



202112030136

12/03/2021 02:40 PM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

When recorded return to:

Blair J. Bennett
Bennett & Bennett, PLLC
400 Dayton St, Suite A
Edmonds, WA 98020

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-5533
DEC 03 2021

Amount Paid \$
Skagit Co. Treasurer
By Deputy

DOCUMENT TITLE: Affidavit of Surviving Transfer On Death Deed Beneficiary
(following the death of Grantor)

GRANTOR: Weisenburger, Robert G., a single man (deceased)

GRANTEE/BENEFICIARY: Weisenburger, Richard L., a married man, but as to his sole and
separate estate, as "transfer on death" beneficiary

LEGAL DESCRIPTION: Parcel A:
LOT No. 51 and the North 30 feet of Lot 50 of the Plat
of Sauk River Estates as entered in that certain
"Contract for the SALE OF REAL ESTATE" between
SAUK RIVER DEVELOPMENT CO. INC., as seller
and ROBERT G. WEISENBURGER and THELMA M.
WEISENBURGER, his wife as buyers, dated August 26,
1970 and recorded October 9, 1970 under Auditor's File
No. 744447 records of Skagit County. (this real
property was involved in a replat and is currently
described as LOT R-2 (R-2) of the Replat of Lots 49-50
and 51 of Sauk River Estates...a "Corrected Contract
For The Sale of Real Estate" covering this change was
filed June 9, 1972 under Skagit County Auditor's File
No. 769444.)

Parcel B:
Lot 52 - Division No. 1 - Plat of Sauk River
Development Co., Inc.
Situate in the County of Skagit, State of Washington.

ASSESSOR'S TAX
PARCEL NOS.: P68938; P68901

REFERENCE NO. OF
PRIOR TRANSFER ON
DEATH DEED: 201904020050

ORIGINAL

AFFIDAVIT OF SURVIVING TRANSFER ON DEATH DEED BENEFICIARY
(following the death of Grantor)

STATE OF WASHINGTON)
) ss
COUNTY OF Snohomish)

I, RICHARD L. WEISENBURGER, GRANTEE/BENEFICIARY, being first duly sworn on oath, depose and say:

THAT, on March 27, 2019, ROBERT G. WEISENBURGER, a single man, and for the purpose of establishing a Transfer on Death beneficiary pursuant to the Washington Uniform Real Property Transfer on Death Act (RCW 64.80 et. seq.), via Transfer on Death Deed, recorded under Skagit County Auditor's File No. 201904020050, conveyed and quit claimed to beneficiary, RICHARD L. WEISENBURGER, a married man, but as to his sole and separate estate, **and only to take effect only upon Grantor's death**, any and all interest he had in the following described real property situated in the County of Skagit, State of Washington:

Parcel A:

LOT No. 51 and the North 30 feet of Lot 50 of the Plat of Sauk River Estates as entered in that certain "Contract for the SALE OF REAL ESTATE" between SAUK RIVER DEVELOPMENT CO. INC., as seller and ROBERT G. WEISENBURGER and THELMA M. WEISENBURGER, his wife as buyers, dated August 26, 1970 and recorded October 9, 1970 under Auditor's File No. 744447 records of Skagit County. (this real property was involved in a replat and is currently described as LOT R-2 (R-2) of the Replat of Lots 49-50 and 51 of Sauk River Estates...a "Corrected Contract For The Sale of Real Estate" covering this change was filed June 9, 1972 under Skagit County Auditor's File No. 769444.)

Interest of Sauk River Development Co. Inc. was assigned to Grantors above (Antoncich) under "Seller's Assignment of Contract & Deed dated June 21, 1972 and recorded under Skagit County Auditor's File No. 770105 on June 23, 1972.

Parcel B:

Lot 52 – Division No. 1 – Plat of Sauk River Development Co., Inc.

THAT attached hereto as Exhibit A is a certified copy of the Death Certificate of ROBERT G. WEISENBURGER, deceased, issued by the Department of Health for the State of Washington showing that the decedent died on the 16th day of December, 2020 (with the decedent's social security number and with mother's maiden name redacted).

THAT Affiant further states that he is the surviving beneficiary designated under the above referenced Transfer on Death Deed, and that the decedent named in the certificate of death is one and the same person as set forth in the Transfer on Death Deed recorded as referenced to above.

THAT the expenses of the last illness and funeral and burial of the decedent have been paid, as evidenced by receipts in our possession, or provisions have been made for full payment of any and all future and currently unknown expenses connected therewith;

THAT the decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance;

THAT there is no State of Washington Inheritance Tax due as a result of the decedent's death;

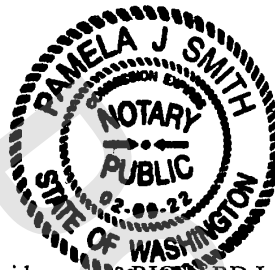
THAT there is no Federal Estate tax due as a result of decedent's death;

THAT this affidavit has been executed for three purposes: (1) to confirm the death of the real property owner, (2) to confirm the property's subsequent vesting pursuant to the terms of the decedent/Grantor's previously recorded Transfer on Death Deed, and (3) to induce a title company to issue its policies of title insurance on real property passing to the affiant herein in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless from loss or damage which it may suffer as a result of said reliance.

Richard L. Weisenburger
RICHARD L. WEISENBURGER, Beneficiary

DATED: 11-3-21

STATE OF WASHINGTON)
)
COUNTY OF Snohomish) ss



I certify that I know or have satisfactory evidence that RICHARD L. WEISENBURGER signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 3rd day of November, 2021.

Pamela J. Smith
Notary Public in and for the State of Washington
Residing at 1027 125th Ave NW, Tulalip WA 98271
My commission expires: 02/09/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-060258

LOCAL FILE NUMBER: 5564

DATE ISSUED: 01/04/2021

FEE NUMBER: 310121

FIRST AND MIDDLE NAME(S): ROBERT GEORGE
LAST NAME(S): WEISENBURGER

21 4 00167 31

COUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: DECEMBER 16, 2020
HOUR OF DEATH: 01:00 AM
SEX: MALE AGE: 87 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7810 220TH ST. S.W.
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

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

RESIDENCE STREET: 7810 220TH ST. S.W.
CITY, STATE, ZIP: EDMONDS, WA 98026
INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 60 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MONROE, WA

FATHER: JOHN WEISENBURGER
MOTHER: CHRISTINA [REDACTED]

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: TRUCK DRIVER
INDUSTRY: TRANSPORTATION
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: YES

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: DECEMBER 24, 2020

INFORMANT: SUZANNE JONES
RELATIONSHIP: DAUGHTER
ADDRESS: 7810 220TH ST. S.W. EDMONDS, WA. 98026

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENN

CAUSE OF DEATH:
A: COVID-19 INFECTION
INTERVAL: 15 DAYS

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: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: ANDREW K. PERRY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 8609 EVERGREEN WAY
CITY, STATE, ZIP: EVERETT, WA 98206
DATE SIGNED: DECEMBER 19, 2020

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: KAREN KINDER-CARA
DATE RECEIVED: DECEMBER 24, 2020



Affidavit for Correction

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

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

Required information must match current information on record. Record Type: Birth, Death, Marriage, Dissolution (Divorce). 1. Name on Record, 2. Date of Event, 3. Place of Event, 4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name, 6. Name of Person Requesting Correction.

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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature, 14b. Signature of 2nd parent (if required), Printed name, Date

INSTRUCTIONS - go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Green/Permanent Resident card (I-551). You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18: If legal guardian(s), include certified court order proving guardianship. Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required. To correct the sex of the child, one proof documentation 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 proof documentation are required. If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. To correct parent's birth date, place of birth, or name, one proof documentation 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.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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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