

RECORDING REQUESTED BY:

Platinum Coast Escrow, Inc.

WHEN RECORDED MAIL TO:

RETURN TO:

MISSY DOMINGUEZ

ECOM TITLE AGENCY, LLC

25111 COUNTRY CLUB BLVD. #275

N. OLMSTED, OH 44070

Title Order No. 37839

Escrow No. 45212-KN

Parcel No. 34041630140006



200702200148

Skagit County Auditor

2/20/2007 Page

1 of

4 11:58AM

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH

037834

STATE OF *Washington*
COUNTY OF *Skagit*

} S.S.

A Widow
Sandra V Dykstra of legal age, being first duly sworn, deposes and says: That Kornelis D Dykstra, JR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kornelis D Dykstra, JR named as one of the parties in that certain Quit Claim Deed, dated January 7, 1988 executed by Kornelis D Dykstra, JR to Kornelis D Dykstra, JR and Sandra V Dykstra, Husband and Wife, recorded as Instrument No. 9801150033 on January 15, 1998, in Book 1755, Page 0035, of Official Records of Skagit County, Washington, covering the following described real property in Mount Vernon, county of Skagit, state of Washington.

See Exhibit "A"

SWSN 16-34-4

Property is commonly known as: 2201 East Fir Street, Mount Vernon, WA 98273

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property described above, did not exceed the sum of \$.

Dated: February 6, 2007

Sandra V Dykstra
Sandra V Dykstra

SUBSCRIBED AND SWORN to before me, this *6th* day of *February*, *2007*

WITNESS my hand and official seal.

Signature

Lisa M. Long

NOTARY PUBLIC
STATE OF WASHINGTON
LISA M. LONG
COMMISSION EXPIRES 05-20-2007

Exhibit A

THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON, TOGETHER WITH ALL AFTER ACQUIRED TITLE OF THE GRANTOR(S) THEREIN:

THE WEST 232 FEET OF THE SOUTH HALF OF THE SOUTH HALF OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 16, TOWNSHIP 34 NORTH, RANGE 4 EAST OF THE WILLAMETTE MERIDIAN.

EXCEPT THE NORTH 210 FEET THEREOF;

ALSO EXCEPT THE EAST 80 FEET THEREOF;

AND ALSO EXCEPT THE WEST 30 FEET THEREOF FOR LAVENTURE ROAD;

Commonly known as 2201 East Fir Street Mount Vernon, WA 98273
However, by showing this address no additional coverage is provided.



200702200148
Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH



846-02
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME KORNELIS DOUWE DYKSTRA JR.				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) December 12, 2002	
4. AGE LAST BIRTHDAY (Yrs) 55		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Jun 3, 1947		8. BIRTHPLACE (City, State or Foreign Country) Winsom, Holland	
11. CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. ROOM/PTN 4. HOSP <input checked="" type="checkbox"/> NUR HOME 6. OTHER PLACE Life Care Center of Skagit Valley				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) Sandra Saldate		16. SOCIAL SECURITY NO. 537-46-6576		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 16) 1	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Farmer		19. KIND OF BUSINESS OR INDUSTRY Dairy Farming		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) Caucasian	
22. RESIDENCE — NUMBER AND STREET 2201 E. Fir St		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Skagit	
				25B. LENGTH OF RES. IN CO. 48 yr		26. STATE WA	
						27. ZIP CODE 98273	
28. FATHER'S NAME — FIRST, MIDDLE, LAST Kornelius D. Dykstra Sr.				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Jeannette Veldman			
30. INFORMANT — NAME Sandra Dykstra				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2201 E. Fir St Mount Vernon, WA 98273			
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Dec 18, 2002		34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park		35. LOCATION — CITY/TOWN, STATE Mount Vernon, WA	
36. FUNERAL DIRECTOR SIGNATURE [Signature]		37. NAME OF FACILITY Lemley Chapel Inc 1008 Third St		38. ADDRESS OF FACILITY Sedro-Woolley, WA 98284			
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 T.W. Martin Jr 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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 12-13-02		41. HOUR OF DEATH (24 Hrs.) 1420		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) T.W. Martin Jr MD 2061 Hospital Dr Sedro-Woolley, WA 98284				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)		A. pneumonia (chronic aspiration)				INTERVAL BETWEEN ONSET AND DEATH days	
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.		B. multiple sclerosis				INTERVAL BETWEEN ONSET AND DEATH years	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOMICIDE, 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 x Dorothy Epps, deputy		63. DATE RECEIVED (Mo, Day, Yr) DEC 16 2002	



200702200148
Skagit County Auditor

2/20/2007 Page 3 of 4 11:58AM

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

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.
 - 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.
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 certifying 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.

CERTIFIED

DEC 16 2002


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

JJ00445844



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Skagit County Auditor