



200808150027

Skagit County Auditor

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**Filed for Record at request of
and return to:**

Stiles & Stiles Inc. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA. 98284

Grantor(s): The Estate of Ardlyn L. Breum
Grantee(s): Raymond E. Breum
Legal: Ptns of Sec 10 & 11 Township 35 N Range 4 East
Tax Parcel #: P36142 P36163 P36188 P36195 P36197 P36120

PERSONAL REPRESENTATIVE'S DEED

1. **GRANTOR:** The undersigned Grantor, RAYMOND E. BREUM, is the duly appointed, qualified and acting personal representative of the Estate of ARDLYN L. BREUM, who died on February 22, 2008. On March 10, 2008 the Will of Ardlyn L. Breum dated December 19, 1991 was admitted to Probate and Grantor was appointed Personal Representative of the Estate in the Superior Court of the State of Washington under Skagit County Cause No. 08-4-00075-3. Grantor, RAYMOND E. BREUM, is the surviving spouse of the decedent ARDLYN LEE BREUM.

2. **NONINTERVENTION POWERS.** By Order Admitting Will to Probate and Order of Solvency entered on March 10, 2008 in the Probate Proceedings, Grantor was authorized to settle the Estate without further court intervention or supervision.

3. **DESCRIBED COMMUNITY PROPERTY:** Included among the property of the Estate of ARDLYN LEE BREUM was her interest in real property described as follows:

SEE ATTACHED LEGAL DESCRIPTION

4. **CONVEYANCE.** Grantor hereby bargains, sells and conveys to RAYMOND E. BREUM, as his separate estate, the above described property located in Skagit County, Washington, and any and all interest the estate has in the Described Property together with all after acquired title of the Grantor therein.

5. **LIMITATION OF COVENANTS.** Grantor expressly limits the covenants of this deed to those expressed herein and excludes all covenants arising or to arise by statutory or other implication.

Parcel 1: The Southeast Quarter of the Southeast Quarter of the Northeast Quarter of Section 10, Township 35 North, Range 4 East, W.M. LESS road.

Parcel 2: The East Half of the Northeast Quarter of the Southeast Quarter of Section 10, Township 35 North, Range 4 East, W.M., LESS right of way.

Parcel 3: The East Half of the Southeast Quarter of the Southeast Quarter of Section 10, Township 35 North, Range 4 East, W.M.; LESS road and LESS right of way.

Parcel 4: That portion of the South Half of the Southwest Quarter of the Northwest Quarter of Section 11, Township 35 North, Range 4 East, W.M., lying westerly of the Northern Pacific Railway.

Parcel 5: That portion of the Northwest Quarter of the Southwest Quarter of Section 11, Township 35 North, Range 4 East, W.M., lying West of the railroad right of way.

Parcel 6: That portion of the Southwest Quarter of the Southwest Quarter of Section 11, Township 35 North, Range 4 East, W.M., lying westerly of the railroad right of way.



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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 189-08		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any): First Middle LAST Suffix ARDLYN LEE BREUM				2. Death Date Feb 22, 2008		
3. Sex (M/F) FEMALE	4a. Age 70	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death SKAGIT	
7. Birthdate		8a. Birthplace (City, Town, or County) STANWOOD	8b. (State or Foreign Country) WASHINGTON	9. Decedent's Education SOME COLLEGE		
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 8 th St.) (Include Apt No.) 8002 UNION RD				13b. City or Town SEDRO-WOLLEY		
13c. Residence: County SKAGIT		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country WASHINGTON		13f. Zip Code + 4 98284
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) RAYMOND E. BREUM		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). SECRETARY				18. Kind of Business/Industry (Do not use Company Name) CHURCH		
19. Father's Name (First, Middle, Last, Suffix) MELVIN C. AFSETH			20. Mother's Name Before First (First, Middle, Last) JULIA AMANDA			
21. Informant's Name BEN BREUM		22. Relationship to Decedent SON		23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
24. Place of Death, if Death Occurred in a Hospital: IN-PATIENT				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				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) FREE BORN LUTHERAN CEMETERY		
30. Location, City/Town, and State STANWOOD, WASHINGTON				31. Name and Complete Address of Funeral Facility Gilbertson Funeral Home 27001 88th Ave NW Stanwood, WA 98292		
32. Date of Disposition Feb 28, 2008				33. Funeral Director Signature X 		
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) →			a. Respiratory failure		Interval between Onset & Death days	
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. Pneumonia		Interval between Onset & Death days	
			c. COPD		Interval between Onset & Death years	
			d.			
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 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"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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:				48a. Certifying Physician - To the best of my knowledge, death occurred on the date, time, and place and cause(s) specified on this certificate.		
48b. Medical Examiner/Coroner - On the basis of examination, death investigation, or my opinion, death occurred on the date, time, and place and cause(s) specified on this certificate.				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) T. Tritson 1415 E Kincaid St Mount Vernon WA		
50. Hour of Death (24hrs) 11:58 HOURS				51. Name and Title of Attending Physician if other than Certifier (Type or Print) Vandy Smith		
52. Date Signed (MM/DD/YYYY) 02/25/2008		53. Title of Certifier MD		54. License Number 00036190		55. ME/Coroner File Number
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature Couss Anderson Register		
58. Date Received (MM/DD/YYYY) FEB 26 2008				59. Amendments		



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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)

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)**

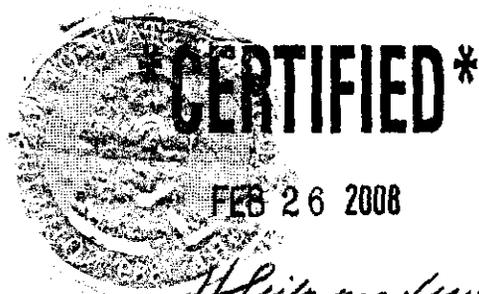
Death Certificates:

- 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)



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

PP00516028