



201303040100

Skagit County Auditor

3/4/2013 Page 1 of 4 10:41AM

Recording Requested By and  
When Recorded Mail To:

JAMES R. DORAN  
Attorney at Law  
100 E. Pine St.-Suite 205  
Bellingham, WA 98225

### STATUTORY WARRANTY DEED

Grantor: Dennis Alexander McIntyre

Grantee: Dennis Alexander McIntyre & Laura Beth McIntyre

Legal Description (abbr): PTN Lots 18, 19 and 20, BLK. 7, Hensler's second ADD to Anacortes  
Hensler's 2<sup>nd</sup> Add. to Anacortes, WA

Additional legal(s): N/A Page \_\_\_\_\_

Assessor's Tax Parcel ID: # ID# 3795-007-020-0004 (P57494)

Reference Nos. of Related Documents: NA

**THE GRANTOR, Dennis Alexander McIntyre**, as his separate property and as the surviving spouse of Patricia Ann McIntyre, for and in consideration of love and affection and the mutual benefits derived hereby, conveys and warrants to **Dennis Alexander McIntyre and Laura Beth McIntyre**, husband and wife and as joint tenants, Grantees, the following described real estate, together with all after acquired title, situated in the County of Skagit, State of Washington, more particularly described as follows:

The East of 130 feet of Lots 18 and 19 and the east 130 feet of the south 20 feet of Lot 20, Block 7, Hensler's Second Addition to Anacortes, according to the plat thereof recorded in Volume 3 of Plats, page 55, Records of Skagit County,



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1039-06**

## Washington State Certificate of Death

State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix <b>Patricia Ann MCINTYRE</b>		2. Death Date <b>Dec 27, 2006</b>	
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>59</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number		6. County of Death <b>Skagit</b>	
7. Birthdate	8a. Birthplace (City, Town, or County) <b>Birmingham</b>	8b. (State or Foreign Country) <b>United Kingdom</b>	9. Decedent's Education <b>Associate of Arts Degree</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 (include Apt. No.) <b>1718 - 22nd Street</b>	
13b. City or Town <b>Anacortes</b>		13c. Zip Code + 4 <b>98221</b>	
13d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	14. Estimated length of time at residence. <b>2 years</b>		
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Dennis Alexander McIntyre</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Medical Coder</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Medical Industry</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Michael James Reid</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Gladys (nmn)</b>	
21. Informant's Name <b>Dennis Alexander McIntyre</b>		22. Relationship to Decedent <b>Husband</b>	
23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1718 - 22nd Street Anacortes WA 98221</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Decedent's Residence</b>			
25. Facility Name (If not a facility give number & street or location) <b>1718 - 22nd Street</b>		26a. City, Town, or Location of Death <b>Anacortes</b>	26b. State <b>WA</b>
27. Zip Code <b>98221</b>		28. Method of Disposition <b>Cremation</b>	
29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc. 1105 32nd St. Anacortes, WA 98221-</b>			32. Date of Disposition <b>Dec 29, 2006</b>
33. Funeral Director Signature <i>Patricia Lane</i>			
<b>Cause of Death (See instructions and examples)</b>			
34. Enter the <u>chain of events</u> - 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>metastatic colorectal cancer</b>		Interval between Onset & Death <b>3 1/2 mo</b>	
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.		Interval between Onset & Death	
Due to (or as a consequence of):		Interval between Onset & Death	
c.		Interval between Onset & Death	
Due to (or as a consequence of):		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		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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.		45. City or Town: County: 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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause stated in manner listed.		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, I certify the time, date, and place, and the cause of death as stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Dr. Robert Raish M.D. 1415 E. Kincaid, Mount Vernon, WA 98274</b>		50. Hour of Death (24hrs) <b>14:35 PM</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) <b>12/28/2006</b>	
53. Title of Certifier <b>M.D.</b>	54. License Number <b>MD00026289</b>	55. ME/Coroner File Number <b>NJA #361</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>DEC 28 2006</b>	
59. Amendments			

Part 1 completed by Funeral Director

Part 2 completed by Certifier



**201303040100**  
**Skagit County Auditor**



# 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)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife 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	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)

# \*CERTIFIED\*

JAN 03 2007



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Skagit County Auditor

*Howard Leibrand*  
 Skagit County Public Health Department  
 Howard Leibrand M.D., Health Officer  
 NN00827052