



202109020034

09/02/2021 10:28 AM Pages: 1 of 10 Fees: \$212.50
Skagit County Auditor

Return Address:
Holly Irene Quin
PO Box 60041
Renton, WA 98058

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021 4011
AUG 30 2021

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

**LACK OF PROBATE
AFFIDAVIT**

I, Holly Irene Quin, Thomas Allen Veer, Lynette Joy Middleton, and April Lynn Sommerfeld, each being first duly sworn, deposes and says:

Rodney T. Quin is the rightful heir to the real property described below, and is the surviving spouse of Loretta I. Quin, who died on September 29, 2018, in Seattle, WA, King County.

A certified copy of the Death Certificate is attached.

Real Property in the name of Loretta I. Quin and Rodney T. Quin, as wife and husband, is located at 2304 Skyline Way, Anacortes, WA 98221.

Legal Description:

UNIT 11 OF SKYLINE NO. 17, A CONDOMINIUM, ACCORDING TO THE AMENDED DECLARATION THEREOF UNDER AUDITOR'S NO. 8412270054, RECORDS OF SKAGIT COUNTY, WASHINGTON, RECORDED IN VOLUME 9 OF PLATS, PAGES 101 AND 102, AS AMENDED IN VOLUME 6 OF SURVEYS, PAGES 34 AND 35, RECORDS OF SKAGIT COUNTY, WASHINGTON;

SITUATE IN SKAGIT COUNTY, WASHINGTON

Tax Parcel No. 3830-000-011-0007

Decedent left no Will.

Affiants hereby identify all deceased heirs at law of the decedent:

Estate of Rodney T. Qin, deceased spouse.

Affiants hereby identify all heirs at law of the decedent:

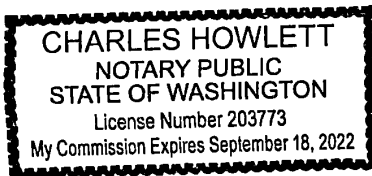
- Thomas Allen Veer, son, PO Box 61043, Fairbanks, AK 99706
- Lynette Joy Middleton, daughter, 5603 NE 134th St., Vancouver, WA 98686
- April Lynn Sommerfeld, daughter, 23404 43rd Ave E., Spanaway, WA 98387
- Holly Irene Quin, daughter, PO Box 60041, Renton, WA 98058

Dated: July 23rd, 2021

Holly Irene Quin
 Holly Irene Quin

STATE OF WASHINGTON)
) ss.
 County of KING)

On this day, July 23rd, 2021, Holly Irene Quin personally appeared before me, and executed the foregoing instrument, and acknowledged that he signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.



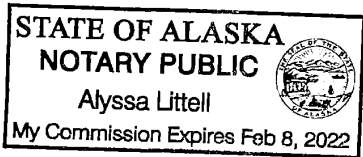
Charles Howlett
 Notary Public in and for the State of Washington
 My commission expires: 09/18/2022

Dated: 7-22-, 2021

Thomas Allen Veer
Thomas Allen Veer

~~STATE OF WASHINGTON~~)
~~ALASKA~~) ss.
County of FNSB)

On this day, JULY 22ND, 2021, Thomas Allen Veer personally appeared before me, and executed the foregoing instrument, and acknowledged that he signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.



Alyssa Littell
Notary Public in and for the State of ~~Washington~~ ALASKA
My commission expires: 02/08/2022

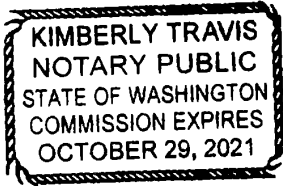
Dated: July 22, 2021

April Lynn Sommerfeld
April Lynn Sommerfeld

STATE OF WASHINGTON)

County of Pierce) ss.

On this day, July 22 2021, April Lynn Sommerfeld personally appeared before me, and executed the foregoing instrument, and acknowledged that he signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.



[Signature]
Notary Public in and for the State of Washington
My commission expires: 10.29.2021

**CERTIFIED
COPY**

FILED

2019 MAR -8 AM 9:44

KING COUNTY
SUPERIOR COURT CLERK
SEATTLE WA

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING

IN RE THE ESTATE OF <u>RODNEY T. QUIN,</u> DECEASED	NO: 19-4-05012-5 SEA LETTERS TESTAMENTARY (LTRTS)
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The last will of the above named decedent was duly exhibited, proven and filed on March 8, 2019.

It appears in and by said will that HOLLY IRENE QUIN is/are named Executor(s) and by order of this court is/are authorized to execute said will according to law.

WITNESS my hand and seal of said Court: March 8, 2019.



BARBARA MINER
King County Superior Court Clerk

By: J. Brim, Deputy Clerk

• NOT OFFICIAL WITHOUT SEAL •

I BARBARA MINER Clerk of the Superior Court of the State of Washington for King County do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof IN TESTIMONY WHEREOF I have affixed this seal of said Superior Court at my office at Seattle on this date MAR 8 2019



BARBARA MINER Superior Court Clerk

By: J. BRIM
Deputy Clerk

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042921

DATE ISSUED: 04/16/2019

FEE NUMBER: 17-06061

FIRST AND MIDDLE NAME(S): LORETTA IRENE
LAST NAME(S): QUIN

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 29, 2018
HOUR OF DEATH: 09:45 AM
SEX: FEMALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: CAVALIER, ND

MARITAL STATUS: MARRIED
SPOUSE: RODNEY QUIN

OCCUPATION: HOUSEWIFE
INDUSTRY: OWN HOME
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

INFORMANT: HOLLY QUIN
RELATIONSHIP: DAUGHTER
ADDRESS: P.O. BOX 60041, RENTON, WA 98058

CAUSE OF DEATH:
A: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
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: 11926 EXETER AVE NE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125-5938

RESIDENCE STREET: 11926 EXETER AVE NE
CITY, STATE, ZIP: SEATTLE, WA 98125-5938
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER/PARENT: THOMAS CHRISTIAN THOMPSON
MOTHER/PARENT: GRACE [REDACTED]

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

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: OCTOBER 04, 2018

FUNERAL FACILITY: ACACIA MEMORIAL PARK & FUNERAL HOME

ADDRESS: 14951 BOTHELL WAY NE
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98155
FUNERAL DIRECTOR: CHELSEY STITT

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

CERTIFIER NAME: MARC CORDOVA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 115 NE 100TH ST SUITE 210
CITY, STATE, ZIP: SEATTLE, WA 98125
DATE SIGNED: SEPTEMBER 30, 2018

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: OCTOBER 04, 2018



Affidavit for Correction

09/02/2021 10:26 AM Page 8 of 8

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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)					
	1. Name on Record:			2. Date of Event:		3. Place of Event:
	First	Middle	Last	MMDDYYYY	(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)		
First	Middle	Last/Maiden	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 2 nd 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

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.

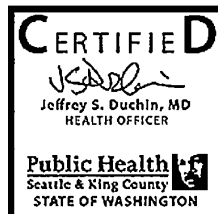
Marriage/Dissolution (Divorce) Certificates

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.



0 2 8 0 7 9 4 3

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-004238

DATE ISSUED: 01/30/2019

FEE NUMBER: 17-06061

FIRST AND MIDDLE NAME(S): TERENCE RODNEY

LAST NAME(S): QUIN

AKA: RODNEY TERENCE QUIN

AKA:

AKA:

COUNTY OF DEATH: KING

DATE OF DEATH: JANUARY 24, 2019

HOUR OF DEATH: 02:15 PM

SEX: MALE AGE: 80 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: MACHINIST

INDUSTRY: AEROSPACE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: YES

INFORMANT: HOLLY QUIN

RELATIONSHIP: DAUGHTER

ADDRESS: PO BOX 60041, RENTON, WA 98058; 14031 SE 192ND ST

CAUSE OF DEATH:

A: INTESTINAL OBSTRUCTION

INTERVAL: DAYS

B: RECTAL CANCER

INTERVAL: 1YEAR

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE WITH CHRONIC BRONCHITIS

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: 11926 EXETER AVE NE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98125

RESIDENCE STREET: 11926 EXETER AVE NE

CITY, STATE, ZIP: SEATTLE, WA 98125

INSIDE CITY LIMITS: YES

COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 51 YEARS

FATHER/PARENT: RODNEY A QUIN

MOTHER/PARENT: EVELYN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: JANUARY 31, 2019

FUNERAL FACILITY: ACACIA MEMORIAL PARK & FUNERAL HOME

ADDRESS: 14951 BOTHELL WAY NE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98155

FUNERAL DIRECTOR: CHELSEY STITT

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: MELINDA KLOEPFFER-RICE, ARNP

TITLE: ARNP

CERTIFIER ADDRESS: 17191 BOTHELL WAY NE, SUITE 205

CITY, STATE, ZIP: LAKE FOREST PARK, WA 98155

DATE SIGNED: JANUARY 29, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SHANNON BROOKS

DATE RECEIVED: JANUARY 30, 2019



Affidavit for Correction

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

Mail to: Center for 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
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	

7. Return Mailing Address:

Telephone Number: ()	Email Address:
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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 2 nd 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)

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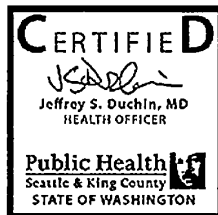
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2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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.



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



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