

COVER SHEET



201403260033

Skagit County Auditor

\$141.00

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Return To:

Fairhaven Legal Associates, P.S.
P.O. Box 526
Burlington, Washington 98233

DOCUMENT TITLE(S)

Affidavit of Community Property Agreement, *Community Property agreement*
death certificate

REFERENCE NUMBER(S)

_____ ; 201108050044

GRANTOR(S)

1) Mullen, Gilbert E.

GRANTEE(S)

1) Mullen, Bonnie N.

LEGAL DESCRIPTION

Unit 1, Bldg. A, Cedarcrest Condo.

ASSESSORS PARCEL / TAX ID NUMBER:

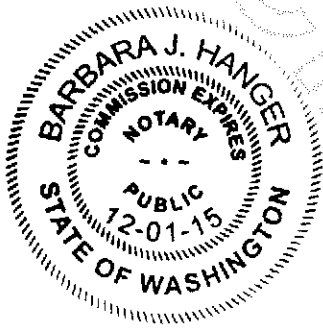
P79723 / 4351-000-001-0006

That the approximate value of the aforesaid real estate as of the date of death of said decedent was approximately \$164,500.00.

This affidavit is made to induce a title insurance company to issue its policy of title insurance on the aforesaid real estate passing to the surviving spouse by virtue of said Community Property Agreement in reliance upon the representations herein set forth.

Bonnie N. Mullen
Bonnie N. Mullen

Subscribed and sworn to before me this 24th day of March, 2014.



Barbara J. Hanger
Notary Public in and for Washington,
Residing at Nant Vergon, WA
My commission expires 12/1/14



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-004297

DATE ISSUED: 02/26/2014

FEE NUMBER: 000000029

GIVEN NAMES: GILBERT EUGENE
LAST NAME: MULLEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 23, 2014
HOUR OF DEATH: 07:45 P.M.
SEX: MALE
AGE: 86 YEARS

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

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 12462 GWEN DRIVE #1
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: FARGO, CASS CNTY, NORTH DAKOTA

FATHER: EVERETT T MULLEN
MOTHER: IMOGENE [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: BONNIE NOREEN LEE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 26, 2014

OCCUPATION: SUPERIOR COURT JUDGE
INDUSTRY: LAW
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

INFORMANT: BONNIE NOREEN MULLEN
RELATIONSHIP: SPOUSE
ADDRESS: 12462 GWEN DRIVE #1 BURLINGTON WA 98233

- CAUSE OF DEATH:
- A. SEPSIS
INTERVAL: DAYS
- B. INTRA-ABDOMINAL INFECTION
INTERVAL: DAYS
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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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

CERTIFIER NAME: MASOUD TALEGHANI, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 26, 2014



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-124
ATTENDING PHYSICIAN:
MASOUD TALEGHANI MD

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 26, 2014

QOH 01-003 (1/13)

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 235-4500

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 type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name of record	2. Date of event	3. Place of event
4. Father's name (last, first, middle)	5. Mother's name (last, first, middle)	

The record is incorrect or incomplete as follows:

6. <input type="checkbox"/> The record is incorrect as follows:	7. <input type="checkbox"/> 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"/> Attorney <input type="checkbox"/> Telephone Number:	
15. Funeral Director: <input type="checkbox"/> (If not, specify)	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

16. Signature	18. Date:	17. Address:
(Print Name)		

All vital records requests are received. Birth changes must be established by documentary proof furnished with the affidavit. We do not accept: Airline's Boarding Card, Security card or hospital issued documents birth certificate as documentary proof.

- Examples of acceptable documentary proof:
- Birth Record
 - Marriage Report (Social Security Administration)
 - Vendor Registration Card (if it bears an effective date)
 - Final order of Naturalization
 - Marriage Divorce Record
 - State of Washington Office
 - State Report (DD-214)
 - Life Insurance Policy
 - Alien Registration (front and back)
 - Receipt
 - Hospital/Medical Record

- Birth Certificate**
- Only a parent, legal guardian (if child is under 18), or the person who issued the birth certificate may change the birth certificate.
 - The record must be accurate, and the new birth certificate must show the name of the child. For example, if the child's name is Mary Ann Doe, and the parent is John Doe, the record must show the name is Mary Ann Doe.
 - Child under 18**
 - Only a parent, legal guardian, or the child's parent can change the birth certificate.
 - Question: How do I prove I am a parent/guardian? Answer: Give them authority to act on your behalf.
 - Adult (18 years or older)**
 - Only the adult involved can change the birth certificate.
 - Question: How do I prove I am the adult? Answer: Provide three pieces of documentary proof are required.
 - If the adult's name is suspected, two pieces of documentary proof are required to correct the name, date of birth, or name, or a documentary proof that the name has been established with five days of date.
 - Question: How do I prove I am the adult? Answer: Provide three pieces of documentary proof are required.
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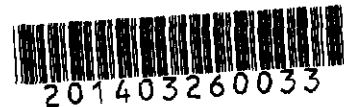
- Death Certificate**
- Only a physician, medical examiner or executor/comptroller of estate can confirm a death and change the non-medical information on the certificate. Make a good report, and correct it. The correct name of the deceased must be required. Many states require a certified copy of the certificate to be provided to the funeral home for a change.
 - Question: How do I prove I am the adult? Answer: Provide three pieces of documentary proof are required.

- Marriage Certificate**
- Question: How do I prove I am the adult? Answer: Provide three pieces of documentary proof are required.
 - Question: How do I prove I am the adult? Answer: Provide three pieces of documentary proof are required.

CERTIFIED

FEB 26 2014

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



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