

## 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

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.

- 5. **WILL PROVISION; CONSIDERATION** The Will provided in Article Two that the property located at 439 Sterling Street, Sedro Woolley, Washington was to go to Florence Jane Hansen. The described real property is included in the residue of the Estate. This conveyance is made in consideration of the direction in the Will.
- 6. **CONVENANCE**: Grantor hereby conveys and quitclaims to Florence Jane Hansen as her separate estate the above Described Property, together with all after acquired title of the grantor therein.
- 7. **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.

Dated:	3/	4	
			 44.5

Jerry M. Boos, Personal Representative of the Estate of Lorraine M. Boos, deceased, and not in his individual capacity

STATE OF WASHINGTON

) ss.

COUNTY OF SKAGIT

On this \_\_\_\_ day of March, 2009, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Jerry M. Boos, to me known to be the individual who signed as Personal Representative of the Estate of Lorraine M. Boos, deceased and who executed the within and foregoing instrument and acknowledged said instrument to be his free and voluntary act and deed for the uses and purposes therein mentioned; and on oath stated that he was authorized to execute the said instrument as Personal Representative of said Estate.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.



NOTARY RUBLIC in and for the State of Washington residing at:

My appointment expires:

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX

MAR 0 9 2009

Amount Paid \$0
Skagit Co. Treasurer
By July Deputy



3/9/2009 Page 2 of 4 3:56PM

Legal Name (include AKA's Tany) . F	rst Middle	n State Certificate o	Suffix	2. Déath Date			
LORRAINE	MAXINE	BOOS		July 21	, 2008		
Sex (M/F) 4a. Age - La Female 86	st Birthday <b>Ab</b> , Under 1 Year Months Days	4c, Under 1 Day Hours Minutes	5. Sociel S	Security Number	No. 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. County of D Skagi	
	Birthplace (City, Town or County)	M / 1 / 1 / 2		ecedent's Educ	ation.		Cartifornii (
Was Decedent of Hispanic Ori	Hastings gin? (Yes or No) If yes, specify	Iowa 11. Decedent's Ra	ice(s)	years c	offede	12	ing certif: Was Decedent ever in wmed Forces? No
NO 3a. Residence: Number and Stre	et (e.g., 624 SE 5 St.) (Include Apt. N	Caucasia	an		13b. City or		I(O
439 Sterling Stre		ii.		·		o-Woolle	7
Skagit 4. Estimated length of time at res	idence. 15 Marital Status at Tim	Washir	neton		3f. Zip Code 1 98284 to first marriage		13g. Inside City Lim KD Yes D No D
	Widowed of work done during most of working like				use Company I	Varne)	
Librarian D. Father's Name (First, Middle, Las	t Suffix)		ublic Sch Mother's Name B		iano (Firet Mir	Idlo 1 sett	
Weeren Bowen			*		rage (Filal, Mic	icie, Casij	
i informant's Name Jane Hansen	22. Relationship to De Daughter		ress: Number and S erling St		City or Town		74 09297
I. Place of Death, if Death Occurred in		Plac	e of Death, if Death	Occurred Somew			WA 98284
<u> </u>			ecedent's	s Reside	nce		
. Facility Name (Minot a facility, give 439 Sterling Stre				own or Location -Woolley		R6b:State ↓ WA	27. Zio Code 98284
Method of Disposition		Sition (Name of cemetery, crea				ty/Town, and S	
Cremation		Cemetery Cre	matory	2.1	Mount V	ernon,	Washington
Name and Complete Address of emley Chapel, In		treet Sedro-	Woollev.	WA 982		July 2.	
Fuperal Director Signature X		SECT SECULO	MODILEY,	MAY DOZ	<del>)</del>	July L	2000
ntricular fibrillation without showi MEDIATE CAUSE (Final disease addion resulting in death)	ng the etiology DO NOT ABBRE a or → a	- that directly caused the c VIATE Add additional lin Con yest, Doe to for as	es if necessary.	enter terminal e		Jnte	respiratory arrest, oval between Onset & D  2 3 5 val between Onset & D
ntricular fibrillation without showld MEDIATE CAUSE (Final disease publican resulting in death)  quentially list conditions, if any, it the cause listed on line a: Enter IDERLYING CAUSE (disease or	ng the etiology. DO NOT ABBRE a or $ \rightarrow  \text{a.} $ eading $ \text{b.} $ the injury.	VIATE Add additional lin Congests Deeto (or as	feath: DO NOT e es if necessary:	Far June		inter	val between Onset & D
ntricular fibrillation without showly MEDIATE CAUSE (Final disease addition resulting in death) quentially list conditions, if any, if the cause listed on line a: Enter to ERLYING CAUSE (disease or at initiated the events resulting in	ng the etiology. DO NOT ABBRE a or $ \rightarrow  \text{a.} $ eading $ \text{b.} $ the injury.	VIATE Add additional lin  CON 425 tr  Date to for as	death: DO NOT e les if necessary. Le Heart a consequence of):	nter terminal er		inte	val between Onset & D 2 y S val between Onset & D
ntricular fibrillation without showly MEDIATE CAUSE (Final disease addition resulting in death) quentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease on the property of the property of the state of	ng the etiology. DO NOT ABBRE a or a eading b the injury. d	VIATE Add additional lin  CON YEST  DWG to for as  Due to for as	death. DO NOT e les if necessary. Let the transfer of the consequence	inter terminal e		Inter	val between Onset & D  2 Y S  val between Onset & D  yal between Onset & D  val between Onset & D
ntricular fibrillation without showly MEDIATE CAUSE (Final disease ndition resulting in death) quentially list conditions, if any, it the cause listed on line a. Enter NDERLYING CAUSE (disease or at initiated the events resulting in ath)LAST.  Other significant conditions con-	ng the etiology. DO NOT ABBRE a or $ \rightarrow  \text{a.} $ eading $ \text{b.} $ the injury.	VIATE Add additional lin  CONGEST,  Dide to for as  Due to for as	death. DO NOT e les if necessary. Let the transfer of the consequence	Fai ( Lupu	witopsy? [3]	Internation of the second of t	val between Onset & D  2 y   val between Onset & D
ntricular fibrillation without showly MEDIATE CAUSE (Final disease addition resulting in death) squentiality list conditions, if any, it the cause listed on line a: Enter NDERLYING CAUSE (disease or at initiated the events resulting in ath)LAST.  Other significant conditions con-	a or  eading b.  the injury c.  d.  intibuting to death but not resulting bectes Character Yam  39. If female  Not pregnant within pasi	Oue to for as on the underlying cause g	death. DO NOT e les if necessary. Let the transfer of the consequence	Fei (   444	vulopsy? Yes (2000)o	Interest of the second of the	val between Onset & D  2 Y S  val between Onset & D  val between Onset & D  val between Onset & D  sy findings available ause of Death?  Yes
mericular fibrillation without showly MEDIATE CAUSE (Final disease addition resulting in death) quentially list conditions, if any, if the cause listed on line a: Enter tip CAUSE (disease or it initiated the events resulting in ath)LAST  Other significant conditions con thy porture in Manner of Death Polymer   Dic Manner of Death Polymer   Homicide Accident   Undetermined Suicide   Pending	eading b.  the injury.  d.  d.  death but not resulting becks Chrow Yan  39. If female  Not pregnant within pasi	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  but pregnant with the but pregnant within the	36, /	vitopsy? Yes XNVo	Interest in the state of the state of the complete the Co	val between Onset & D  yal between Onset & D  yal between Onset & D  val between Onset & D  sy findings available ause of Death?
Introuler fibrillation without shows MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter DERLYING CAUSE (disease or DERLYING CAUSE (disease or DERLYING CAUSE (disease or DERLYING CAUSE (disease or DERLYING CAUSE) (disease or DERLYING CAUSE (disease or DERLYING CAUSE) (disease or DERLYING CAUSE)  Other significant conditions con the part of Death  Naturat   Homicide Accident   Undetermined Accident   Undetermined Suicide   Pending Date of Injury MMMDDMYY)	a or a.  eading b. the injury  d.  tributing to death but not resulting to be be compared to be	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  but pregnant with the but pregnant within the	36, /	vulopsy? Yes (2000) fore death before death	Interest Int	val between Onset & D  sy findings available ause of Death?  Yes  \[ \] No  bacco use contribut atth?  \[ \] Probably  \[ \] Unknown
MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter to listed the events resulting in ath)LAST.  Other significant conditions con the part to list to li	eading b.  eading b.  the injury  d.  d.  tributing to death but not resulting becks Chrow Yam  39. If female  Not pregnant within past Pregnant at time of deat  42. Hour of Injury (24nrs).  43.	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  but pregnant with the but pregnant within the	36, /	Vilopsy? Yes XXNo fore death before death	interest in the interest in th	val between Onset & D  2 YS val between Onset & D  val between Onset & D  val between Onset & D  sy findings evaluable ause of Death?  Yes
MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease or infiliated the events resulting in arth.LAST  Other stanificant conditions conditions of the events of the even	eading b.  eading b.  the injury  d.  d.  tributing to death but not resulting becks Chrow Yam  39. If female  Not pregnant within past Pregnant at time of deat  42. Hour of Injury (24nrs).  43.	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  but pregnant with the but pregnant within the	36, /	ves XXVVo	Interest Int	val between Onset & D  2 YS val between Onset & D  sy findings available ause of Death?  Probably  Unknown  J No.   Unk
Introvaler fibrillation without shows  MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease of third the events resulting in arth LAST.  Other significant conditions conditio	eading b.  eading b.  the injury  d.  d.  tributing to death but not resulting becks Chrow Yam  39. If female  Not pregnant within past Pregnant at time of deat  42. Hour of Injury (24nrs).  43.	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  but pregnant with the but pregnant within the	State:	vilopsy? Yes 2000o fore death before death rant, wooded ar transportatio	AQ. Did to de Yes ea) 44. Ir Yes pt No.	val between Onset & D  sy findings available ause of Death?  Yes
MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, if the cause listed on line a. Enter to the cause listed on line as the cause listed on the cause listed on the cause listed on the cause listed on line and line and listed on line and line as the cause listed on line and line	eading b.  eading b.  the injury.  d.  d.  tributing to death but not resulting b.  \$1.5 Cherry Yam  39. If female  Not pregnant within pass  Pregnant at time of death  42. Hour of Injury (24hrs)  43. If reet:	Oue to for as  Due to for as	death. DO NOT e es if necessary.  Letter the a consequence of:  a consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  b consequence of:  b consequence of:  c consequence of:  a consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a cons	State:	vilopsy? Yes XXVVo  fore death before death rant, wooded ar  transportation river/Operato assenger	interest in the part No.  A0. Did to de yes sea) 44   Ir yes part No.  product of the part No.	val between Onset & D  2 Y S  val between Onset & D  val between Onset & D  val between Onset & D  sy findings available ause of Death?  Yes
MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter to the cause listed on line a. Enter to triblated the events resulting in ath)LAST.  Other significant conditions con the portugation of leath expension of Death expension of Death expension of Location of Injury Inwadered Suicide Pending Date of Injury Inwadered Suicide Control of Injury Invasion of Injury Injury Invasion of Injury Injury occurred	eading b.  eading b.  the injury.  d.  d.  tributing to death but not resulting b.  \$1.5 Cherry Yam  39. If female  Not pregnant within pass  Pregnant at time of death  42. Hour of Injury (24hrs)  43. If reet:	Oue to jor as  Due to	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  b consequence of:  b consequence of:  b consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a conse	thir 42 days be days to 1 year existence state:  State:  47,	vitopsy? Yes 2000 o fore death before death rant, wooded ar transportation viver/Operato assenger	Interest of the control of the contr	val between Onset & D  sy findings available ause of Death?  Yes
MEDIATE CAUSE (Final disease addition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease or IDERLYING CAUSE (disease or Inditions con Indiana Ind	eading b. eading b. the injury c.  d. tributing to death but not resulting b. In book 5 Chrow Yam  39. If female 2 Not pregnant within pasi Pregnant at time of death  42. Hour of injury (24ms) 43. Inset:	Oue to jor as  Due to	death. DO NOT e es if necessary.  Let the the consequence of:  a consequence of:  a consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a consequence of:  b consequence of:  b consequence of:  b consequence of:  b consequence of:  a consequence of:  a consequence of:  b consequence of:  a conse	thir 42 days be days to 1 year existence state:  State:  47,	vilopsy? Yes (2000) fore death before death trant, wooded ar transportation river/Operate assenger a the basis of a	Interest of the control of the contr	val between Onset & D  2
MEDIATE CAUSE (Final disease and disease indition resulting in death)  quentially list conditions, if any, the cause listed on line a. Enter to the cause listed on the cause of the cause	eading b.  eading b.  the injury c.  d.  d.  tributing to death but not resulting b.  39. If female  Not pregnant within past Pregnant at time of deat  42. Hour of Injury (24ms)  43. Hour of Injury (24ms)  Physician, Medical Examiner or 830 Ball Street	Oue to for as  Due to	death. DO NOT e es if necessary.  Let incessary.  Let incessar	thir 42 days be days to 1 year existence state:  State:  47,	vitopsy? Yes 2000 o  fore death before death rant, wooded ar  transportation river/Operato assenger of the basis of older	A0. Did to to de A0. Did to	val between Onset & D  2
intricular fibrillation without shows MEDIATE CAUSE (Final disease and dison resulting in death)  squentially list conditions, if any, the cause listed on line a. Enter to DERLYING CAUSE (disease or at initiated the events resulting in ath)LAST.  Other significant conditions con the process of the events resulting in ath)LAST.  Other significant conditions con the process of Death Homicide   Accident   Undetermined   Suicide   Pending   Date of Injury Interpretation   Location of Injury Number & Syor Jown: Describe how injury occurred   Describe how injury occurred   Describe how injury occurred   Describe how Injury Courted   D	a or a.  eading b. the injury G.  d.  intibuting to death but not resulting b.  Intibuting to death b.  Intibuting to de	Oue to for as  Due to	death. DO NOT e es if necessary.  Let incessary.  Let incessar	thir 42 days be days to 1 year e past year nuclion site restaction site restac	vitopsy? Yes 2000 o  fore death before death rant, wooded ar  transportation river/Operato assenger of the basis of older	interest in the control of the contr	val between Onset & D  2 YNS val between Onset & D val between Onset & D val between Onset & D sy findings available ause of Death? Yes
intricular fibrillation without showly MEDIATE CAUSE (Final disease and the resulting in death) equentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease on Limitated the events resulting in arth)LAST.  Other significant conditions con the part of Death Portion of Death Privature: Hornicide   Accident Hornicide   Accident Hornicide   Date of Injury Memory   Location of Injury. Number & Syot Town: Describe how injury occurred   Describe how injury occurre	eading b. eading b. the injury  d. tributing to death but not resulting b. Injury  39. If female Not pregnant within past Pregnant at time of death  42. Hour of Injury (24hrs)  43. Hour of Injury (24hrs)  44. Hour of Injury (24hrs)  45. Hour of Injury (24hrs)  47. Hour of Injury (24hrs)  48. Hour of Injury (24hrs)  49. Hour of Injury (24hrs)	Oue to jor as  Due to	death. DO NOT eles if necessary.  The property of the consequence of t	thiri 42 days be days to 1 year e past year nuction site, cestac	Yes XXNO  Yes XXNO  fore death before death rant, wooded ar  A  transpontation river/Operato assenger at the basis of aste and place.	Interest of the control of the contr	val between Onset & D  2
Intricular fibrillation without shows MEDIATE CAUSE (Final disease addition resulting in death) equentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease or Linitiated the events resulting in arth)LAST.  Other stantificant conditions con the product of Death Portugal Hornicide   Accident   Undetermined   Accident   Undetermined   Accident   Prending Date of Injury IMMEDIATY    Location of Injury. Number & Syor Town:  Describe how injury occurred  a. Certifying Physician of Syor Town:  Describe how injury occurred  Accident   Acc	eading b.  eading b.  the injury c.  d.  d.  tributing to death but not resulting b.  In bockes Chrom Yam  39. If female  Not pregnant within past Pregnant at time of deat  42. Hour of Injury (24ms).  43.  Freet:  Co.  Physician Medical Examiner or 830 Ball Streets	Oue to jor as  Due to	death. DO NOT e es if necessary.  Let the the aconsequence of:  a consequence of:  b the pregnant with the pregnant within the adent's home, construction death crush death or cut.	state:  State:  State:  98284	villopsy? Yes 2080o fore death before death rant, wooded ar transportation ranter/Operato assenger a the basis of older	Interest of the control of the contr	val between Onset & D  2
MEDIATE CAUSE (Final disease addition resulting in death) quentially list conditions, if any, the cause listed on line a. Enter IDERLYING CAUSE (disease on Linding of the events resulting in arth)LAST  Other significant conditions	eading b. eading b. the injury  d. tributing to death but not resulting b. Injury  39. If female Not pregnant within past Pregnant at time of death  42. Hour of Injury (24hrs)  43. Hour of Injury (24hrs)  44. Hour of Injury (24hrs)  45. Hour of Injury (24hrs)  47. Hour of Injury (24hrs)  48. Hour of Injury (24hrs)  49. Hour of Injury (24hrs)	Oue to jor as  Due to	death. DO NOT eles if necessary.  The property of the consequence of t	state:  State:  State:  98284	Yes XXNO  Yes XXNO  fore death before death rant, wooded ar  A  transpontation river/Operato assenger at the basis of aste and place.	Interest of the control of the contr	val between Onset & D  2 Y S  val between Onset & D  sy findings available ause of Death?  Yes

200903090158 Skagit County Auditor

3/9/2009 Page

4 3:56PM



## **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 File Number	Fee Number	TICE O	Initials	Date	Affidavit Number			
Use the section below for requesting any changes on the record.								
Record Type: / Birth	Death		☐ Ma	arriage	Dissolution			
1. Name on record:			2. Date o	f Event:	3. Place of Event: (City or County)			
4. Father's Full Name (For Birth): (Hi	usband for Marriage or Dissolut	tion) 5. M	other's Fu	ıll Name (Fo	or Birth): (With for Hemisse or Dissolution)			
The Record is Incorrect or Incomplete as follows:								
6.	w shows:	7.			The True fact is:			
8.	<u> </u>	9.						
10.		11.						
12.		13.						
	Funeral Director 🔲 Othe	r (Specif			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. A	ddress:						
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.								
Insura	cumentary proof submitted with cate of Naturalization tal Records nce Records ge/Divorce Records	Medical R	ecord cord (DD-2	14)	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)			
Birth Certificates:					~			
name to be Mary Ann Doe. Mary A 3. Proof must be five (or more) years 4. Up to age one, the parent(s) or let - This is a one time only change The new last name may be the re - After age one, last name change documentary proof.	he asserted true fact(s). For exam A. Doe or M.A. Doe does not prove sold or have been established wire gal guardian may change the chil Subsequent changes will require mother's maiden name or father's es require a certified copy of a cou- stirst or middle name by completing the street of the same by completing the same street or middle name by completing the same same same same same same same sam	nple, if the a ve the name thin five yea Id's last nan a certified name (if pi urt ordered ing and sign	ffidavit says is Mary An rs of birth. It with an a copy of a coesent on the mame change ing an affidation affidation affidation and affidation ing an affidation in the control in t	the name is Non Doe.  ffidavit for correction of the control of the correction of the control of the correction of	Mary Ann Doe, then the proof must show the rection, provided: ame change. rany combination of the two. ing changes may be made with an affidavit and tion (until their child's 18th birthday).			
Death Certificates:		. ,			: **			
information.  2. The medical information (cause of	f death) may be changed only by	the certifying	g physiciar	or the corone	n is presented) may change the non-medical er/medical examiner.			
<ol> <li>If it is less than sixty days from dath Marriage/Dissolution (Divorce) Certificates</li> </ol>		unty health	department	where the dea	ath occurred to make changes.			
, , , , , , , , , , , , , , , , , , , ,	nanges in name, date or place of				oy affidavit (with proof) by the person. ion) must sign the affidavit.			

DOH/CHS 023 (Rev. 9/2002)



3/9/2009 Page

of 4 3:56PM

\*CERTIFIED\*

JUL 22 2008

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

QQ00158045