: **PAGE 2**

ASSESSOR'S TAX/PARCEL NUMBER: **P57594**

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20185157

NOV 26 2018

QUIT CLAIM DEED

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

The undersigned Grantor, **KENNETH GENE MARKEL**, as the duly appointed, qualified and acting **PERSONAL REPRESENTATIVE OF THE ESTATE OF RUBY LEONA MARKEL**, Deceased, in Probate Cause No. 18 4 00324 37, in Whatcom County Superior Court of Washington, and not in his individual capacity, as a distribution of the estate pursuant to Will, conveys and quit claims to **KENNETH GENE MARKEL**, individually, as his separate property, the following-described real estate situated in the County of Skagit, State of Washington, together with all after-acquired title of the Grantor therein:

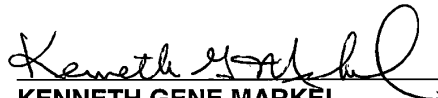
Lot 63, "Island View Park", according to the recorded plat thereof in the office of the auditor of Skagit County, Washington, in Volume 7 of plats, page 38;

Subject to: Protective covenants as recorded under auditor's file No. 518307, records of said county;

Right as granted in the dedication of the plat of the public to make all necessary slopes for cuts or fills; records of said county.

Subject to all covenants, conditions, restrictions, assessments and easements of record.

DATED this 15th day of November, 2018.

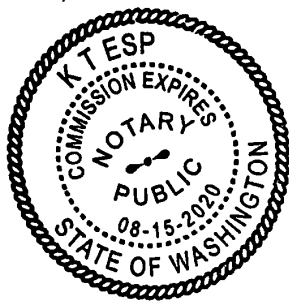

KENNETH GENE MARKEL
 Personal Representative of
 the Estate of Ruby Leona Markel,
 and Not in His Individual Capacity


STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that **KENNETH GENE MARKEL** is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the **PERSONAL REPRESENTATIVE OF THE ESTATE OF RUBY LEONA MARKEL**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED this 15 day of November, 2018.

(SEAL/STAMP)




 NOTARY PUBLIC
 Printed Name: K. T. Esp
 My Commission Expires: August 15, 2020

SCANNED

18-4-00324-37
LTRTS 7
Letters Testamentary
3351929



FILED
COUNTY CLERK

2018 JUN 25 A 8:51

WHATCOM COUNTY
WASHINGTON

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

<p>IN THE MATTER OF THE ESTATE OF</p> <p>RUBY LEONA MARKEL,</p> <p style="text-align: right;">Deceased.</p>	<p>No. 18-4-00324-37</p> <p>LETTERS TESTAMENTARY</p>
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WHEREAS, the last Will of RUBY LEONA MARKEL, deceased, was on the 25th day of June, 2018 duly exhibited, proven, and recorded in our said Superior Court.

AND WHEREAS, it appears that KENNETH GENE MARKEL, has been named Executor in and by said will;

NOW, THEREFORE, know all men by these presents, that we do hereby appoint and authorize KENNETH GENE MARKEL, Executor, to execute said Will according to law.

WITNESS Alfred L. Heydrich, Court Commissioner of said Superior Court and the seal of said Court hereto affixed this 22nd day of June, 2018.

County Clerk and Ex-Officio Clerk of the
Superior Court of Whatcom County, Washington

By Joan Riddell, Deputy Clerk

CERTIFICATE

STATE OF WASHINGTON]
COUNTY OF WHATCOM] ss.

I, DAVID L. REYNOLDS, County Clerk and Clerk of the Superior Court of Whatcom County, do hereby certify that the above and foregoing is a true and correct copy of the Letters Testamentary in the above entitled matter, and were on the 22nd day of June, 2018 duly entered of record.

I further certify that said Letters are now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of the Superior Court, this 15th day of November, 2018.

County Clerk and Ex-Officio Clerk of the
Superior Court of Whatcom County, Washington

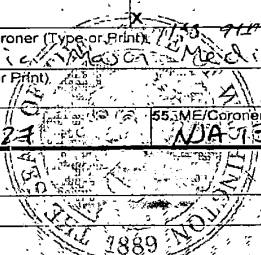
By [Signature], Deputy Clerk

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 13098		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Gene Elmer Markel				2. Death Date Dec. 22, 2013		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 205-22-3900	6. County of Death King	
7. Birthdate Feb. 15, 1932	8a. Birthplace (City, Town, or County) York	8b. (State or Foreign Country) Pennsylvania		9. Decedent's Education High school graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1902 24th Street				13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98221
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. 57 years				
15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Ruby Leona Horman				
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Department Manager				18. Kind of Business/Industry (Do not use Company Name) Refining		
19. Father's Name (First, Middle, Last, Suffix) Ray Ammon Markel			20. Mother's Name Before First Marriage (First, Middle, Last) Ruth Helma Dherit			
21. Informant's Name Kenneth Markel		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1902 24th Street Anacortes, Washington 98221		
24. Place of Death, if Death Occurred in a Hospital: Inpatient						
25. Facility Name (If not a facility, give number & street or location) Virginia Mason Medical Center						
26a. City, Town, or Location of Death Seattle		26b. State WA		27. Zip Code 98101		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Service			30. Location-City/Town, and State Kent, Washington	
31. Name and Complete Address of Funeral Facility Smart Cremation 2528 South 38th St, #B Tacoma, Washington 98409				32. Date of Disposition December 24, 2013		
33. Funeral Director Signature X Craig R Morgan Craig R. Morgan						
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. Sepsis Interval between Onset & Death 2 days Due to (or as a consequence of): 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. Cholangitis Interval between Onset & Death 2 days Due to (or as a consequence of): c. Cholangiocarcinoma Interval between Onset & Death Unknown Due to (or as a consequence of): d. Interval between Onset & Death						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input 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		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY)
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: City or Town: County: State: Apt No. Zip Code + 4:				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician Dr. ERM Remberg MD		
48b. Medical Examiner/Coroner Dr. Tom Gunby MD				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. ERM Remberg, Virginia Mason Medical Center		
50. Hour of Death (24hrs) 22:15				51. Name and Title of Attending Physician if other than Certifier (Type or Print) Dr. Tom Gunby		
52. Date Signed (MM/DD/YYYY) 12/22/2013				53. Title of Certifier MD		
54. License Number ML60368023		55. ME/Coroner File Number NA73-9101		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
57. Registrar Signature John Jones				58. Date Received DEC 24 2013		
59. Amendments 26 08 1/6/14						



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (1/13)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



Affidavit for Correction 201811260061

Center for Health Statistics
P.O. Box 47814
Seattle, WA 98146-4781
(360) 236-4300

This is a legal document. Complete in ink and do not alter. 11/26/2018 08:59 AM Page 5 of 8

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: First Middle Last 2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)

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 forgoing is true and correct.

15. Signature: (Printed Name) 16. Date: 17. Address:

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	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
Passport	Hospital/Medical Record	

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, 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 someone other than the informant listed on the certificate. 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 or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the official (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 August 2013

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

JAN. 09. 2014

ZZ00060422