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08/18/2021 10:48 AM Pages: 1 of 9 Fees: \$211.50
Skagit County Auditor

Quitclaim Deed

RECORDING REQUESTED BY CATHERINE MARY LEACH

AND WHEN RECORDED MAIL TO:

CATHERINE MARY LEACH, Grantee(s)
4317 SUNRAY CT.
MOUNT VERNON, WA 98274.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2021-3804
AUG 18 2021

Consideration: \$ Inheritance

Property Transfer Tax: \$ _____

Assessor's Parcel No.: 126455

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

PREPARED BY: CATHERINE MARY LEACH certifies herein that he or she has prepared this Deed.

Catherine Mary Leach
Signature of Preparer

Date of Preparation

CATHERINE MARY LEACH
Printed Name of Preparer

Lot 62 Montreux Phase 1 P126455

THIS QUITCLAIM DEED, executed on 10-21-2020 in the County of SKAGIT, State of WASHINGTON

by Grantor(s), CATHERINE MARY LEACH - SURVIVING SPOUSE OF RUSSELL LEE LEACH, deceased,
whose post office address is 4317 SUNRAY CT, MOUNT VERNON, WA 98274,

to Grantee(s), CATHERINE MARY LEACH,
whose post office address is 4317 SUNRAY CT, MOUNT VERNON, WA 98274,

WITNESSETH, that the said Grantor(s), CATHERINE MARY LEACH - SURVIVING SPOUSE OF RUSSELL LEACH, deceased,
for good consideration and for the sum of INHERITANCE

(\$ _____) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,
does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of SKAGIT, State of WASHINGTON and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

Catherine Mary Leach
Signature of Grantor

Signature of Second Grantor (if applicable)

CATHERINE MARY LEACH - SURVIVING SPOUSE
Print Name of Grantor
OF RUSSELL L. LEACH
deceased.

Print Name of Second Grantor (if applicable)

Signature of First Witness to Grantor(s)

Signature of Second Witness to Grantor(s)

Print Name of First Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

Catherine Mary Leach
Signature of Grantee

Signature of Second Grantee (if applicable)

CATHERINE MARY LEACH.
Print Name of Grantee

Print Name of Second Grantee (if applicable)

Signature of First Witness to Grantee(s)

Signature of Second Witness to Grantee(s)

Print Name of First Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of Washington

County of Skagit

On October 21, 2020, before me, Tiffani M. Mishock, a notary public in and for said state, personally appeared, Catherine Mary Leach

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Tiffani M. Mishock
Signature of Notary

Affiant Known _____ Produced ID

Type of ID Washington Driver's License (Seal)

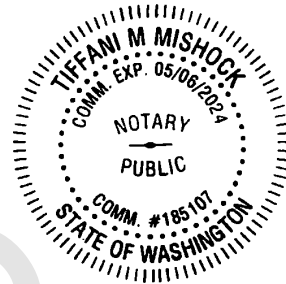


Exhibit "A"

Lot 62, Montreaux PHASE 1, according
to the plat thereof, recorded July 23, 2007,
under Auditor's File No. 200707230124,
records of Skagit County, WASHINGTON.

Return Address:

4317 - SUNRAY CT
MOUNT VERNON, WA
98274

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee CATHERINE M. LEACH 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 surviving spouse.
Relationship to decedent

of Russell L. LEACH, who died on 11-5-2019
Decedent/Grantor *Date*

at Mount Vernon - Skagit WA.
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 62, Montreaux Phase 1, according to the plat thereof, recorded July 23, 2007, under Auditor's File No. 200707930124, records of Skagit County, WASHINGTON.

Assessor's Property Tax Parcel/Account Number: P126455/4935-000-062-000
(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 ___)

Catherine M. Leach - 76 yrs. - Spouse.

4317 - Sunray Ct. Mount Vernon, WA. 98274

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: October 21, 2020

CATHERINE MARY LEACH
Affiant's full name

206-321-9485
Telephone number

4317- Sunray CT

MOUNT VERNON WA. 98274
City State Zip Code

Catherine Mary Leach 10-21-2020
Signature Date

State of WASHINGTON County of SKAGIT

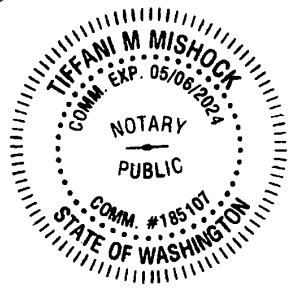
I know or have satisfactory evidence that Catherine Mary Leach
(name of person)

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: 10/21/2020

Tiffani M. Mishock
Signature of Notary Public

(SEAL OR STAMP)

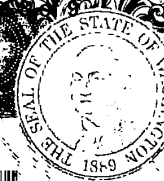
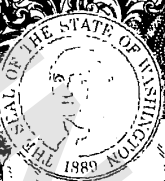


Residing at: Mount Vernon

Notary Public in and for the State of Washington

My appointment expires: 05/06/2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-049369

DATE ISSUED: 11/12/2019
FEE NUMBER: 311119

FIRST AND MIDDLE NAME(S): RUSSELL LEE
LAST NAME(S): LEACH

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 05, 2019
HOUR OF DEATH: 06:15 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4317 SUNRAY COURT
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 4317 SUNRAY COURT
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 11 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: LESTER LEE LEACH
MOTHER: WILMA JE. [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CATHERINE MARY SENYK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: ARCHITECT
INDUSTRY: DESIGN
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 13, 2019

INFORMANT: CATHERINE M LEACH
RELATIONSHIP: WIFE
ADDRESS: 4317 SUNRAY COURT MOUNT VERNON, WA 98274

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD
ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: MANUELA A. BARBER

CAUSE OF DEATH:
A: METASTATIC SMALL CELL LUNG CANCER
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: TIMOTHY WHITELEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2930 MAPLE ST
CITY, STATE, ZIP: EVERETT, WA 982014261
DATE SIGNED: NOVEMBER 11, 2019

LOCATION OF INJURY:

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

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: TIMOTHY WHITELEY, MD

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 12, 2019



Affidavit for Correction

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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 foregoing 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; 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.

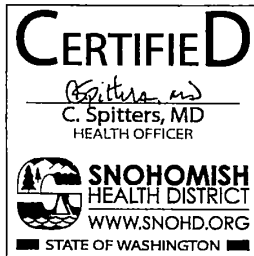
Marriage/Dissolution (Divorce) Certificates

- 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



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



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