

WHEN RECORDED RETURN TO:

Island Title Co
P.O.Box 670
Burlington WA 98233



200111020109
Skagit County Auditor

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Chicago Title Insurance Company

701 5th Avenue - Suite 1700 - Seattle, Washington 98104

DOCUMENT TITLE(s)

1. Certificate of Fact
- 2.
- 3.

REFERENCE NUMBER(s) OF DOCUMENTS ASSIGNED OR RELEASED:

Additional numbers on page _____ of the document

GRANTOR(s):

1. Becraft, Marlin
2. Becraft, Denise
- 3.

Additional names on page _____ of the document

GRANTEE(s):

1. Department of Licensing
- 2.
- 3.

Additional names on page _____ of the document

ABBREVIATED LEGAL DESCRIPTION:

Lot 5, Block 2, Everett's Second Addition to Concrete

Complete legal description is on page _____ of the document

ASSESSOR'S PROPERTY TAX PARCEL ACCOUNT NUMBER(s):

4061-002-005-0009

(sign only if applicable) I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

Signature Megan E. Goldstein

This cover sheet is for the County Recorder's indexing purposes only.
The Recorder will rely on the information provided on the form and will not read the document to verify the accuracy or completeness of the indexing information provided herein.



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Certificate

~~STATE~~ OF FACT

IMPORTANT

Washington law makes it clear that it is a felony to knowingly make a false statement of fact. The penalty, upon conviction, shall be a fine of not more than \$5,000 or by imprisonment for not more than ten years, or both the fine and imprisonment. (RCW 46.12.210)

LICENSE PLATE / REG. NO. %033044	YEAR 1989	MAKE OAKMA	SERIES/BODY TYPE 44/28
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VEHICLE (VIN) OR VESSEL (HIN) IDENTIFICATION NUMBER 06910822YAB	COLOR: Primary	Secondary
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I certify that:

The Manufactured Home Application Title Elimination form had been signed by the registered owners legal owner and the building permit office back in 1997. While waiting to get the Certificate of Title Mrs. Becraft died. Rather than redoing the form. we had Mr Becraft sign an Affidavit of Inheritance and we are attaching the Certified Copy of the Death Certificate.

SIGNATURE OF REGISTERED OWNER / TITLE

X Mindee Zandell agent for Manufacture Title

NOTARIZATION/CERTIFICATION

State of Washington Thurston Signed or attested 10-30-01
County of before me on

NOTARY SEAL OR STAMP

By Mindee Zandell

NOTARY PUBLIC
State of Washington
GWENDOLYN J. POTTER
Commission Expires SEPTEMBER 29, 2004

Printed Name of Person Signing Document

Signature

Gwendolyn J. Potter

Notary / Agent

Name

Gwendolyn J. Potter

Notary (PRINTED OR STAMPED)

Title

Notary Public

AND:

County / Office No. OR

Notary Expiration Date

9-29-04

The Department of Licensing has a policy of providing equal access to its services.

If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK



536

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last DENISE LORRAINE BECRAFT				2. SEX (M / F) F	3. DEATH DATE (Mo, Day, Yr) 01/11/99
4. AGE LAST BIRTHDAY (Yrs) 40	5. UNDER 1 YEAR MOS DAYS MO	6. UNDER 1 DAY HOURS MINS 00	7. BIRTHDATE (Mo, Day, Yr) 01/11/59	8. BIRTHPLACE (City, State or Foreign Country) SANTA MONICA, CA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO
10. COUNTY OF DEATH KING			11. CITY, TOWN OR LOCATION OF DEATH SEATTLE		12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE SWEDISH HOSPITAL
13. SMOKING IN LAST 15 YEARS? (Yes / No) NO		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (if wife, give maiden name) MARLIN BECRAFT	16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2		18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) HOME MAKER		19. KIND OF BUSINESS OR INDUSTRY OWN HOME	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO
21. RACE (Specify) WHITE		22. RESIDENCE—NUMBER AND STREET 45202 MAIN STREET		23. CITY/TOWN OR LOCATION CONCRETE	24. INSIDE CITY LIMITS? (Yes / No) YES
25. COUNTY SKAGIT		26. LENGTH OF RES. IN CO. 9 YRS	27. STATE WA	28. ZIP CODE 98237	
29. FATHER'S NAME—FIRST, MIDDLE, LAST RONALD SANFORD ROYER			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME EVA [REDACTED]		
31. INFORMANT—NAME EVA ROYER		32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 61405 CASCADE RIVER ROAD MARBLEMOUNT, WA 98267			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	34. DATE (Mo, Day, Yr) JAN 21, 1999	35. CEMETERY, CREMATORY—NAME FOREST PARK CEMETERY		36. LOCATION—CITY/TOWN, STATE CONCRETE, WASHINGTON	
37. FUNERAL DIRECTOR SIGNATURE Richard Lemley		38. NAME OF FACILITY LEMLEY CHAPEL		39. ADDRESS OF FACILITY 1008 3RD ST SEDRO-WOLLEY, WA 98284	
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 X John L Wagner MD			41. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 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 [REDACTED]		
42. DATE SIGNED (Mo., Day, Yr) January 11, 1999		43. HOUR OF DEATH (24 Hrs.) 1435		44. DATE SIGNED (Mo., Day, Yr)	
45. HOUR OF DEATH (24 Hrs.)		46. HOUR PRONOUNCED DEAD (24 Hrs.)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John L Wagner 1100 Fairview Ave N FHCR Seattle WA 98109			49. ME/CORONER FILE NUMBER		
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. idiopathic interstitial pneumonitis DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 25 days	
		B. allogeneic bone marrow transplant DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 82 days	
		C. acute myelogenous leukemia DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 19 months	
		D.		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CC		52. AUTOPSY? (Yes / No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		55. [REDACTED]		56. [REDACTED]	
57. INJURY AT WORK? (Yes / No)		58. PLAC BLDG 11/2/2001 Page 3 of 4 4:16:31PM		59. NO. CITY/TOWN, STATE	
60. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. REGISTRAR SIGNATURE Tom [REDACTED]		62. DATE RECEIVED (Mo., Day, Yr.) JAN 22 1999	



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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	
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				
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. 2/98)

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

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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
6. 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.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit form DOH 110-001)

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.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

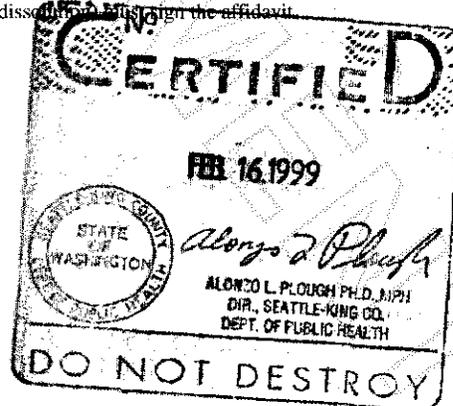
Marriage/Dissolution (Divorce) Certificates

1. 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.
2. 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

This is a legal document.
 Complete in ink and do not alter.



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