

WHEN RECORDED RETURN TO:

Name: _____
Address: _____
City, State, Zip _____



199911150030
Kathy Hill, Skagit County Auditor
11/15/1999 Page 1 of 2 9:14:30AM

Chicago Title Insurance Company

STATUTORY WARRANTY DEED

SKAGIT COUNTY WASHINGTON

Real Estate Excise Tax
march 23, 1984
NOV 15 1999

THE GRANTOR
Dorothy Parker

Amount Paid \$ 353.10
Skagit Co. Treasurer
By *mw* Deputy

for and in consideration of Fulfillment of Contract

in hand paid, conveys and warrants to Dennis L. Cartwright and Ellen M. Coslor

the following described real estate, situated in the County of Skagit, State of Washington:

That portion of government Lot 4, section 25, Township 33 North, Range 4 East, W. M., described as follows:

Beginning at the northwest corner of said government lot 4; thence south 212 feet; thence east to a point 200 feet west of the west line of the County Road; thence north 40 feet to the true point of beginning of this description; thence continuing north 10 feet; thence east to the west line of the County Road; thence northerly along said west line to the north line of said government lot 4; thence west along said north line to the east line of the west 240 feet of said government lot 4; thence south along said east line to a point west of the true point of beginning; thence east to the true point of beginning. Except the west 40 feet thereof.

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated _____, 19____, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Real Estate Sales Tax was paid on this sale on 23 March 1984, Excise No. 1041, Amt. paid \$353.10

Tax Account Number: 330425-0-068-0007 DATED Dec 7, 1998
P17306

Dorothy J. Parker

STATE OF WASHINGTON)

STATE OF WASHINGTON)

COUNTY OF SKAGIT)

COUNTY OF _____)

On this day personally appeared before me
DOROTHY PARKER
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that as SHE signed the same as HER free and voluntary act and deed, for the uses and purposes therein mentioned.

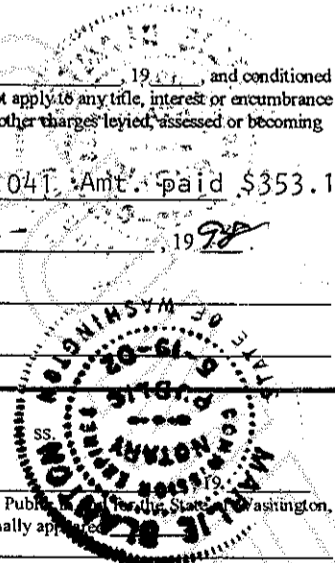
On this _____ day of _____, 19____, before me, the undersigned, a Notary Public for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and Secretary, respectfully, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

GIVEN under my hand and official seal this
day of DECEMBER, 1998.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington,
residing at SEDRIC WOOLLEY

Notary Public in and for the State of Washington,
residing at _____



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

475
LOCAL FILE NUMBER

146 0194032843
STATE FILE NUMBER

1. NAME First: Ervin, Middle: A., Last: Parker				2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) July 30, 1992
4. AGE LAST BIRTHDAY (Yrs) 71	5. UNDER 1 YEAR MOS: , DAYS: , HOURS: , MINS:	6. UNDER 1 DAY HOURS: , MINS:	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTH-PLACE (City, State or Foreign Country) Alamosa, Colorado	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes
11. CITY, TOWN OR LOCATION OF DEATH Mount, Vernon			12. PLACE OF DEATH-- BY BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG RM/OUT PIN 4. HOSP 5. NUR HOME 6. OTHER PLACE Skagit Valley Hospital and Health Center		10. COUNTY OF DEATH Skagit
14. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Dorothy J. Moran		16. SOCIAL SECURITY NO	13. SMOKING IN LAST 15 YEARS? (Yes / No) No
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Carpenter		19. KIND OF BUSINESS OR INDUSTRY Construction		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12yrs., College (1-4 or 5+):
22. RESIDENCE-- NUMBER AND STREET 930 - 4th Street		23. CITY/TOWN OR LOCATION La Conner	24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Skagit	21. RACE (Specify) White
28. FATHER'S NAME--FIRST, MIDDLE, LAST Rhode Campbell Parker			29. MOTHER'S NAME--FIRST, MIDDLE, MAIDEN SURNAME Hazel Nancy		
30. INFORMANT--NAME Dorothy J. Parker		31. MAILING ADDRESS 930 - 4th street, La Conner, Washington 98257			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) July 31, 1992	34. CEMETERY/CREMATORY--NAME Mount Vernon Crematory		35. LOCATION--CITY/TOWN, STATE Mount Vernon, Washington
36. FUNERAL DIRECTOR SIGNATURE Edward E. Brigg		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 South 3rd. Mount Vernon, Washington	
39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE Robert L. Coffey			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X		
40. DATE SIGNED (Mo, Day, Yr) July 30, 1992		41. HOUR OF DEATH (24 Hrs) 1235		44. DATE SIGNED (Mo, Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Robert L. Coffey			45. HOUR OF DEATH (24 Hrs)		46. PRONOUNCED DEAD (Mo, Day, Yr)
48. NAME AND ADDRESS OF CERTIFIER--PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert L. Coffey 1400 E. Ricard Mt Vernon WA 98273					47. HOUR PRONOUNCED DEAD (24 Hrs.)
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.					
A. Aspiration pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 1 day	
B. Esophageal CA		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 8 mos	
C.		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D.		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY--AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		52. AUTOPSY? (Yes / No) NO	
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY EVIDENCE		62. REGISTRAR SIGNATURE Sharon S. Beeson, Deputy		63. DATE RECEIVED (Mo, Day, Yr) 7-31-92	

Howard Leibrand, M.D.
Health Officer

Signed Sharon S. Beeson
Skagit County Deputy Registrar

Date JUL 31 1992

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Kathy Hill, Skagit County Auditor
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