



200903090158  
Skagit County Auditor

3/9/2009 Page 1 of 4 3:56PM

After recording mail to:

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

LAND TITLE OF SKAGIT COUNTY  
ACCOMMODATION RECORDING

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Grantor(s): Jerry M. Boos, Personal Representative of the  
Estate of Lorraine M. Boos  
Grantee(s): Florence J. Hansen, as her separate estate  
Abbreviated Legal: Sedro Lots 9 & 10 Blk 26  
Assessor's Tax Parcel #'s: 4149-026-010-0007 / P75580

**PERSONAL REPRESENTATIVE'S DEED**

- 1. GRANTOR.** The undersigned Grantor, Jerry M. Boos is the duly appointed, qualified and acting personal representative of the Estate of LORRAINE MAXINE BOOS, deceased.
- 2. ESTATE.** Lorraine Maxine Boos died on July 21, 2008. On August 1, 2008 the Will of Lorraine Maxine Boos dated June 27, 2008 was admitted to probate and Grantor was appointed personal representative in the State of Washington Superior Court of Skagit County in Cause No. 08-4-00230-6.
- 3. NONINTERVENTION POWERS.** By Order of Solvency entered on August 1, 2008 in the Probate Proceedings, Grantor was authorized to settle the Estate without further court intervention or supervision.
- 4. DESCRIBED REAL PROPERTY.** Lorraine Maxine Boos was a widow at the time of her death and included among the property of the Estate was her interest in the real property described below. Clarence Eugene Boos pre-deceased his wife on November 10, 1993.

Lots 9 and 10, Block 26, "Plat of Town of Sedro", Skagit County, W. T.,  
as per the plat, recorded in Volume 1 of Plats, Page 17, records of  
Skagit County, Washington.



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>611-08</b>		<b>Washington State Certificate of Death</b>				State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST <b>LORRAINE MAXINE BOOS</b>				2. Death Date <b>July 21, 2008</b>			
3. Sex (M/F) <b>Female</b>		4a. Age - Last Birthday <b>86</b>		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes	
5. Social Security Number <b>9991</b>		6. County of Death <b>Skagit</b>					
7. Birthdate		8a. Birthplace (City, Town, or County) <b>Hastings</b>		8b. (State or Foreign Country) <b>Iowa</b>		9. Decedent's Education <b>2 years college - teaching certificate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>439 Sterling Street</b>				13b. City or Town <b>Sedro-Woolley</b>			
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98284</b>	
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>30 years</b>		15. Marital Status at Time of Death <b>Widowed</b>		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)) <b>Librarian</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Public Schools</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Weeren Bowen</b>				20. Mother's Name Before First Marriage (First, Middle, Last)			
21. Informant's Name <b>Jane Hansen</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>439 Sterling Street Sedro-Woolley, WA 98284</b>		24. Place of Death: if Death Occurred in a Hospital: Place of Death: if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>	
25. Facility Name (if not a facility, give number & street or location) <b>439 Sterling Street</b>				26a. City, Town, or Location of Death <b>Sedro-Woolley</b>		26b. State <b>WA</b>	
26c. Zip Code <b>98284</b>		27. Zip Code		28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mount Vernon Cemetery Crematory</b>	
30. Location-City/Town, and State <b>Mount Vernon, Washington</b>				31. Name and Complete Address of Funeral Facility <b>Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284</b>		32. Date of Disposition <b>July 22, 2008</b>	
33. Funeral Director Signature X <i>Rich Lemley</i>							
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. <b>congestive heart failure</b>				Interval between Onset & Death <b>2 yrs</b>			
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.				Interval between Onset & Death			
c.				Interval between Onset & Death			
d.				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>Hypertension, Diabetes, chronic renal insufficiency</b>				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 checked="" 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: State: Zip Code + 4:				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 - On the basis of an examination, death occurred at the time, date, and place and due to the cause(s) listed on this certificate. <i>Stu Lewis</i>			
48b. Medical Examiner/Coroner - On the basis of an examination and/or investigation, if any, death occurred at the time, date, and place, according to the cause(s) listed on this certificate. <i>X</i>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Stevan Luther, MD 830 Ball Street Sedro-Woolley, WA 98284</b>		50. Hour of Death (24hrs) <b>1220 hrs</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) <b>July 21, 2008</b>			
53. Title of Certifier <b>Physician</b>		54. License Number <b>MD00029773</b>		55. ME/Coroner File Number <b>131-08</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Connie Anderson, Deputy</i>				58. Date Received (MM/DD/YYYY) <b>JUL 22 2008</b>			
59. Amendments							



**200903090158**  
**Skagit County Auditor**

# Affidavit for Correction

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): ( <del>Wife</del> 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, Hospital Records, Insurance Records, Marriage/Divorce Records, Medical Record, Military Record (DD-214), Birth Record, Passport, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back)

**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.



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**\*CERTIFIED\***

JUL 22 2008

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

QQ00158045