Prepared By: Otto Rossner

201907030036

07/03/2019 11:41 AM Pages: 1 of 7 Fees: \$107.50 Skagit County Auditor

After Recording Return To:

19325 233 Ave. NE Woodinville, Washington 98077

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On July 03, 2019 THE GRANTOR(S),

- Otto Ernest Rossner surviving spouse of Pamela Ann Rossner deceased and Otto Ernest Rossner; a married couple ON

for and in consideration of: One Dollar (\$1.90) and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

- Otto Ernest Rossner, a single person, residing at 19325 233 Ave. NE, Woodinville, King County, Washington 98077

the following described real estate, situated in Anacortes, in the County of Skagit, State of Washington

Legal Description:

LOT 9, FUNK & KELLER'S CAMPBELL LAKE TRACTS, SUBDIVISION NO. 1 ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 8 OF PLATS, PAGES 80 AND 81 RECORDS OF SKAGIT COUNTY WASHINGTON. SITUATED IN THE COUNTY OF SKAGIT AND STATE OF WASHINGTON. PPN: 655445

Tax Parcel Number: P65544

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 20192751 JUL 0 3 2019

Amount Paid \$ 600 Skagit Co. Treasurer

By 25 Deputy

Grantor Signatures:	
DATED: Oto E. Ton 7/3/2019	DATED:
Otto Ernest Rossner surviving spouse of Pame	la Ann Rossner deceased. Otto Ernest Rossner
19325 233 Ave. NE	19325 233 Ave. NE
Woodinville, Washington	Woodinville, Washington
98077	98077
STATE OF WASHINGTON, COUNTY OF	SKAGIT, ss:
2 11 2 vd	0.00
On this day of JANG	, 2019, before me personally appeared Otto
Effect Rossilei surviving spouse of Famera Ar	in Rossner deceased, and Otto Ernest Rossner, to
me known to be the persons described in and vacknowledged that they executed same as their	
acknowledged that they executed same as their	Thee act and deed.
MILLER	
MASS/NILL	Jesica W Camingal
EXP. 01/01	Sotary Public
NOTARY B. M.	
PUBLIC R	Tersonal BonVer
7. COMM #1758 C	Title (and Rank)
OF WASHIMIT	100
SOMMON.	My commission expires Jon 1, 2023
27	
Notary Address:	
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And the state of t	
AFFIDAVIT (LACV.	NE DEAD ATE
AFFIDAVIT (LACK C	DF PROBATE)
OTTO E. ROSSAFA	, being first duly sworn, deposes and says:
The undersigned affiant is a rightful heir, as listed on heir	
below, and is HUSBAND	
OF PAMELA ANN ROSSNER	(decedent),
who died on (date) $8/11/2013$, at
WODOINVILLE KING	WA
u.i.	State
REAL PROPERTY SUBJECT TO THE AFFIDAVIT	•
Abbreviated Legal Description: 407 9, FUNK 4 KFL	<i>J</i>
SUBDIVISION NO. 1, ACCORDING TO THE	PLOT THEREOF RELONDED IN
VOLUME & OF PLATS, PAGES 80 AND 81,	RECORDS OF SKALIT COUNTY
WASHINGTON. SITUATED IN THE COUN	TY OF SKAGIT AND STATIS
OF WASHINGTON. PPN: P65544	
Assessor's Property Tax Parcel/Account Number: (Attach full legal description of the property)	P 65544
☑ 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, adopt predeceased child or adopted child, parents, brothers and Affiant hereby identifies all heirs at law of the decedent: necessary)	sisters of the decedent.
	(Page 1 of)
REV 84 0017 (6:24:16)	

Return Address:

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,	9, 50N 5, WA 98	HUSSOND 18325 EVERTURA 980 E, WA 98077 ENTER DI KIRKLAND, WA

Dated: July 2, 2019	
OTTO ERNEST ROSS	Λ€Λ
Affiant's full name	
206-747-1554	
Telephone number	
19325 233 AVE N	E
WOODINVILLE	Street UN 98077
City	State Zip Code
A4 5 1/	July 2, 2019
Signature	
State of Washingto	County of Line
I know or have satisfactory evidence the	OTTO GRNEST ROSSNER
is the person who appeared before me, a affidavit and acknowledged it to be (his mentioned in this affidavit.	and said person acknowledged that (he/she) signed this //her) free and voluntary act for the uses and purposes
Dated: <u>07, 02, 201</u> 9	DIVENDRA MARA YAN
(SEAL OR STAMP)	Residing at: Bothell
Notary Public State of Washington DIVENDRA NARAYAN COMMISSION# 200903 MY COMMISSION EXPIRES	Notary Public in and for the State of WA My appointment expires: 01 / 02 2022
July 12, 2022	

REV 84 0017 (6/24/16)

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CERTIFIED COPY OF DEATH CERTIFICATE

1 4 1 1 1 -		U Washingt	ton State C	Certificate of			File Numbe	ri.		
1. Legal Name (Include F	AKA's if any) First	Middle	UAST.	The state of the s	Suffix	Death Date	1111		n. Name	J. 1
Pamela :		Ann	ROSSI			08/11/2				3: -3
Female ``	51	ay 4b. Under 1 Year Months Days	Hours				1. 1. 3	6. County of King		
. Birthdate	8a. Birthpl North I	ace (City, Town, or Count Platte	y) 8b. (State o	or Foreign Country)	* * P*	edent's Educa ISSOCIATE [
0. Was Decedent of I	Hispanic Origin? (Ye	s or No) I(yes, specify.	: 1	Decedent's Rac	e(s)			*	12. Was Decede Armed Forces	
	per and Street (e.g., ove NE	624 SE 5 th St.) (Include Apr		ville ,		•	13b. City or Woodin	ville	<u> </u>	, inc
3ć. Residence: Coun King		Tribal Reservation Na		. WA`. `		İ	of, Zip Code 98077		13g. Inside Cil Xo Yes □ N	
17 years	÷ -4	15. Marital Status at 1 Married		Otto Ros	-			3 / 2	first marriage)	
7. Usual Occupation Homemaker	(Indicate type of work of	fone during most of working	g life. (DO NOT U		ind of Business/Ir n Home	ndustry (Do not	ùse Company	Name)		
Jerry Henning	st, Middle, Last, Suffix)	, ;	```			First Marr	iage (First, Mi	ddle, Last)		
Otto Rossner		22. Relationship to Husband	Decedent 2	²³ 19325 233	rd Ave NE V	Voodinville	, [©] WA [™] 98	3077 ^{State}	Zlo	,
. Place of Death, if Dea	th Occurred in a Hospit	tal:			of Death, if Death C sidenca	Occurred Somew	nere Other than	n a Hospital:	S 15 10 1	
i. Facility Name (If no 19325 233rd A		1	· :		26a. City, Tow Woodinvill	le :	· ·	WA	27. Zip Cod 98077	le ;
Cremation Disposit	·	29 Place of Final Dis Washelli Crer	position (Name natory	of cemetery, crema	alory, other place)	38	Location C eattle, V	•	* *	
	ete Address of Fune Iemorial	ral Facility 13620 NE 2	0th st	. Suite	A Belle	vue,WA	9800	326 20/2	Disposition	×
Funeral Director	Signature X	1 11/1	1	•	· · · · ·	<i>i.</i>	. * .			
equențially list condit					of death	` ` `		/	Unknow Interval between	
		b. ` ` ` ` ` ` ` ` ` ` `		. Due to (or as a	consequence of);			* :	Interval between	Onset & Death
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201907030036

Wasington State Department of	Affidavit fo	or Correction 07/03/2	2019 11:41 AM Page of the th Statistics P.O. Box 47814						
' ₩Health -	11 Health - Olympia, WA,98504-7814								
STATE OFFICE USE ONLY									
State File Number	Fee Number	Initials Date	Affidavit Number						
Use	the section below for requ	esting any changes on th	e record						
Record Type:	☐ Death	☐ Marriage	☐ Dissolution						
Name on record:		2. Date of Event:	3. Place of Event:						
iFirst i.mi rc	Lasi		Cry to Oscoler						
4. Father/Parent Full Birth Name 5. Mother/Parent Full Birth Name 6. Mother/Parent Full Birth Name 6. Mother/Parent Full Birth Name 6. Mother/Parent Full Birth Name									
The record is incorrect or incomplete as follows:									
The record no	w shows:		The true fact is:						
6.		7.							
8.		9.							
10.		11.							
12.		13.							
· · · · · · · · · · · · · · · · · · ·	☐ Self ☐ Parent ☐ ☐ Other (Specify)	Guardian 🗌 Informan	t Telephone Number:						
I declare under penalty of perjury	under the laws of the State of	Washington that the forgoi	ng is true and correct.						
15. Signature:	16. Date:	17. Address:	3						
(0)									
(Printed Name)									
All vital records are registered as received. We do not accept a driver's license, Soc	. Most changes must be establishe	ed by documentary proof submi	tted with the affidavit.						
Birth Record			Registration Card (if it bears an effective date)						
	Naturalization Marriage/Divorce R		Transcripts (Official)						
documentary proof: Military Reco Passport	rd (DD-214) Life Insurance Police Hospital/Medical Re		Registration (front and back)						
Birth Certificates:	1 Toophan Wedical To	0014							
Only a parent, legal guardian (if the class)	hild is under 18), or the named indivi	dual (if 18 or older) may change th	e birth certificate.						
2. The proof(s) must match exactly the a	asserted true fact(s). For example, if	the affidavit says the name is Mar	y Ann Doe, then the proof must show the name						
to be Mary Ann Doe. Mary A. Doe or I 3. Child under 18	W. A. Doe does not prove the name i	s Mary Ann Doe. Adult (18 years or older)							
Only parent(s) or legal guardian can d		Only the adult themselves	can change the birth certificate.						
Guardian must submit certified court of the court of	order giving them authority to act on	 If the first or middle name 	is absent, three pieces of documentary proof						
behalf of child(ren).Up to age one, the last name of the circle.	hild can be changed once to the	are required. If the first, middle and/or le	ast name is misspelled, two pieces of						
mother/parent full birth name, father/p									
certificate) or any combination of the	two. After age one a court ordered le		ate, place of birth, or name, one documentary						
name change is required. • Parent(s) may change the child's first	or middle name by completing this	proof is required. • Proof must be five (or more	e) years old or have been established within five						
affidavit of correction. No proof is nee		years of birth.	c) years old or have been established within live						
 To correct parent's information, one d must be five (or more) years old or ha 		s 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:			·						
	or, or executors/administrators (if evid	lence confirming such position is p	presented) may change the non-medical						
information. Proof is required to make	changes if requested by someone of	ther than the informant listed on the	ne certificate. Marital status requires a certified						
copy of a court order if someone othe 2. The medical information (cause of de			edical examiner						
Marriage/Dissolution (Divorce) Certificates		mying physician of the colonerine	diodi chairiile.						
1. Personal fact(s) (minor spelling change	ges in name, date or place of birth or	residence) may be changed by af	fidavit (with proof) by the person.						
2. To change the date or place of marria	ge or dissolution, the officiant (marri	age) or clerk of court (dissolution)							
		i 1	DOH 422-034 August 2013						

Seatile - King County
Department of Public H

Pavial Florning, Nico
Director and Measth China

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