

When recorded mail to:
ROBERT A. WHITE
1902 Highland Drive
Anacortes, WA 98221



200507290144

Skagit County Auditor

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AFFIDAVIT-DEATH OF SETTLOR AND TRUSTEE

STATE OF WASHINGTON)
COUNTY OF SKAGIT)
_____)

ROBERT A. WHITE, of legal age, being first duly sworn, deposes and says:

That **MANDA ELLEN WHITE**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MANDA E. WHITE, Settlor and Trustee of the MANDA E. WHITE TRUST, dated June 10, 1993; and that MANDA E. WHITE is the same person as named in that certain QUITCLAIM DEED dated April 29, 1999, recorded on April 29, 1999, document # 9904290109 and executed by MANDA E. WHITE to MANDA E. WHITE as Trustee of the MANDA E. WHITE TRUST, covering the real property commonly known as **1902 Highland Drive, Anacortes, County of Skagit**, State of Washington and described as:

Tract 6, Skyline Division 5, according to the Plat thereof recorded in Volume 9 of Plats, Pages 56-58, records of Skagit County, Washington.

Assessor's Tax Parcel ID #: 3821-000-006-0005 R59319

It being further acknowledged that I, ROBERT A. WHITE, am the successor Trustee under said Declaration of Trust, which was in effect at the time of the death of MANDA E. WHITE, and which is still in full force and effect and I hereby consent to act as Successor Trustee.

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

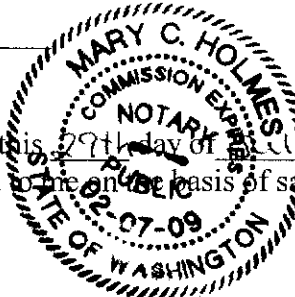
Executed on July 29, 2005, at Skagit County, Washington.

Robert A. White
ROBERT A. WHITE

SUBSCRIBED AND SWORN TO before me this 29th day of July, 2005 by ROBERT A. WHITE, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Mary C. Holmes
Notary Public in and for said County and State



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 389-05		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Manda Ellen WHITE			2. Death Date May 15, 2005		
3. Sex (M/F) F	4a. Age - Last Birthday 59	4b. Under 1 Year Months Days 556-62-8858	4c. Under 1 Day Hours Minutes	5. Social Security Number 556-62-8858	6. County of Death Skagit
7. Birthdate Aug 3, 1945		8a. Birthplace (City, Town, or County) Los Angeles		8b. (State or Foreign Country) California	
9. Decedent's Education High School Graduate		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			
11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 1902 Highland Drive			13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
14. Estimated length of time at residence. 8y		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Cafeteria Worker			18. Kind of Business/Industry (Do not use Company Name) School District		
19. Father's Name (First, Middle, Last, Suffix) Morton McQueen Morehouse			20. Mother's Name Before First Marriage (First, Middle, Last) Myliiss Rose Foster		
21. Informant's Name Robert A. White		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1902 Highland Drive Anacortes WA 98221	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence			25. Facility Name (if not a facility, give number & street or location) 1902 Highland Drive		
26a. City, Town, or Location of Death Anacortes		26b. State WA		27. Zip Code 98221	
28. Method of Final Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Skagit Cremation Service, LLC PO Box 2411, Mount Vernon, WA 98273			32. Date of Disposition 5/17/2005		
33. Funeral Director Signature X <i>Joseph J. Waham</i>					
34. Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Malignant melanoma, metastatic</i>		Interval between Onset & Death 2 mo.	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:			
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To be filled in by physician who certifies cause of death and signs certificate of death.				48b. Medical Examiner/Coroner - To be filled in by medical examiner or coroner who signs certificate of death and signs certificate of death.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Allen H. Horeish, M.D. 2511 M Avenue, Suite C, Anacortes, WA 98221				50. Hour of Death (24hrs) 0400	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 5/16/2005	
53. Title of Certifier MD		54. License Number MD00037517		55. ME/Coroner File Number NJA # 133	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>Corrie Anderson, Deputy</i>	
58. Date Received (MM/DD/YYYY) MAY 16 2005				59. Amendments	



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Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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 forgoing 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)

CERTIFIED



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Skagit County Auditor

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Skagit County Public Health Department
Howard Leibrand M.D., Health Officer
000421159