

When recorded return to:

MARIANNE PERKINS  
18769 JOLLY RD  
BURLINGTON, WA 98233

202006150192

06/15/2020 12:29 PM Pages: 1 of 7 Fees: \$109.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2020 2114  
JUN 15 2020

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HP Deputy

## QUIT CLAIM DEED

THE GRANTOR(S) MARIANNE PERKINS surviving spouse of GOODRICH, HARRY R JR

for and in consideration of Love and Affection

in hand paid, conveys and quit claims to MARIANNE PERKINS

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:

TITLE ELIMINATED 2004 SKYLINE/RAMADA 52X28 S/N 20910251S; SAMISH RIVER PARK NUMBER 1 LOT 74

TRACT 74, "SAMISH RIVER PARK, DIVISION NO. 1," AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 43 AND 44, RECORDS OF SKAGIT COUNTY, WASHINGTON. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. DATE OF MANUFACTURE 2004, MODEL RAMADA-5600CTV MANUFACTURE'S NAME SKYLINE, SERIAL NUMBER 2091-0251-5 AB, HUD LABEL ORE450225, ORE450226 "WHICH IS AFFIXED TO AND MADE PART OF THE REAL PROPERTY" "WHICH, BY INTENTION OF THE PARTIES SHALL CONSTITUTE A PART OF THE REALTY AND SHALL PASS WITH IT"

Abbreviated Legal: (Required if full legal not inserted above.) TITLE ELIMINATED 2004 SKYLINE/RAMADA 52X28 S/N 20910251S; SAMISH RIVER PARK NUMBER 1 LOT 74

Tax Parcel Number(s): **P68774**

Dated:

6/15/2020

Marianne Perkins

STATE OF WA  
COUNTY OF Skagit

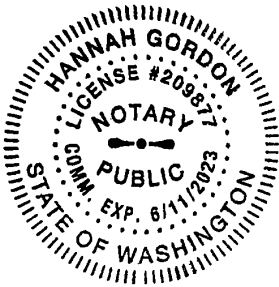
ss.

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

Dated: 6.15.2020

*[Signature]*

Notary name printed or typed: Hannah Gordon  
Notary Public in and for the State of WA  
Residing at Skagit  
My appointment expires: 6.11.23



Return Address:  
MARIANNE PERKINS  
18769 JOLLY RD  
BURLINGTON, WA 98233

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Marianne Perkins, 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 Surviving Spouse  
*Relationship to decedent*  
of Goodrich Harry R JR, who died on 05/23/2020  
*Decedent/Grantor* *Date*  
at Seattle King WA  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: TITLE ELIMINATED 2004 SKYLINE/RAMADA  
52X28 S/N 20910251S; SAMISH RIVER PARK NUMBER 1 LOT 74

Assessor's Property Tax Parcel/Account Number: P66774  
(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)

Nicholle Daniel Goodrich

Daughter, 29

*Full name, age, relationship, address*

Ashley Ryan Goodrich

Daughter, 25

*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: 6/15/2020

MARIANNE PERKINS  
Affiant's full name

360-391-7439  
Telephone number

18769 Jolly Rd

Burlington WA 98233  
City State Zip Code

Marianne Perkins 6-15-2020  
Signature Date

State of Washington County of Skagit

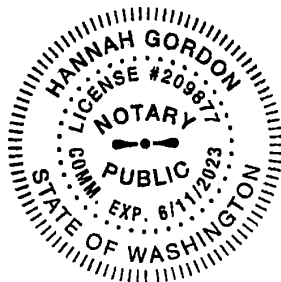
I know or have satisfactory evidence that Marianne Perkins  
(name of person)

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: 6, 15, 2020

[Signature]  
Signature of Notary Public

(SEAL OR  
STAMP)



Residing at: Skagit

Notary Public in and for the State of Washington

My appointment expires: 06/11/2023

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-024140

DATE ISSUED: 05/28/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HARRY RANDOLPH

LAST NAME(S): GOODRICH JR

COUNTY OF DEATH: KING

DATE OF DEATH: MAY 23, 2020

HOUR OF DEATH: 04:40 AM

SEX: MALE

AGE: 58 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: NATIVE AMERICAN: UPPER SKAGIT INDIAN TRIBE

BIRTH DATE: [REDACTED]

BIRTHPLACE: PORT TOWNSEND, WA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: MARIANNE CREED

OCCUPATION: WELDER/PIPEFITTER

INDUSTRY: CONSTRUCTION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MARIANNE PERKINS

RELATIONSHIP: WIFE

ADDRESS: 18769 JOLLY ROAD, BURLINGTON, WA 98284

CAUSE OF DEATH:

A: SPONTANEOUS CEREBRAL INTRAPARENCHYMAL HEMORRHAGE

INTERVAL: DAYS

B: POSSIBLE CEREBRAL AMYLOID ANGIOPATHY

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION, CHRONIC ALCOHOL USE, HEPATITIS C

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: HOSPITAL

FACILITY OR ADDRESS: HARBORVIEW MEDICAL CENTER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

RESIDENCE STREET: 18769 JOLLY ROAD

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 26 YEARS

FATHER: HARRY RANDOLPH GOODRICH SR

MOTHER: ARLETA KA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MAY 27, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

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

CERTIFIER NAME: JONATHAN WEINSTEIN, MD, PHD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: HMC 325 9TH AVE

CITY, STATE, ZIP: SEATTLE, WA 98104

DATE SIGNED: MAY 26, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NJA-20-2421

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: MAY 27, 2020



Affidavit for Correction

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Meridian 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:

8. The record now shows: 9. The true fact is:
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

- 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
\*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.
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

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



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

\*CERTIFIED\*

MAY 28 2020

Howard Leibrand M.D., Health Officer



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