



4. Title to all real property of the community vests immediately in the survivor upon the death of either party to the Community Property Agreement.

- a. KENNETH BRUCE MARCUS and SUSAN VERNON MARCUS own real property situated at 2114 East Fir Street, Mount Vernon, Washington 98273, bearing the legal description as follows:

That portion of the Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 20, Township 34 North, Range 4 East, W.M., described as follows:

Beginning at a point on the South line of the County Road running along the North line of said Section, 1,060 feet East of the Northwest corner of said Northeast  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ ;

thence South 160 feet; thence West 80 feet; thence North 160 feet to the point of beginning.

Situate in the County of Skagit, State of Washington.

Tax Parcel No. P26849.

- b. KENNETH BRUCE MARCUS and SUSAN VERNON MARCUS own real property situated at 17188 Bennett Road, Mount Vernon, Washington 98273, bearing the legal description as follows:

PARCEL A: Lots One (1) and Two (2), EXCEPT the Easterly 30 feet of the South half (S1/2) of Lot One (1) and the Easterly 30 feet of Lot Two (2) conveyed to Dike District 12 and EXCEPT dike right of way.

ALSO an easement for road over the Northerly 15 feet of Lot Seven (7), all in Block Three (3) of Town of Avon, as per plat recorded in Volume 1 of Plats, Page 2 of the records of Skagit County;

Situate in County of Skagit, State of Washington.

Tax Parcel No. P70425

PARCEL B: Lot 3 of Block 3, Town of Avon, as per plat recorded in Volume 1, Page 2 of the records of Skagit, County, Washington.

5. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial have been fully paid. There are no federal or state succession or inheritance taxes due on account of the death of KENNETH BRUCE MARCUS.





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-003817

DATE ISSUED: 04/05/2012

FEE NUMBER: 0000000029

GIVEN NAMES: KENNETH BRUCE  
LAST NAME: MARCUS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 31, 2012  
HOUR OF DEATH: 02:10 A.M.

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SEX: MALE  
AGE: 71 YEARS  
SOCIAL SECURITY NUMBER: 534-36-9397

RESIDENCE STREET: 2114 E. FIR ST.  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98275  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 46 YEARS

BIRTHDATE: AUGUST 01, 1940  
BIRTHPLACE: MOUNT VERNON, SKAGIT CNTY., WASHINGTON

FATHER: VAN S MARCUS  
MOTHER: BESSIE M HAYES

MARITAL STATUS: MARRIED  
SPOUSE: SUSAN VERNON

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: APRIL 04, 2012

OCCUPATION: METER READER  
INDUSTRY: PUP  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98275  
FUNERAL DIRECTOR: ADAM J. CRENNAN

INFORMANT: SUSAN MARCUS  
RELATIONSHIP: WIFE  
ADDRESS: 2114 E. FIR ST. MOUNT VERNON, WA, 98273

- CAUSE OF DEATH:
- A. HEPATIC FAILURE  
INTERVAL: 3 WEEKS
  - B. EXTENSIVE METASTATIC  
INTERVAL: 3 WEEKS
  - C. CANCER OF PANCREAS  
INTERVAL: 3 WEEKS
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DEEP VEIN THROMBOSIS AND PULMONARY EMBOLUS AT PRESENTATION

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CERTIFIER NAME: HOUSHANG SHETABI MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 2000 HOSPITAL DRIVE  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: MARCH 31, 2012

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORNER: NO  
FILE NUMBER: 194  
ATTENDING PHYSICIAN:  
HOUSHANG SHETABI MD

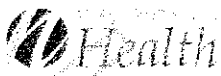
ITEM(S) AMENDED: NONE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: APRIL 04, 2012

NUMBER(S): NONE  
DATE(S): NONE



201208300095  
Skagit County Auditor



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 296-4300

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.  
**All changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Medical Record, School Transcripts, 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, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**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 023a 2/14/1

# \*CERTIFIED\*

APR 05 2012

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

VV00263072



201208300095  
Skagit County Auditor