



202102020129

02/02/2021 03:53 PM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

When recorded return to:
Deborah M. Chapman
7692 South Superior Ave.
Concrete, WA. 98237

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-474
FEB 02 2021

Amount Paid \$0
Skagit Co. Treasurer
By  Deputy

QUIT CLAIM DEED

THE GRANTOR(S) Deborah M. Chapman Surviving spouse of

David L. Chapman Deceased Community Property

for and in consideration of Separate Property

in hand paid, conveys and quit claims to Deborah M. Chapman

the following described real estate, situated in the County of Skagit, State of Washington
together with all after acquired title of the grantor(s) herein: P70906

Tract 15, "PLAT OF SUNRISE ADDITION, SKAGIT COUNTY", as per plat recorded in
Volume 4 of Plats, page 44, records of Skagit County, Washington, EXCEPT the East 10
feet thereof, EXCEPT the South 200 feet thereof, EXCEPT the following described tract;
Beginning at the Northwest corner of said Tract 15; thence South 145 feet; thence East
195 feet thence North 145 feet; thence West 195 feet to the point of the beginning.

Situate in the county of Skagit, State of Washington.

Dated: 01-29-21

Deborah ChapmanSTATE OF Washington
COUNTY OF Snohomish

ss.

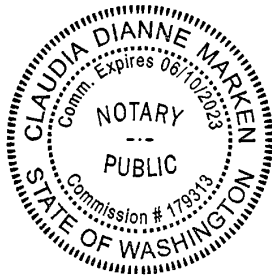
I certify that I know or have satisfactory evidence that Deborah M. Chapman
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be
her free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 1/29/2021Claudia Dianne Marken

Notary name printed or typed:

Notary Public in and for the State of WashingtonResiding at Conover

My appointment expires:

6/10/2023

Return Address:

Deborah Marie Chapman

7692 South Superior Ave.

Concrete, WA. 98237

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Deborah M. Chapman, 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 Widow

of David L. Chapman, who died on 10/16/2018
Decedent/Grantor *Relationship to decedent* *Date*
at Everett Snohomish Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

WAC 458-61-340

Track 15, "PLAT OF SUNRISE ADDITION, SKAGIT COUNTY", as per plat
recorded in Volume 4 of Plats, page 44, records of Skagit County, Washington,
EXCEPT the East 10 feet thereof, EXCEPT the South 200 feet thereof, EXCEPT
the following described tract; Beginning at the Northwest corner of said Tract 15;
thence South 145 feet; thence East 195 feet; thence North 145 feet; thence West
195 feet to the point of beginning. Situate in the County of Skagit, State of
Washington

Assessor's Property Tax Parcel/Account Number: 4064-000-015-0008
(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 3)

Deborah Marie Chapman 68 Widow 7692 South Superior Ave.
Concrete, Washington 98237

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: 01-29-21Deborah Marie Chapman

Affiant's full name

(360) 853-7637

Telephone number

769th South Superior AveConcrete

City

Street

WA

State

98237

Zip Code

Deborah Chapman

Signature

01-29-21

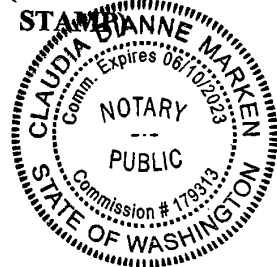
Date

State of Washington County of SkagitI know or have satisfactory evidence that Deborah M. Chapman
(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: 01/29/2021Claudia Dianne Marken
Signature of Notary Public

(SEAL OR

Residing at: ConcreteNotary Public in and for the State of WAMy appointment expires: 06/10/2023

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-045137

LOCAL FILE NUMBER: 4103

DATE ISSUED: 10/26/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): DAVID LAMONT
LAST NAME(S): CHAPMANCOUNTY OF DEATH: SNOHOMISH
DATE OF DEATH: OCTOBER 16, 2018
HOUR OF DEATH: 11:04 AM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MARIETTA, GAMARITAL STATUS: MARRIED
SPOUSE: DEBORAH LOOMISOCCUPATION: TOW TRUCK OPERATOR
INDUSTRY: OWNER
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: DEBORAH CHAPMAN
RELATIONSHIP: WIFE
ADDRESS: 7692 S. SUPERIOR AVE, CONCRETE, WASHINGTON 98237CAUSE OF DEATH:
A: HYPOXIC RESPIRATORY FAILURE
INTERVAL: DAYS
B: SEVERE SEPSIS
INTERVAL: DAYS
C: OSTEOMYELITIS
INTERVAL: WEEKS
D: QUADRIPLEGIA
INTERVAL: YEARS

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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: EVERETT, WASHINGTON 98201RESIDENCE STREET: 7692 S. SUPERIOR AVE
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARSFATHER/PARENT: LONNIE CHAPMAN
MOTHER/PARENT: DOR [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 18, 2018

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: TOBI G. STIDMANMANNER OF DEATH: NATURAL
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: LLOYD ROBERTS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1700 13TH STREET
CITY, STATE, ZIP: EVERETT, WA 98201
DATE SIGNED: OCTOBER 18, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MARGARET MULLIN, MDLOCAL DEPUTY REGISTRAR: JULIE MARTIN
DATE RECEIVED: OCTOBER 18, 2018



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

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address: _____ 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
- 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

- 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, 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). The informant may change marital status with proof. 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 October 2015

CERTIFIED

OCT 26 2018

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



0 2 0 2 1 9 4 2

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

