



201904100046

04/10/2019 03:20 PM Pages: 1 of 9 Fees: \$107.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Brian and Chloe Sherpe
283 Klinger Street
Sedro Woolley, WA 98284

Filed for Record at Request of:
Land Title & Escrow of Skagit & Island County
Escrow No.: 01-171282-OE

Land Title and Escrow

Statutory Warranty Deed

THE GRANTOR RICK E. PIPPIN and RANDY A. PIPPIN, as the Sole Heirs of Joy A. Wyperd, deceased (PROPERTY IS NOT GRANTOR'S PRIMARY RESIDENCE) for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to BRIAN SHERPE and CHLOE SHERPE, a married couple the following described real estate, situated in the County of Skagit, State of Washington

Abbreviated Legal: Lot 53, Klinger Estates

For Full Legal See Attached Exhibit "A"

Tax Parcel Number(s): 4891-000-053-0000, P124471

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title and Escrow Company's Preliminary Commitment No. 01-171282-OE.

Dated April 5, 2019

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20191273
APR 10 2019

Amount Paid \$ 5,175.⁹⁰
Skagit Co. Treasurer
By *Anam* Deputy

RICK E. PIPPIN and RANDY A. PIPPIN, as Sole Heirs of JOY A. WYPERD, deceased

[Signature]
By: Rick E. Pippin, Sole Heir

[Signature]
By: Randy A. Pippin, Sole Heir

STATE OF Washington }
COUNTY OF Skagit } SS:

I certify that I know or have satisfactory evidence that Rick E. Pippin and Randy A. Pippin is / are the person(s) who appeared before me, and said person(s) acknowledged that he / she / they signed this instrument and acknowledged it to be his / her / their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: April 9th 2019

[Signature]
Karen Ashley
Notary Public in and for the State of Washington
Residing at Sedro-Woolley
My appointment expires: 9/11/2022

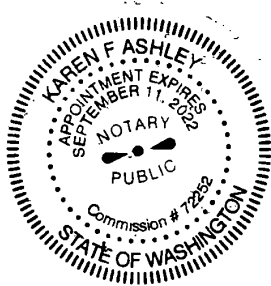
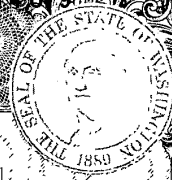


EXHIBIT A

Lot 53, "PLAT OF KLINGER ESTATES," as per plat recorded under Auditor's File No. 200605080213, records of Skagit County, Washington.

Situate in the City of Sedro-Woolley, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-056937

DATE ISSUED: 12/31/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOY ADAIR
LAST NAME(S): WYPERD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 26, 2018
HOUR OF DEATH: 07:25 AM
SEX: FEMALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 283 KLINGER STREET
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: PASADENA, CA

FATHER/PARENT: EDWARD NICHOLS
MOTHER/PARENT: FRIEDA [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

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

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 28, 2018

INFORMANT: RICK PIPPIN
RELATIONSHIP: SON
ADDRESS: 22911 BASSETT ROAD SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

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

- CAUSE OF DEATH:
- A: ACUTE RESPIRATORY FAILURE
INTERVAL: UNKNOWN
 - B: CHRONIC RESPIRATORY FAILURE
INTERVAL: UNKNOWN
 - C: CHRONIC EMPHYSEMA
INTERVAL: UNKNOWN
 - D: LEFT UPPER PNEUMONIA
INTERVAL: 3 DAYS

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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: JIAN SUN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: DECEMBER 26, 2018

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 18SK396
ATTENDING PHYSICIAN: JIAN YI SUN, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LINDA FERRARIO
DATE RECEIVED: DECEMBER 28, 2018

Affidavit for Correction



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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number.
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Required	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: _____ City or County
	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: _____ P.O. Box _____ City _____ State _____ Zip _____				
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 nd 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

1. 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.
2. **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.
3. 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

1. 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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

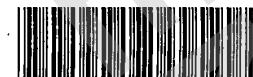
DOH 422-034 October 2015



CERTIFIED

DEC 31 2018

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



0 2 0 2 3 8 4 5

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

Return Address:

Rick E. Pippin
22911 Bassett Road
Sedro-Woolley, WA 98284

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Rick E. Pippin, 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 Sons
Relationship to decedent
of Joy A. Wyperd, who died on 12/26/2018
Decedent/Grantor *Date*
at Sedro-Woolley Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 53, Klinger Estates

Assessor's Property Tax Parcel/Account Number: P124471
(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 _____)

RICK E PIPPIN, legal son

Full name, age, relationship, address

22911 Bassett Rd

Sedro Woolley WA 98284

Full name, age, relationship, address

Randy A Pippin son 62

20834 Harting Ln Sedro Woolley wa

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 : April 9 2019

Rick E. Pippin

Affiant's full name

Telephone number
22911 Bassett Road

Sedro-Woolley WA 98284
City State Zip Code

[Signature] 4-9-19
Signature Date

State of Washington County of Skaigt

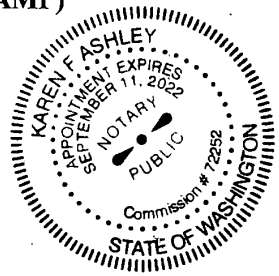
I know or have satisfactory evidence that Rick E. Pippin (name of person)

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: 04 / 9 / 2019

[Signature of Karen Ashley]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Sedro-Wooley

Notary Public in and for the State of Washington

My appointment expires: 09/11 / 2022

Escrow No.: 01-171282-OE

EXHIBIT "A"

LEGAL DESCRIPTION

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Situate in the City of Sedro-Woolley, County of Skagit, State of Washington.