

When Recorded Please Return To:
Lawrence A. Pirkle
321 West Washington, Suite 300
Mount Vernon, WA 98273
360-336-6587



200103090151
, Skagit County Auditor

3/9/2001 Page 1 of 3 12:41:39PM

This Space For Recorder's Use Only

QUIT CLAIM DEED
DEATH CERTIFICATE

THE GRANTOR, THEONA R. RAMSEY, as Successor Trustee of the Cuthbert and Theona Ramsey Living Trust, for and in consideration of transfer to original Grantor(s), conveys and quit claims to **GRANTEE**, THEONA R. RAMSEY, a single person, 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 No: 350427-3-012-0111, 350427-3-012-0004 and 350427-3-011-0104

Parcel "A":

The South 132 feet of the North 528 feet of that portion of the West 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 27, Township 35 North, Range 4 East, W.M., lying Northwesterly of the Puget Sound and Baker River Railway right-of-way. Situate in the County of Skagit, State of Washington.

Parcel "B":

The South 132 feet of the North 660 feet of that portion of the West 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 27, Township 35 North, Range 4 East, W.M., lying Northwesterly of the Puget Sound and Baker River Railway right-of-way. Situate in the County of Skagit, State of Washington.

Dated 6 day of March, 2001

Theona R. Ramsey
Theona R. Ramsey, Successor Trustee

39768
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax

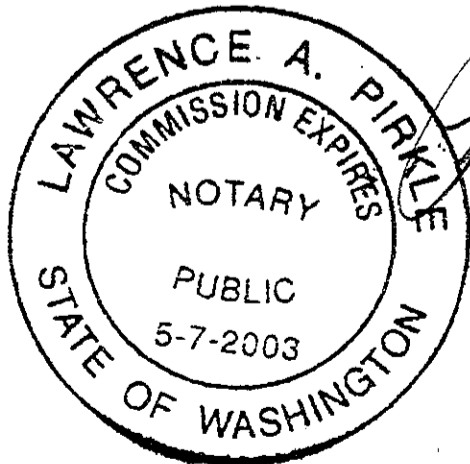
MAR 09 2001

State of Washington)
)ss.
County of Skagit)

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

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

GIVEN under my hand and official seal this 6th day of March, 2001



Lawrence A. Pirkle
LAWRENCE A. PIRKLE

Notary Public in and for the State of Washington
Residing at: Mt. Vernon
My Commission Expires: 5/7/03

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

31 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME — First Middle Last Cuthbert Estel Ramsey			2. SEX (M / F) M		3. DEATH DATE (Mo., Day, Yr) January 13, 2001				
4. AGE LAST BIRTH-DAY (Yrs) 92		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo., Day, Yr) Jan 19, 1908		8. BIRTHPLACE (City, State or Foreign Country) Green Forest, AR			
11. CITY, TOWN OR LOCATION OF DEATH Burlington			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 10615 District Line Road			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		13. COUNTY OF DEATH Skagit	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Theona Roberta Hunter		16. SOCIAL SECURITY NO. 535-01-6711		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6			
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Grader			19. KIND OF BUSINESS OR INDUSTRY Sawmill		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: <input checked="" type="checkbox"/> No		21. RACE (Specify) White		
22. RESIDENCE — NUMBER AND STREET 10615 District Line Road			23. CITY/TOWN, OR LOCATION Burlington		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit		
26. STATE WA			25B. LENGTH OF RES. IN CO. 53Y		27. ZIP CODE 98233		28. FATHER'S NAME — FIRST, MIDDLE, LAST Tilford Elbert Ramsey		
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Eller Brawley			30. INFORMANT — NAME Theona Roberta Ramsey						
31. MAILING ADDRESS 10615 District Line Road, Burlington, WA 98233			32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial						
33. DATE (Mo., Day, Yr) Jan 18, 2001			34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park			35. LOCATION — CITY/TOWN, STATE Mount Vernon Washington			
36. FUNERAL DIRECTOR SIGNATURE <i>X Kenneth Brown</i>			37. NAME OF FACILITY Hawthorne Funeral Home			38. ADDRESS OF FACILITY 1825 E. College Way Mount Vernon, WA 98273-0398			
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 <i>X Houshang Shetabi M.D.</i> MD FACP				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 <i>X</i>					
40. DATE SIGNED (Mo., Day, Yr) 1-16-2001			41. HOUR OF DEATH (24 Hrs) 1000		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Houshang Shetabi M.D. 1971 Hwy 20, Sedro Woolley, WA 98284				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				49. ME/CORONER FILE NUMBER NJA 007					
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. <i>choleangi's carcinoma</i> DUE TO, OR AS A CONSEQUENCE OF:					INTERVAL BETWEEN ONSET AND DEATH <i>5 months</i>		
		B. DUE TO, OR AS A CONSEQUENCE OF:					INTERVAL BETWEEN ONSET AND DEATH		
		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: <i>Prostate Cancer - vertebral Basilar Arterial insufficiency</i>			52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes				
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)			60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>X Dorothy Epps, deputy</i>			63. DATE RECEIVED (Mo., Day, Yr) JAN 16 2001			



200103090151
Skagit County Auditor

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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

Howard Leibrand

Date Issued **JAN 16 2001**



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 , Skagit County Auditor

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