

201912300163
12/30/2019 03:45 PM Pages: 1 of 4 Fees: \$106.50
Skagit County Auditor

AFTER RECORDING RETURN TO:
BARRON SMITH DAUGERT, PLLC
300 NORTH COMMERCIAL STREET
BELLINGHAM, WASHINGTON 98225

DOCUMENT TITLE: QUIT CLAIM DEED
GRANTOR(S): Bonnita D. Riley, as Trustee of the Riley Family Trust U/A/D February 5, 1996
GRANTEE(S): Bonnita D. Riley, an unmarried woman
ABBREVIATED LEGAL DESCRIPTION: J M MOORE'S TO ANA LT 3 & 4 BLK 5
ADDL LEGAL DESCRIPTION ON: PAGE 1
ASSESSOR'S TAX/PARCEL NUMBER: 3804-005-004-0007 / P57924

QUIT CLAIM DEED

The undersigned Grantor, BONNITA D. RILEY, as Trustee of the Riley Family Trust under Agreement dated February 5, 1996, in consideration of distribution of trust principal to herself as the Surviving Trustor, as authorized under the terms of the Trust Agreement, hereby conveys and quitclaims to the Grantee, BONNITA D. RILEY, an unmarried woman, the following-described real estate, situated in the County of Skagit, State of Washington, including interest therein which Grantor may hereafter acquire:

Lots 3 and 4, Block 5, J.M. MOORE'S ADDITION TO THE CITY OF ANACORTES, according to the plat thereof recorded in Volume 1 of Plats, page 32, records of Skagit County, Washington.

SUBJECT TO assessments, easements, restrictions and reservations of record.

DATED this 23rd day of December, 2019.

Bonnita D. Riley
BONNITA D. RILEY, Trustee

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019-5643
DEC 30 2019

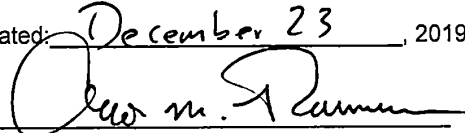
Amount Paid \$5
Skagit Co. Treasurer
By RLM Deputy

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

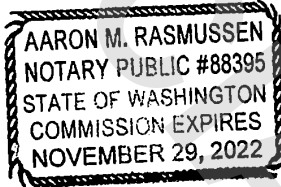
I certify that I know or have satisfactory evidence that BONNITA D. RILEY is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument, and acknowledged it as Trustee of the Riley Family Trust, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: December 23, 2019.



NOTARY PUBLIC
Printed Name: AARON M. RASMUSSEN
My Commission Expires: 11/29/22



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-021959

DATE ISSUED: 12/30/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MONTE GILBERT
LAST NAME(S): RILEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 14, 2019
HOUR OF DEATH: 01:22 PM
SEX: MALE AGE: 94 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: ANACORTES, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: BONNIE CROSS

OCCUPATION: LONGSHOREMAN
INDUSTRY: FREIGHT SHIPPING
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: BONNIE RILEY
RELATIONSHIP: SPOUSE
ADDRESS: 6410 SPRADLEY RD., ANACORTES, WA 98221

CAUSE OF DEATH:
A: LUNG CANCER
INTERVAL: 9 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 6410 SPRADLEY RD.
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 6410 SPRADLEY RD.
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER: FRANK RILEY
MOTHER: EMM [REDACTED]

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MAY 16, 2019

FUNERAL FACILITY: WHIDBEY MEMORIAL FUNERAL & CREMATION
SERVICE INC
ADDRESS: 746 NE MIDWAY BLVD
CITY, STATE, ZIP: OAK HARBOR, WASHINGTON 98277
FUNERAL DIRECTOR: PAUL E. KUZINA

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MAY 15, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MAY 16, 2019



Affidavit for Correction

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

Washington State Department of 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

Required information must match current information on record

Required information fields: Record Type (Birth, Death, Marriage, Divorce), Name on Record, Date of Event, Place of Event, Father/Parent Full Birth Name, Mother/Parent Full Birth Name, Name of Person Requesting Correction, Relationship to Person on Record, Return Mailing Address, Telephone Number, Email Address.

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

Comparison table with columns: The record now shows: (8-14) and The true fact is: (9-15)

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

Signature fields: 16a. Signature, 16b. Signature of 2nd parent (if required), 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; 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 using this form, 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). 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 January 2015

CERTIFIED

DEC 30 2019

Handwritten signature of Howard Leibrand

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



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



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