

After Recording Return To:

**Skagit Law Group, PLLC
P.O. Box 336
Mount Vernon, WA 98273**

202008120136

08/12/2020 04:08 PM Pages: 1 of 6 Fees: \$108.50
Skagit County Auditor

SPECIAL WARRANTY DEED

GRANTORS:	JOAN M. KNOWLES and GREGG C. KNOWLES, Co-Trustees of the KNOWLES FAMILY TRUST, utd 4/27/1992	
GRANTEE:	JOAN M. KNOWLES, a married woman as her separate estate	
Abbreviated Legal:	SKYLINE NO 9 LOT 12 SKYLINE NO 9 LOT 11	SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX 2020 2020 AUG 12 2020
Additional Legal on Page:	Exhibit "A"	Amount Paid \$ By Skagit Co. Treasurer MK Deputy
Assessor's Tax Parcel No:	3825-000-012-0003 (P59858) 3825-000-011-0004 (P59857)	

THE GRANTORS, JOAN M. KNOWLES and GREGG C. KNOWLES, Co-Trustees of the **KNOWLES FAMILY TRUST, utd 4/27/1992,** in non-pro rata distribution of said Trust following the death of Janet W. Knowles, Trustor and Trustee, on February 16, 2020, hereby grant, bargain, convey, and confirm to **JOAN M. KNOWLES,** a married woman as her separate estate, as GRANTEE, all of Grantors' interest, together with all after-acquired title, in that certain real property situated in the County of Skagit, State of Washington, legally described as follows:

See Exhibit "A" attached hereto and incorporated herein by this reference.

Special Warranty Deed - 1

SUBJECT TO: Easements, restrictions, and reservations of record.

The Grantors, for themselves and for their successors in interest, do by these presents expressly limit the covenants of this deed to those herein expressed and exclude all covenants arising or to arise by statutory or other implication, and do hereby covenant to warrant and defend said real estate against all persons whomsoever lawfully claiming or to claim by, through, or under said Grantors, and not otherwise.

DATED: August 6, 2020.

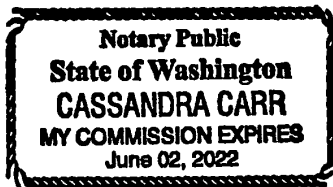
KNOWLES FAMILY TRUST, utd 4/27/1992

By Joan M Knowles
JOAN M. KNOWLES
Co-Trustee
Dated: August 6, 2020

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **JOAN M. KNOWLES** is the person who appeared before me, and said person acknowledged that she was authorized to execute this instrument and acknowledged it as Co-Trustee of **KNOWLES FAMILY TRUST, utd 4/27/1992**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 6th day of August, 2020.



Al Carr
Printed Name **CASSANDRA CARR**
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 6/2/2022

KNOWLES FAMILY TRUST, utd 4/27/1992By Gregg C Knowles
GREGG C. KNOWLES

Co-Trustee

Dated: 8/6, 2020STATE OF WASHINGTON }
COUNTY OF JEFFERSON } ss.

I certify that I know or have satisfactory evidence that **GREGG C. KNOWLES** is the person who appeared before me, and said person acknowledged that he was authorized to execute this instrument and acknowledged it as Co-Trustee of **KNOWLES FAMILY TRUST, utd 4/27/1992**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

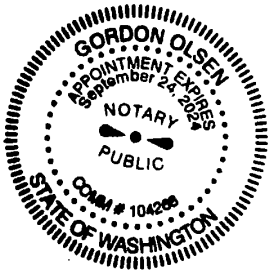
GIVEN UNDER MY HAND AND OFFICIAL SEAL this 6th day of August, 2020.Gordon C. Olsen
Printed Name GORDON C. OLSEN
NOTARY PUBLIC in and for the State of Washington
My Commission Expires Sept 24, 2024**Special Warranty Deed**

EXHIBIT "A"

Legal Descriptions:

3825-000-012-0003 (P59858)

Lot 12, Skyline Division 9, as recorded in Volume 9 of Plats, pages 75-77,
Records of Skagit County, Washington.

Situate in Skagit County, Washington.

3825-000-011-0004 (P59857)

Lot 11, Skyline Division 9, as recorded in Volume 9 of Plats, pages 75-77,
Records of Skagit County, Washington.

Situate in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-007036

DATE ISSUED: 02/19/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JANET W

LAST NAME(S): KNOWLES

AKA: JANET WICKSTROM KNOWLES

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 16, 2020

HOUR OF DEATH: 08:00 PM

SEX: FEMALE AGE: 98 YEARS

SOCIAL SECURITY NUMBER: 535-12-3814

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: MARCH 02, 1921

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CPA

INDUSTRY: ACCOUNTING

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: JOAN KNOWLES

RELATIONSHIP: DAUGHTER

ADDRESS: 1808 PIPER CIRCLE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CEREBRAL VASCULAR ACCIDENT

INTERVAL: DAYS

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

AKA:

AKA:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: SOUNDVIEW REHAB CENTER

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1808 PIPER CIRCLE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 43 YEARS

FATHER: WILBUR J WICKSTROM

MOTHER: ANNA BELLE DALY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: FEBRUARY 18, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: JASON G. HOGGE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: FEBRUARY 18, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: FEBRUARY 18, 2020



Affidavit for Correction

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

Washington State Department of Health
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:	Printed name:
Date:	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 <ul style="list-style-type: none"> • 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 	Adult (18 years or older) <ul style="list-style-type: none"> • 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
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- *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

FEB 19 2020

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



0 3 8 0 1 7 9 8

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