



200804150170
Skagit County Auditor

AFTER RECORDING MAIL TO:

Name _____
Address _____
City / State _____

Quit Claim Deed

THE GRANTOR a stepson and stepdaughter being the only other heirs of James H. Vaughan, the deceased

for and in consideration of an informal agreement signed by them March 6, 1998 releasing any claim to any place of their father and his wife at the time of his death. conveys and quit claims to

Jean L. Vaughan, a single woman

the following described real estate, situated in the County of _____ together with all after acquired title of the grantor(s) therein:

Lot 8, except the South 22 1/2 feet thereof, and all of lot 9, Block 2, "Map of Millett's Addition to Mt. Vernon, Skagit County, Washington", as per plot recorded in Volume 2 of plats page 63, records of Skagit County.



(this space for title company use only)

Skagit, State of Washington,

1132
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 15 2008

Amount Paid: 0
By Skagit Co. Treasurer
By *Sp* Deputy

Assessor's Property Tax Parcel/Account Number(s):

26636

P 53513

Dated _____

Russell Fredric Vaughan 3/3/08
(Individual)

Darlene D. Waddina 3/5/08 By _____
(Individual) (President)

By _____
(Secretary)

AND FLEISCH
PUBLIC
WASHINGTON
MISSION EXPIRES
OCTOBER 5, 2009

See attached page with Notary Language

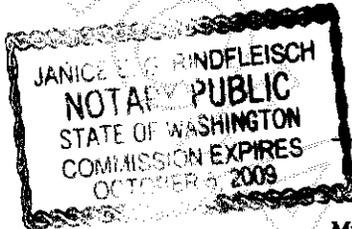
STATE OF WASHINGTON, }
County of King } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Russell Fredric Vaushan
to me known

to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he
signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

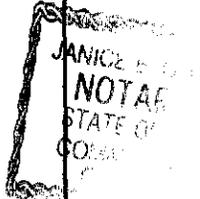
GIVEN under my hand and official seal this 03rd day of MARCH 2008



Jan Rindfleisch
Notary Public in and for the State of Washington,
residing at Auburn, WA

My appointment expires 10-09-2009

See attached page. This notary language is attached to Quit Claim Deed.



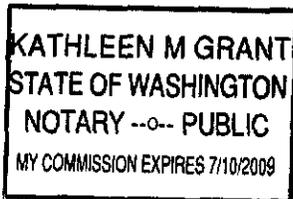
STATE OF WASHINGTON, }
County of } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Darlene D. Watkins
to me known

to be the individual(s) 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 5TH day of MARCH 2008



Kathleen M Grant
Notary Public in and for the State of Washington,
residing at LOOK LAKE

My appointment expires 7-10-2009



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Declaration of Release of Inheritance Claims

We, Darlene Dixie Wadkins and Russell Fredric Vaughan, daughter and son respectively of James Henry Vaughan make the following declaration:

With regard to the current (or any future) residence of our father James and his spouse, Jean we relinquish all rights of inheritance so that should our father predecease Jean, she may continue to reside there or dispose of the property as she chooses with moneys received remaining completely unencumbered by us. This declaration does not alter the previous declaration by the same parties with regard to inheritance claims to lesser possessions acquired by our father when he was married to our mother.

Signed this 6th day of March 1998,


Darlene Dixie Wadkins


Russell Fredric Vaughan



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **773-07** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix James Henry Vaughan				2. Death Date Oct 1, 2007	
3. Sex (M/F) Male	4a. Age - Last Birthday [Redacted]	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [Redacted]	6. County of Death Skagit
7. Birthdate [Redacted]	8a. Birthplace (City, Town, or County) Bridgeport	8b. (State or Foreign Country) Washington		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) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 824 SE 5 th St.) (Include Apt. No.) 817 South 9th Street				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98274	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 9 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Jean L. James	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Carpenter			18. Kind of Business/Industry (Do not use Company Name) Construction		
19. Father's Name (First, Middle, Last, Suffix) William Hatchette Vaughan			20. Mother's Name Before First Marriage (First, Middle, Last) Pricie Dixie Brewer		
21. Informant's Name Jean L. Vaughan		22. Relationship to Decedent Spouse	23. Mailing Address: Number and Street or RFD No. City or Town, State, Zip 817 South 9th St., Mount Vernon, Washington 98274		
24. Place of Death, if Death Occurred in a Hospital Inpatient			Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) Skagit Valley Hospital and Health Center			26a. City, Town, or Location of Death Mount Vernon	26b. State WA	27. Zip Code 98274
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fir-Conway Lutheran Cemetery		30. Location-City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Kern Funeral Home, 1122 So. 3rd. St., Mount Vernon, Washington 98273				32. Date of Disposition October 6, 2007	
33. Funeral Director Signature X <i>Edward E. Brigg</i>					
Cause of Death (See instructions and examples)					
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>Pneumonia</i>	Due to (or as a consequence of)	Interval between Onset & Death <i>days</i>
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. <i>Aspiration</i>	Due to (or as a consequence of)	Interval between Onset & Death <i>days</i>
c. _____			Due to (or as a consequence of)	Interval between Onset & Death	
d. _____			Due to (or as a consequence of)	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 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 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: City or Town, County, State, Zip Code + 4				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred			48. If transportation injury, specify:		
48a. Certifying Physician (Type or Print) <i>[Signature]</i>			48b. Medical Examiner/Coroner (Type or Print) X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Tiannaisis, MD, 1415 E. Kincaid St., Mount Vernon, WA			98274	50. Hour of Death (24hrs) 0900	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 10/01/2007	
53. Title of Certifier MD	54. License Number 00030193	55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) OCT - 2 2007	
59. Amendments					

Part 1 completed by Funeral Director

Part 2 completed by Certifier



DOH/CHS 603 Rev 2/06/2004

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