



200402200129

Skagit County Auditor

2/20/2004 Page

1 of

6 2:39PM

After recording return document to:

YOUNGQUIST & BETZ
904 South Third
Mount Vernon, WA 98273

DOCUMENT TITLE: Statutory Warranty Fulfillment Deed

REFERENCE NUMBER OF RELATED DOCUMENT:

GRANTOR(S): Martin J. Spane, a married man

ADDITIONAL GRANTORS ON PAGE 2 OF DOCUMENT.

GRANTEE(S): Hubert Johnson, Genevieve L. Johnson, Mitchell F. Johnson and Cynthia K. Johnson

ADDITIONAL GRANTEES ON PAGE OF DOCUMENT.

ABBREVIATED LEGAL DESCRIPTION:

E ½ of SW ¼ and SW ¼ of SW ¼ of Sec. 12, Twp. 33 N, R 3 E W.M.

**ADDITIONAL LEGAL DESCRIPTION ON PAGE(S)
OF DOCUMENT.**

ASSESSOR'S TAX/PARCEL NUMBER(S): P 15774

STATUTORY WARRANTY FULFILLMENT DEED

THE GRANTORS, MARTIN J. SPANE, a married man, as his separate property, and MARTIN J. SPANE and VICTOR L. SPANE, as co-trustees under the Edna A. Spane Testamentary Trust, for and in consideration of fulfillment of the Real Estate Contract entered into, conveys and confirms to HUBERT JOHNSON and GENEVIEVE L. JOHNSON, husband and wife; and MITCHELL F. JOHNSON and CYNTHIA K. JOHNSON, husband and wife, the following-described real estate, situated in the County of Skagit, State of Washington:

(See attached Exhibit "A" for legal description)

The Grantor for said estate does by these presents expressly limit the covenants of this deed to those herein expressed, and excludes all covenants arising or to arise by statutory or other implication, and does hereby covenant that against all persons whomsoever lawfully claiming or to claim by, through or under said Grantor and not otherwise, he will forever warrant and defend the said-described real estate.

This deed is given in fulfillment of that certain real estate contract between MARTIN J. SPANE and VICTOR L. SPANE, co-trustees of the Testamentary trust of Edna A. Spane, and MARTIN SPANE, as his separate property, as Seller; and HUBERT JOHNSON and GENEVIEVE L. JOHNSON, husband and wife; and MITCHELL F. JOHNSON and CYNTHIA K. JOHNSON, husband and wife, as Purchasers dated October 30, 1978, and conditioned for the conveyance of the above-described property, and the covenants 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.



EXHIBIT A

The East $\frac{1}{2}$ of the Southwest $\frac{1}{4}$ and the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 12, Township 33 North, Range 3 East W.M., EXCEPT the County road commonly known as the Polson Road as the same is built and exists running along the South line of said Section AND EXCEPT ditch rights of way.

Situate in the County of Skagit, State of Washington.



200402200129

Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

120

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

5 9963

1. NAME VICTOR LOUIE SPANE				2. SEX (M / F) MALE		3. DEATH DATE (Mo. Day, Yr) FEBRUARY 24, 1995	
4. AGE LAST BIRTHDAY (Yrs) 68		5. UNDER 1 YEAR MOS DAYS 68		6. UNDER 1 DAY HOURS MINS 68		7. BIRTHDATE (Mo. Day, Yr) 68	
8. BIRTHPLACE (City, State or Foreign Country) SUMNER, WASH.				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO		10. COUNTY OF DEATH SKAGIT	
11. CITY, TOWN OR LOCATION OF DEATH MT. VERNON				12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NURS HOME <input type="checkbox"/> OTHER PLACE 1466 CHANNEL RD.			
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) CAROL LITTLE		16. SOCIAL SECURITY NO. 68		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 0	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) GENERAL CONTRACTOR		19. KIND OF BUSINESS OR INDUSTRY BUILDINGS		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 1466 CHANNEL RD.		23. CITY/TOWN, OR LOCATION MT. VERNON		24. INSIDE CITY LIMITS? (Yes / No) NO		25A. COUNTY SKAGIT	
25B. LENGTH OF RES. IN CO. 1 Yr		26. STATE WASH		27. ZIP CODE 98273			
28. FATHER'S NAME—FIRST, MIDDLE, LAST ANTHONY SPANE				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME THERESA			
30. INFORMANT—NAME CAROL SPANE		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1466 CHANNEL RD. MT. VERNON, WASHINGTON 98273					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		33. DATE (Mo. Day, Yr) 2/28/95		34. CEMETERY/CREMATORY—NAME MT. VERNON CEMETERY		35. LOCATION—CITY/TOWN, STATE Mt. Vernon, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY GILBERTSON FUNERAL HOME		38. ADDRESS OF FACILITY STANWOOD, WASHINGTON 98292			
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 X Robert Ruc MD				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) 2/28/95		41. HOUR OF DEATH (24 Hrs.) 22:15		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)				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) DR. ROBERT RAISH M.D. 1400 E. Kincaid Mt. Vernon, Wash. 98273				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. Metastatic to rectal Cancer				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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:						52. AUTOPSY? (Yes / No) NO	
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>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr.) 3-2-95			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly QSHS 9-150)



200402200129
Skagit County Auditor

2/20/2004 Page 5 of 6 2:39PM

Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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
-------------------	------------	----------	------	------------------

Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

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

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- 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 have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name 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/CHS 021)**

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 certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

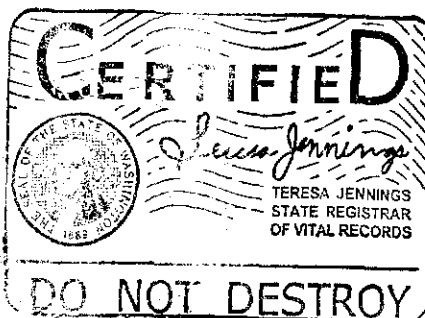
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



200402200129
Skagit County Auditor

2/20/2004 Page 6 of 6 2:39PM



LL00073826

FEB 17 2004