



200806110077

Skagit County Auditor

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FILED AT REQUEST OF:

William R. Allen
P.O. Box 437
Sedro Woolley, WA 98284

Abbrev. Leg. Ptn of NE ¼ of SW ¼ of Sec. 20, T35N, R5E W.M.; and
Ptn of NW ¼ of SW ¼ of Sec. 20, T35N, R5E. W.M.
Tax Account No. 350520-3-002-0002/P40037 & 350520-3-005-0009/P40041

AFFIDAVIT FOR LIFE ESTATE

STATE OF WASHINGTON)

ss

COUNTY OF SKAGIT)

JON E. FLEURICHAMP, being first duly sworn on oath, deposes and says:

That I am the son of MILTON E. FLEURICHAMP and PATRICIA FLEURICHAMP. MILTON E. FLEURICHAMP predeceased Patricia at Sedro Woolley, Washington, on February 16, 2008, and a Lack of Probate Affidavit was recorded with the Skagit County Auditor under Auditor's File No. 200803180123. PATRICIA FLEURICHAMP died at Sedro Woolley, Washington, on May 10, 2008, and a true and correct copy of her Death Certificate is attached hereto.

This Affidavit is to confirm that on or about February 10, 2006, the said MILTON E. FLEURICHAMP and PATRICIA FLEURICHAMP transferred to your affiant and his spouse, DENA FLEURICHAMP, by Quit Claim Deed, the real property described below. Said Deed was recorded under Auditor's File No. 200602150126, records of Skagit County, Washington. In said Deed, the grantors reserved a life estate.

This Affidavit is to record that the life estate is extinguished by reason of the death of PATRICIA FLEURICHAMP.

The property affected by the above-referenced deed and life estate is described as:

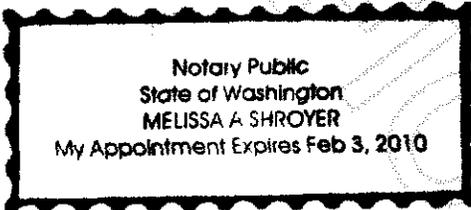
The West 13 rods of the Northeast ¼ of the Southwest ¼ North of County road, less the North 848 feet, in Section 20, Township 35 North, Range 5 E.W.M.; AND the Northwest ¼ of the Southwest ¼ North and East of creek, less the North 848 feet, in said Section, Township and Range.

Situate in the County of Skagit, State of Washington.

DATED this 5 day of June, 2008.

Jon E. Fleurichamp
JON E. FLEURICHAMP

SUBSCRIBED AND SWORN to before me this 5 day of June, 2008.



Melissa A. Shroyer

Print Name: Melissa A. Shroyer

NOTARY PUBLIC in and for the State of Washington,

residing at Burington

My commission expires: 2/3/2010



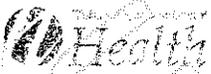
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <u>403-08</u>		Washington State Certificate of Death		State File Number	
1. Legal Name (Last, First, Middle, Suffix) PATRICIA ARLENE FLEURICHAMP			2. Death Date May 10, 2008		
3. Sex (M/F) Female	4a. Age - Last Birthday 83	4b. Under 1 Year Months: _____ Days: _____	4c. Under 1 Day Hours: _____ Minutes: _____	5. Social Security Number [REDACTED]	6. County of Death Skagit
7a. Birthplace (City, Town, or County) El Segundo		7b. (State or Foreign Country) California		8. 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., 524 SE 5 th St.) (Include Apt. No.) 25295 Hoehn Road			13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation: Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98284	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 27 years		15. Marital Status at Time of Death Widowed		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).) Art Teacher			18. Kind of Business/Industry (Do not use Company Name) Education		
19. Father's Name (First, Middle, Last, Suffix) Walter J. Hawley			20. Mother's Name Before First Marriage (First, Middle, Last) Valerie		
21. Informant's Name Michael Anderson		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 900 State Route 20 Sedro-Woolley, WA 98284	
24. Place of Death: If Death Occurred in a Hospital: Life Care Center of Skagit Valley			25. Facility Name: (If not a facility, give number & street or location) Life Care Center of Skagit Valley		
26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA		27. Zip Code 98284	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory		30. Location - City/Town, and State Mount Vernon, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284			32. Date of Disposition May 13, 2008		
33. Funeral Director Signature <i>Kick Lemley</i>					
34. Enter the chain of events - 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)				Interval between Onset & Death 2-4 wks	
a. multisystem organ failure Due to (or as a consequence of):				Interval between Onset & Death 4 to 6 WEEKS	
b. peripheral vascular disease Due to (or as a consequence of):				Interval between Onset & Death 2+ Years	
c. hypertension Due to (or as a consequence of):				Interval between Onset & Death 2+ Years	
d. diabetes II					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above dementia, renal cell cancer				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 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 type="checkbox"/> No <input checked="" 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. _____					
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 the best of your knowledge, death occurred at the time, date, and place and under the conditions and manner stated. <i>P. Bissell</i>			48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and fits the medical and manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Peggy Bissell, MD 1990 Hospital Dr. Ste 200 Sedro-Woolley, WA 98284			50. Hour of Death (24hrs) 1900 hrs		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (mm/dd/yyyy) May 12, 2008		
53. Title of Certifier Physician		54. License Number MD 43127		55. ME/Coroner File Number NJA-216	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature <i>Connie Anderson</i>		
58. Date Received (mm/dd/yyyy) MAY 13 2008					



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

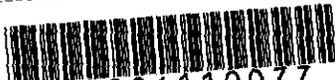
- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
 - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical 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 021 (Rev. 5/19/02)

CERTIFIED

MAY 16 2008



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Skagit County Auditor

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

PP00520327