



202605070059

05/07/2026 03:42 PM Pages: 1 of 12 Fees: \$314.50
Skagit County Auditor

When Recorded Please Return To:
PIRKLE & SALE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.1364
MAY 07 2026

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

QUIT CLAIM DEED

THE GRANTOR, BILLY JOE DIDWAY, as surviving spouse of MARILYN SUE DIDWAY (Deceased), for and in consideration of transfer to surviving spouse pursuant to an Affidavit in Support of Community Property Agreement (WAC 458-61A-202(6)(a)), conveys and quit claims to GRANTEE, BILLY JOE DIDWAY, a single person as his separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

Assessor's Parcel Number: P68580 (3987-000-033-0002)

Lot 33, "PLAT OF ROLLING RIDGE ESTATES NO. 1", as per plat recorded in Volume 9 of Plats, pages 4 and 5, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, provisions and assessments of record, if any.

Dated this 5th day of May, 2026.


BILLY JOE DIDWAY

DATED this 5th day of may, 2026.

LAWRENCE A. PIRKLE

NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 5/7/27

DAVID L. MOORE
18911 86th Place W.
Edmonds, WA 98026

Son

Legal

TIMOTHY A. LOWRIMORE
1717 16th Ave. #13
Seattle, WA 98122

Son

Legal

CARMEN MARIE LYON
149927 Midstate Road
La Pine, OR 97739

Stepdaughter

Legal

7. I, BILLY JOE DIDWAY, affirm that I am the sole and rightful heir to the property legally described above.

8. That the transfer of this property is exempted from the real estate excise tax pursuant to WAC 458-61A-202(6)(a).

DATED this 5th day of May, 2026.

Billy Joe Didway
BILLY JOE DIDWAY

SIGNED AND SWORN to before me this 5th day of May, 2026.



LAWRENCE A. PIRKLE

[Signature]
NOTARY PUBLIC in and for the
State of Washington,
Residing at Mount Vernon
My Commission Expires: 5/7/27

**202604060073**04/06/2026 01:13 PM Pages: 1 of 4 Fees: \$306.50
Skagit County Auditor*Exhibit A*

When Recorded Please Return To:
PIRKLE & SALE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

DOCUMENT TITLE(S):

COMMUNITY PROPERTY AGREEMENT

REFERENCE NUMBER(S):

N/A

GRANTOR:BILLY JOE DIDWAY, SURVIVING SPOUSE
OF MARILYN SUE DIDWAY (DECEASED)GRANTEE:

PUBLIC

ASSESSOR'S PARCEL NUMBER:

P68580 (3987-000-033-0002)

LEGAL DESCRIPTION:Lot 33, "PLAT OF ROLLING RIDGE
ESTATES NO. 1", as per plat recorded in
Volume 9 of Plats, pages 4 and 5, records of
Skagit County, Washington.Situate in the County of Skagit, State of
Washington.

COMMUNITY PROPERTY AGREEMENT

AGREEMENT made this 28th day of January, 1999, between BILLY JOE DIDWAY ("Husband") and MARILYN SUE DIDWAY ("Wife"), husband and wife, both of whom are domiciled in the State of Washington. In consideration of their mutual promises set forth below, the parties agree as follows:

A. *Revocation of Prior Agreements.* If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this Agreement.

B. *Property Covered.* This Agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife. Any separate property of either, [now owned or hereafter acquired,] shall become and be considered community property upon the death of the party owning said separate property. All such community property is referred to in this Agreement as the "subject property."

C. *Vesting at Death.* On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them, unless the subject property has a specific death beneficiary designation other than spouse.

D. *Disclaimer.* Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed, and in default thereof according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.

E. *Automatic Revocation.* In the absence of other evidence indicating the party's intent to terminate this Agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint or other pleading for dissolution of their marriage or divorce, or upon a court of competent jurisdiction dissolving the marriage or granting a decree of divorce or separate maintenance to either of them.

ORIGINAL

F. *Optional Revocation by One Party.*

This Agreement may be terminated by either party acting alone by delivery of a written notice of revocation to the other party or the other party's legal representative, and by recording such revocation with the Skagit County, Washington, Recorder's Office where real property transactions in Skagit County, Washington are recorded.

If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

G. *Powers of Appointment.* This Agreement shall not affect any power of appointment now held by or hereafter given to either party, nor shall it obligate either of them to exercise any such power of appointment in any way.

H. *Survivorship.* As used herein, the term "survivor survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


BILLY JOE DIDWAY


MARILYN SUE DIDWAY

GIVEN under my hand and official seal this 28th day of January, 1999.

Lawrence A. Pirkle

~~NOTARY PUBLIC~~ in and for the
State of Washington
Residing at Mount Vernon
My Commission Expires: 5/7/99

EXHIBIT "B"

Assessor's Parcel Number: P68580 (3987-000-033-0002)

Lot 33, "PLAT OF ROLLING RIDGE ESTATES NO. 1", as per plat recorded in Volume 9 of Plats, pages 4 and 5, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

TOGETHER WITH AND SUBJECT TO: All covenants, conditions, restrictions, reservations, agreements, easements, provisions and assessments of record, if any.

Exhibit C**202604060074**04/06/2026 01:13 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

When Recorded Please Return To:
PIRKLE & SALE LAW FIRM, INC. P.S.
P.O. Box 1788
Mount Vernon, WA 98273

DOCUMENT TITLE(S):

STATE OF WASHINGTON
CERTIFICATE OF DEATH

REFERENCE NUMBER(S):

SKAGIT COUNTY AF# 202604060073

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

MARILYN SUE DIDWAY (Deceased)

ASSESSOR'S PARCEL NUMBER:

P68580 (3987-000-033-0002)

LEGAL DESCRIPTION:

Lot 33, "PLAT OF ROLLING RIDGE ESTATES
NO. 1", as per plat recorded in Volume 9 of
Plats, pages 4 and 5, records of Skagit County,
Washington.

Situate in the County of Skagit, State of
Washington.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-052528

DATE ISSUED: 10/27/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARILYN SUE

LAST NAME(S): DIDWAY

AKA: SUE DIDWAY

AKA:

AKA:

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 24, 2025

HOUR OF DEATH: 11:25 AM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER:

PLACE OF DEATH: DECEDENT'S HOME

FACILITY OR ADDRESS: 10189 CUMMINGS DRIVE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 10189 CUMMINGS DRIVE

CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 26 YEARS

HISPANIC ORIGIN: NO; NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTH PLACE: OAK HARBOR, WASHINGTON

FATHER: KENNETH EDMOND HINGSTON

MOTHER:

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: BILLY JOE DIDWAY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

OCCUPATION: MEDICAL RECORDS

INDUSTRY: HEALTHCARE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 31, 2025

INFORMANT: BILLY DIDWAY

RELATIONSHIP: HUSBAND

ADDRESS: 10189 CUMMINGS DRIVE, SEDRO-WOOLLEY, WA 98284

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST

CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

FUNERAL DIRECTOR: DOUGLAS E. HUTTER

CAUSE OF DEATH:

A: PANCYTOPENIA

INTERVAL: 3 MONTHS

B: MYELODYSPLASTIC SYNDROME

INTERVAL: 8 YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PERIPHERAL VASCULAR DISEASE, CARDIOMYOPATHY, HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE:

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

CERTIFIER NAME: LISSA ANDERSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: OCTOBER 24, 2025

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: MARIA VIVANCO

DATE RECEIVED: OCTOBER 27, 2025



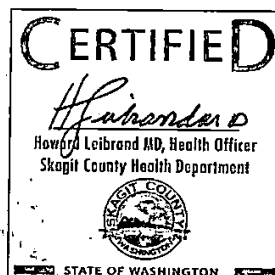
Affidavit for Correction

Mail to: Center for Health Statistics
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:		2. Date of Event:		3. Place of Event:
First	Middle	Last	MM/DD/YYYY	(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 Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____				
7. Return Mailing Address:				
PO Box or Street Address				
Telephone Number:		Email Address:		
()		City State Zip		
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
14a. Signature:		14b. Signature of 2nd parent (if required):		
Printed name:		Date:		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 Acknowledgment 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.				
*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.				
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.				
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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