



201309120009

Skagit County Auditor \$77.00
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WHEN RECORDED RETURN TO:

Bureau of Indian Affairs
2707 Colby Avenue Suite 1101
Everett, WA 98201-3665

DOCUMENT TITLE(S):

Lease Modification

LAND TITLE OF SKAGIT COUNTY

146934-SAE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTORS:

Bureau of Indian Affairs

GRANTEES:

Rosalie Lindberg

ABBREVIATED LEGAL DESCRIPTION:

Lot 31, Cobahud Waterfront Tracts

TAX PARCEL NUMBER(S):

P110761/5103-000-031-0000

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

LEASE MODIFICATION

Admin. Fee: \$217.50

Allotment: 122 39 Cobahud

Lease: 122 2087340656 HS

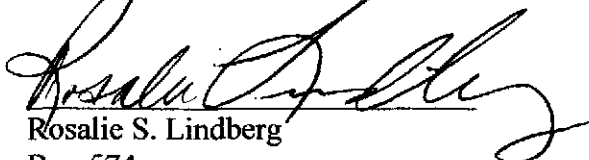
It is hereby agreed by and between Rosalie Lindberg, lessee(s) and the Cobahud Waterfront Tracts Signatories, for lessors, that Lease number 122 2087340757 HS covering Lot 31 of the Cobahud Waterfront Tracts, within Govt. Lot 4, T. 34 N. R. 2 E, Willamette Meridian, Skagit County, Washington be modified for the following reasons:

Modify the lease to remove the name of Byron Otten (deceased 09/21/2012) as requested in e-mail dated April 15, 2013.

Certificate of Death attached in the name of Byron Dean Otten.

This modification does not change any of the terms, conditions, or stipulations, except as specifically set forth herein.

I agree to these terms and conditions:


Rosalie S. Lindberg

Box 574

Eastsound, Washington 98245-0574

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 12 2013

Amount Paid \$
Skagit Co. Treasurer
By *Mdm* Deputy



201309120009

Skagit County Auditor

\$77.00

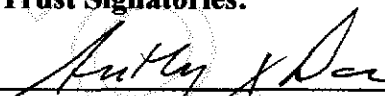
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6 9:12AM

We, the undersigned, lessors of lessee herein, consent to the foregoing modification, effective from the date of approval of the modification by the officer in charge of the Agency.

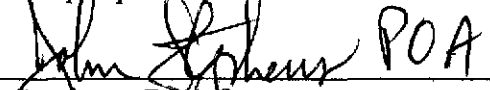
Trust Signatories:



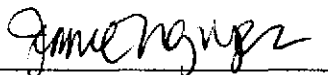
Anthony Damien, for himself and
Shaun M. Damien, Walter Damien,
Bertha W. Dan Jr., Ernestine (Bobb)
Helbrick and Alma Damien
4247 Morning Glory Road
Colorado Springs, CO 80920
(719) 282-0103
Ownership Represented 0.0962962962



Helen Lewis, for herself and
Brent Bob, Adrienne Terece Scates Hunter,
Juliette D Scates, Tina Lawrence, Sandra
Washington, Roni P Scates, Steven LaPointe
Lawney C. LaPointe and Frances E. Bob
2085 Lummi Shore Road
Bellingham, Washington 98226
(360)758-2255
Ownership represented: 0.1486111112




John Stephens, POA for
Ethel Marie Barber
17337 Reservation Road
La Conner, Washington 98257
(360) 466-7216
Ownership represented: 0.1444444444




Jennie A. Nguyen, for herself and
Ivan C. Willup Jr., Ivan C. Willup Sr.,
Patrick T. Willup, and Brenda S. Bobb
1811 N 35th Street
Mount Vernon, Washington 98273
(360) 202-2557
Ownership represented: 0.0604166663




Judith R. Joseph, Superintendent
Estate of Dean Perry Dan, Joseph T. Sias
and Delores J. Harry
Bureau of Indian Affairs
Puget Sound Agency
2707 Colby Avenue Suite 1101
Everett, Washington 98201
(425) 258-2651, ext. 231
Per 25 CFR 162.601
Ownership represented: 0.1337191358

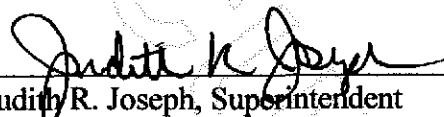
I certify on honor that I have this day examined records of the PUGET SOUND AGENCY and that said records do not show anything delinquent for cash rental or filing fees.


Realty, Puget Sound Agency

This within modification is hereby approved and declared to be made in accordance with the law and the rules and regulations prescribed by the Secretary of the Interior thereunder, and now in force, effective 7/18/13.

Approved pursuant to 209 DM 8, 230 dm 1, 3 IAM 4, 4a and 25 CFR Part 162.

Date approved: 7/18/13


Judith R. Joseph, Superintendent
Puget Sound Agency



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-012108

LOCAL FILE NUMBER: 66

DATE ISSUED: 09/17/2012

FEE NUMBER: 0927201228

GIVEN NAMES: BYRON DEAN
LAST NAME: OTTEN

COUNTY OF DEATH: SAN JUAN
DATE OF DEATH: SEPTEMBER 21, 2012
HOUR OF DEATH: 03:34 P.M.
SEX: MALE
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ORTONVILLE, MINNESOTA

MARITAL STATUS: MARRIED
SPOUSE: ROSALIE SHARON LINDBERG

OCCUPATION: COMMERCIAL PILOT
INDUSTRY: AIRLINES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: ROSIE LINDBERG
RELATIONSHIP: WIFE
ADDRESS: PO BOX 574, EASTSOUND, WA 98245

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 236 BARTEL ROAD
CITY, STATE, ZIP: EASTSOUND, WASHINGTON 98245

RESIDENCE STREET: 236 BARTEL ROAD
CITY, STATE, ZIP: EASTSOUND, WASHINGTON 98245
INSIDE CITY LIMITS? NO
COUNTY: SAN JUAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER: GEORGE G OTTEN
MOTHER: DOROTHY K [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 25, 2012

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: MERLIN L. LANE

- CAUSE OF DEATH:
- A. ESOPHAGEAL CANCER SQUAMOUS CELL CARCINOMA METASTATIC TO THE LUNGS
INTERVAL: 28 MONTHS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK? NO
PLACE OF INJURY:

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

CERTIFIER NAME: MEHRDAD JAFARI, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 307 S. 13TH ST., SUITE 100
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: SEPTEMBER 25, 2012



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STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE
NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 12-SJ0067
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
JEAN SCHMIDT
DATE RECEIVED: SEPTEMBER 25, 2012



Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(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: <input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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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 Maiden 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:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant	Telephone Number:
	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (Specify)			

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:
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All vital records are registered as received.
Most changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof:
 Certificate of Naturalization Numident Report (Social Security Administration) School Transcripts (Official)
 Hospital /Medical Record Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Life Insurance Policy Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Record 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.
- Child (under 19)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

4. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 323a January 2012

SAN JUAN COUNTY DEPT. OF HEALTH & COMMUNITY SERVICES
 FRANK JAMES, M.D. HEALTH OFFICER

Frank James MD
 DATE ISSUED: 09-27-2012



WW00466232