UNOFFICIAL DOCUMENT

202006030058
06/03/2020 11:18 AM Pages: 1 of 4 Fees: $106.50
Skagit County Auditor

Return to:
ADAPTIVE LAW FIRM PS
107 State Street
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20201031
JUN 03 2020
Amount Paid $ 0
Skagit Co. Treasurer
By MG Deputy

QUIT CLAIM DEED

For valuable consideration, the receipt of which is acknowledged, **Daniel Root, Trustee of the Ed Cahill Living Trust dated March 2, 2017**, and any amendments thereto, (Grantor), conveys, releases and quitclaims unto, **Catherine H. Cahill**, (Grantee), all of Grantor's right, title and interest in the following-described real property located in Skagit County, State of Washington, together with all after-acquired title of the Grantor:

SEE ATTACHED EXHIBIT A FOR FULL LEGAL DESCRIPTION.

Abbreviated legal: O/S#295 AF#751091 1973 DK25 DR25 THE E1/2 OF THE SW1/4 OF THE NW1/4 EXCEPT THE COUNTY ROAD ALONG THE SOUTH LINE THEREOF KNOWN AS TRUEMAN LOOP ROAD. ALSO THE W1/2 OF THE SE1/4 NE1/4. TOGETHER WITH A STRIP OF LAND ON THE EAST SIDE OF SAID W1/2 BEING 8 FOOT 3 INCHES IN WIDTH, EAST AND WEST AND 80 RODS LONG, NORTH AND SOUTH , EXCEPT THE COUNTY ROAD ALONG THE SOUTH LINE THEREOF KNOWN AS TRUEMAN LOOP ROAD.

Tax Parcel Number(s): P116190 / 350316-2-005-0200

Dated this 5th day of ~~February~~ March, 2020..

DHA-TE

Daniel Root, Trustee of the Ed Cahill Living Trust, dated March 2, 2017.

STATE OF WASHINGTON)
::ss
COUNTY OF ~~SKAGIT~~ San Juan)

I certify that I know or have satisfactory evidence that, **Daniel Root,** is the person who appeared before me, and said person acknowledged that he signed this instrument, and on oath stated that he signed it as his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: ~~February~~ March 5, 2020.

ANTOINETTE M. HARKNESS NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JUNE 16, 2022

Notary Public for the State of Washington
My commission expires: 6/16/2022

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EXHIBIT "A"

The East Half of the Southwest Quarter of the Northwest Quarter of Section 16, Township 35 North, Range 3 East of the Willamette Meridian;

EXCEPT the County road along the South line thereof known as Trueman Loop Road;

ALSO the West Half of the Southeast Quarter of the Northwest Quarter of Section 16, Township 35 North, Range 3 East of the Willamette Meridian;

TOGETHER WITH a strip of land on the East side of said West Half being 8'3" wide, East and West and 80 rods long, North and South;

EXCEPT the County road along the South line thereof known as Trueman Loop Road.

Situate in Skagit County Washington,

Subject to: Restrictions, reservations and easements of record and Skagit County Right to Farm Ordinance as described below:

Skagit County has established a policy for unincorporated areas to protect and encourage agriculture and forestry operations. If your real property is located near an agriculture or forestry operation, you may be subject to inconvenience or discomfort arising from such operations, including but not limited to, noise, odors, fumes, dust, flies, and other associated pests, the operation of machinery of any kind during any 24-hour period, the storage and disposal of manure, and the application of fertilizers, soil amendments, and pesticides. If conducted in compliance with local, state and federal laws, these inconveniences or discomforts are hereby deemed not to constitute a nuisance as provided in Chapter 7.48 RCW for purposes of the Skagit County Code and shall not be subject to legal action as a public nuisance.

202006030058

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

4503762

CERTIFICATE NUMBER: **2019-053636**

DATE ISSUED: **12/18/2019**
FEE NUMBER:

FIRST AND MIDDLE NAME(S): **EDWARD ANTHONY**
LAST NAME(S): **CAHILL JR**

COUNTY OF DEATH: **SKAGIT**
DATE OF DEATH: **DECEMBER 04, 2019**
HOUR OF DEATH: **08:30 PM**
SEX: **MALE** AGE: **75 YEARS**
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**
RACE: **CAUCASIAN**

BIRTH DATE: [redacted]
BIRTHPLACE: **AUSTIN, TX**

MARITAL STATUS: **WIDOWED**
SURVIVING SPOUSE: **NOT APPLICABLE**

OCCUPATION: **ENGINEER**
INDUSTRY: **AVIATION**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES: **NO**

INFORMANT: **PETRA ILLIG**
RELATIONSHIP: **FRIEND/POA**
ADDRESS: **3404 LAKESIDE DRIVE, ANCHORAGE, ALASKA, 99515**

CAUSE OF DEATH:
A: **PARKINSON'S DISEASE**
INTERVAL: **15 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: **400 GILKEY ROAD UNIT 228**
CITY, STATE, ZIP: **BURLINGTON, WASHINGTON 98233**

RESIDENCE STREET: **400 GILKEY ROAD 228**
CITY, STATE, ZIP: **BURLINGTON, WA 98233**
INSIDE CITY LIMITS: **YES** COUNTY: **SKAGIT**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **2 YEARS**

FATHER: **EDWARD ANTHONY CAHILL**
MOTHER: **ANNE V** [redacted]

METHOD OF DISPOSITION: **DONATION/MEDICAL RESEARCH**
PLACE OF DISPOSITION: **MEDCURE**

CITY, STATE: **PORTLAND, OREGON**
DISPOSITION DATE: **DECEMBER 09, 2019**

FUNERAL FACILITY: **WESTFORD FUNERAL HOME INC**

ADDRESS: **1301 BROADWAY**
CITY, STATE, ZIP: **BELLINGHAM, WASHINGTON 98225**
FUNERAL DIRECTOR: **PAUL V. SPINELLI**

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: **LESLIE A. ESTEP, MD**
TITLE: **PHYSICIAN**
CERTIFIER ADDRESS: **227 FREEWAY DRIVE, SUITE A**
CITY, STATE, ZIP: **MOUNT VERNON, WA 98273**
DATE SIGNED: **DECEMBER 06, 2019**

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

LOCAL DEPUTY REGISTRAR: **ISABEL M. CARBAJAL**
DATE RECEIVED: **DECEMBER 09, 2019**

DOH 422-132 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED

UNOFFICIAL DOCUMENT

Washington State Department of Health

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

Required

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:	3. Place of Event:
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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify)

7. Return Mailing Address: PO Box or Street, 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:	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
- Certificate of Naturalization
- Military record (DD-214)
- Hospital/medical record
- School transcripts
- Passport
- Social Security Numident Report
- 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.

CERTIFIED

DEC 18 2019

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

RECEIVED
FEB 02 2020
BY:

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