



200811100163

Skagit County Auditor

11/10/2008 Page 1 of 3 4:16PM

After recording return to:
James L. Lam
14773 Avon Allen Road
Mount Vernon, WA 98273

QUIT CLAIM DEED

Assessor's Tax Parcel Numbers: P21589 and P120082.

THIS QUITCLAIM DEED is executed this 10th day of November, 2008.

GRANTORS, Don Brewer and Susan Brewer, husband and wife, whose address is 17628 Bennett Road, Mount Vernon, WA 98273, for no consideration, convey and quit-claim as a gift of love and affection, to:

GRANTEE, Susan Brewer, a married woman, whose address is 17628 Bennett Road, Mount Vernon, WA 98273, as her separate property, an undivided one third (1/3) interest; and to

GRANTEE, James L. Lam, a married man, whose address is 14773 Avon Allen Road, Mount Vernon, WA 98273, as his separate property, an undivided one third (1/3) interest; and to

GRANTEE, John D. Lam, a married man, whose address is 17332 McLean Road, Mount Vernon, WA 98273, as his separate property, an undivided one third (1/3) interest,

All of their present interest, plus any after-acquired title, in the following described real estate, situate in Skagit County, Washington:

A tract of land in "River View Addition to the town of Avon" according to the plat recorded in Volume 3 of plats, page 21, records of Skagit County, Washington described as follows:

Beginning at a point on the center line of Second Street in said addition 101.05 feet Easterly (as measured along said center line of Second Street) from the center line of George Street; thence Easterly along the center of Second Street, 101.05 feet; thence South 229 feet; thence West to a point that is midway between the last point and the center of George Street, thence North to the point of beginning.

To be held by them as tenants in common, and not with the right of survivorship.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **718-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix Velma Alice Lam				2. Death Date Aug. 23, 2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 84	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) Oak Harbor	8b. (State or Foreign Country) Washington		9. Decedent's Education 11th Grade	
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., 624 SE 5 th St.) (Include Apt. No.) 17628 Bennett Road				13b. City or Town Mount Vernon	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98273
14. Estimated length of time at residence. 31 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) N/A	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Housewife			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) James Balda			20. Mother's Name Before First Marriage (First, Middle, Last) Rena		
21. Informant's Name Susan L. Brewer		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17624 Bennett Road Mount Vernon, WA 98273	
24. Place of Death, if Death Occurred in a Hospital: Burton Care Center				Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home/Long Term Care Facility	
25. Facility Name (If not a facility, give number & street or location) Burton Care Center		26a. City, Town, or Location of Death Burlington		26b. State WA	27. Zip Code 98233
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, WA	
31. Name and Complete Address of Funeral Facility Skagit Cremation Services, LLC P.O. Box 2411 Mt.Vernon, WA 98273				32. Date of Disposition Aug. 26, 2008	
33. Funeral Director Signature X <i>[Signature]</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

Cause of Death (See Instructions and examples)

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. Cardiac Arrest	Interval between Onset & Death minutes
Due to (or as a consequence of):	Interval between Onset & Death
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. Coronary Heart Disease	Interval between Onset & Death 4 wks
Due to (or as a consequence of):	Interval between Onset & Death
c. Atherosclerosis	Interval between Onset & Death 40 yrs
Due to (or as a consequence of):	Interval between Onset & Death
d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
CHF; Ith; Aneurysm

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 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. Location of Injury: Number & Street: Apt No. City or Town. County. State. Zip Code + 4.

45. Describe how injury occurred

46. If transportation injury, specify:
 Driver/Operator Pedestrian
 Passenger Other (Specify)

47. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place stated on this certificate and I am a duly qualified, licensed, and practicing physician.
SMALL Oms

48. Medical Examiner/Coroner - On the basis of my examination, death occurred at the time, date, and place stated on this certificate and I am a duly qualified, licensed, and practicing medical examiner/coroner.
X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Stephen Aldrich, MD 1030 E. Fairhaven Ave. Burlington, WA 98233

50. Hour of Death (24hrs)
1125

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (mm/dd/yyyy)
8-25-08

53. Title of Certifier
Physician

54. License Number
13642 WA - MD

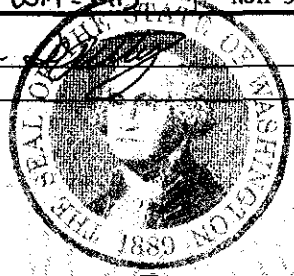
55. ME/Coroner File Number
NJA-384

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
Bethjo Angolden

58. Date Registered (mm/dd/yyyy)
Aug 25 2008

59. Amendments



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