

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 ^{OR} and ~~Otto Ernest Rossner, a married couple~~ ^{OR}

for and in consideration of: ~~One Dollar (\$1.00) and/or other good and valuable consideration~~ ^{inheritance OR} 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 03 2019

Amount Paid \$ ¹⁰
Skagit Co. Treasurer
By ^{BT} Deputy

Grantor Signatures:

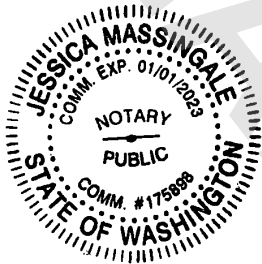
DATED: Otto E. Rossner 7/3/2019

DATED: _____

Otto Ernest Rossner surviving spouse of Pamela Ann Rossner deceased. Otto Ernest Rossner 19325 233 Ave. NE Woodinville, Washington 98077	19325 233 Ave. NE Woodinville, Washington 98077
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STATE OF WASHINGTON, COUNTY OF SKAGIT, ss:

On this 3rd day of July, 2019, before me personally appeared Otto Ernest Rossner surviving spouse of Pamela Ann Rossner deceased, and Otto Ernest Rossner, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed same as their free act and deed.



Jessica M. Massingale
Notary Public

Personal Banker
Title (and Rank)

My commission expires Jan 1, 2023

Notary Address:

Return Address:

AFFIDAVIT (LACK OF PROBATE)

OTTO E. ROSSNER, being first duly sworn, deposes and says:

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is HUSBAND (relationship to decedent) of PAMELA ANN ROSSNER (decedent), who died on (date) 8/11/2013, at WOODINVILLE KING WA
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: LOT 9, FUNK & KELLER'S CAMMELL LAKE TRACT, SUBDIVISION NO. 1, ACCORDING TO THE PLOT 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: P65544

Assessor's Property Tax Parcel/Account Number: P 65544
(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 _____)

OTTO ERNEST ROSSNER, 65, HUSBAND 19325 233 AVE NE
WOODINVILLE, WA 98077

Full name, age, relationship, address

MICHAEL OTTO ROSSNER

Full name, age, relationship, address

MICHAEL OTTO ROSSNER, 29, SON
19325 233 AVE NE WOODINVILLE, WA 98077

Full name, age, relationship, address

MELINDA ANN KABELAK, 28, DAUGHTER
4305 LAKE WASHINGTON BLVD NE # 2101 KIRKLAND, WA 98033

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: July 2, 2019

OTTO ERNEST ROSSNER
Affiant's full name

206-747-1554
Telephone number

19325 233 AVE NE
Street
LUDDONVILLE WA 98077
City State Zip Code

OTTO E. Rossner July 2, 2019
Signature Date

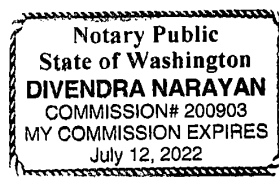
State of Washington County of King

I know or have satisfactory evidence that OTTO ERNEST ROSSNER
(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: 07, 02, 2019 DIVENDRA NARAYAN
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Bothell

Notary Public in and for the State of WA

My appointment expires: 07 / 02 / 2022

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Form with fields for: Local File Number (8400), Washington State Certificate of Death, State File Number, Legal Name (Pamela Ann ROSSNER), Death Date (08/11/2013), Sex (Female), Age (51), Birthdate (3/20/1962), Birthplace (North Platte, NE), Decedent's Education (Associate Degree), Race (White), Residence (19325 233rd Ave NE, Woodinville, WA), Marital Status (Married), Usual Occupation (Homemaker), Cause of Death (No anatomic or toxicologic cause of death), Manner of Death (Natural), Date of Injury, and Registrar Signature.



Affidavit for Correction

07/03/2019 11:41 AM Page 1 of 1 Health Statistics P.O. Box 47814 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

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, State

4. Father/Parent Full Birth Name (For Birth) (Surname, First Name, Middle Initial, Last Name); 5. Mother/Parent Full Birth Name (For Birth) (Surname, First Name, Middle Initial, Last Name)

The record is incorrect or incomplete as follows:

6. The record now shows:; 7. The true fact is:; 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: (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: 1. Only a parent, 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 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. 3. 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. 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032) 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.

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 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. 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 August 2013

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

ZZ00037101

NOV.06.2013