



202004220071

04/22/2020 01:50 PM Pages: 1 of 8 Fees: \$110.50  
Skagit County Auditor

When recorded return to:

Barbara C. Bull  
P.O. Box 101  
Mount Vernon, WA 98273-0101

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2020 1414  
APR 22 2020

Amount Paid \$ 0  
Skagit Co. Treasurer  
By *HB* Deputy

QUIT CLAIM DEED

THE GRANTOR(S) *Barbara C. Bull, Surviving Spouse of  
MARK L. AMANO, Deceased*

for and in consideration of *Inheritance*

in hand paid, conveys and quit claims to *Barbara C. Bull, Sole Heir*

the following described real estate, situated in the County of *Skagit*, State of Washington  
together with all after acquired title of the grantor(s) herein:

the following described real estate, situated in the County of Skagit  
State of Washington, together with all after acquired title of the grantor(s)  
therein.

Lots 10 and 11, "Sunset Add. to Clear Lake and portion of  
Sec. 11, Township 34 N., Range EWM (Complete legal  
description on page 2)

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *4027-000-011-0008 - P69912*      *340411-4-002-0003-P24537*  
*4027-000-010-0108 - P69911*      *340411-4-0001-0004-P24536*  
*4027-000-010-0009 - P69910*  
*340411-4-010-0003 - P24547*

Dated: *March 2, 2020*

*Barbara C Bull*

*BARBARA C. Bull*

STATE OF *Washington*  
COUNTY OF *S Kagit* ss.

I certify that I know or have satisfactory evidence that *Barbara Bull*  
(is/are) the person(s) who appeared  
before me, and said person(s) acknowledged that *B. B.* signed this instrument and acknowledged it to be  
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: *3-2-2020*

*Brandee Fair*  
Notary name printed or typed: *Brandee Fair*  
Notary Public in and for the State of *Washington*  
Residing at *North Coast CU*  
My appointment expires:

*11-08-2023*



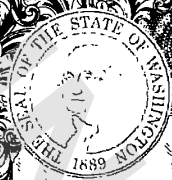
EXHIBIT A

Lots 10 and 11, "Sunset Addition to Clear Lake", according to the Plat thereof recorded in Volume 4 of Plats, page 38, records of Skagit County, Washington.

That portion of the East 930 feet of the East  $\frac{1}{2}$  of the Southeast  $\frac{1}{4}$  of Section 11, Township 34 North, Range 4 East of W.M., lying Northerly of the highway, sometimes known as the Babcock Road, EXCEPT that portion described as follows:

Commencing at the intersection of the East line of said Section and the Northerly boundary of the paved road as it existed on December 17, 1934; thence North along the Section line 230 feet; thence Westerly parallel to the County Road, 270 feet; thence South 230 feet, more or less, to the Northerly boundary of said road; thence Easterly along said road to the point of beginning.. . . .

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-054729

DATE ISSUED: 12/16/2019  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARK LEE  
LAST NAME(S): AMANO

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: DECEMBER 11, 2019  
HOUR OF DEATH: 10:30 PM  
SEX: MALE AGE: 61 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 22827 BABCOCK ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

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

RESIDENCE STREET: 22827 BABCOCK ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 55 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

FATHER: BRIAN AMANO  
MOTHER: CECILIA ANN [REDACTED]

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: BARBARA BULL

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: WATER TREATMENT SPECIALIST  
INDUSTRY: HEATING AND COOLING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

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

INFORMANT: BARBARA BULL  
RELATIONSHIP: WIFE  
ADDRESS: 22827 BABCOCK ROAD MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: PROSTATE CANCER  
INTERVAL: 8 YEARS

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: METS TO LYMPH NODES AND  
OBSTRUCTIVE UROPATHY WITH RENAL FAILURE AND ASCITES.

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

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

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: DECEMBER 13, 2019

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

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



Affidavit for Correction

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Merrill Center 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

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)  
1. Name on Record: First Middle Last  
2. Date of Event: MM/DD/YYYY  
3. Place of Event: (City or County)  
4. Father/Parent Full Birth 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: Self Guardian Informant Hospital Parent(s) Funeral Director Other (specify)

7. Return Mailing Address: PO Box or Street Address 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 2nd 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

- 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
  - 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
  - Documentary proof must be five or more years old or established within five years of birth
- Child under 18 Adult (18 years or older)
- 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
  - 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

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

Marriage/Dissolution (Divorce) Certificates

- 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
- 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 16 2019

Handwritten signature

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



0 3 2 6 6 5 7 0

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

Return Address:  
BARBARA C. BULL  
P.O. Box 101  
Mount Vernon, WA 98273

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee BARBARA C. BULL, 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 THE WIFE  
*Relationship to decedent*  
of MARK L. AMAND, who died on Dec 11, 2019  
*Decedent/Grantor Date*  
at MOUNT VERNON SKAGIT WA  
*City County State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 10 And 11, "Sunset Add. to  
Clear Lake and portion of Sec. 11, Township 34 N.,  
Range EWM (Complete legal description on page 2)

Assessor's Property Tax Parcel/Account Number: P69912, P69911, P69910  
(Attach full legal description of the property) P24536, P24537, P24547 *EBB*

- 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)

N/A

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

Full name, age, relationship, address

Full name, age, relationship, address

Dated : \_\_\_\_\_

BARBARA C. BULL

Affiant's full name

360-420-6639

Telephone number

22827 BABCOCK RD.

Street

MOUNT VERADN

WA

98273

City

State

Zip Code

Barbara C Bull

2-19-20

Signature

Date

State of Washington County of Skagit

I know or have satisfactory evidence that Barbara C. Bull  
(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: 2/19/2020

Brandee Fair  
Signature of Notary Public

(SEAL OR  
STAMP)

Residing at: North Coast Credit Union

Notary Public in and for the State of WA

My appointment expires: 11/2023

