

Recording Requested by  
First American Title



201411050062

Skagit County Auditor

\$77.00

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Recording Requested By &  
When Recorded Mail To:

Luther J. Cross  
34805 N Shore Dr  
Mount Vernon, WA 98274

Order #: 8478261c  
APN: OF20140918004

POOR ORIGINAL

AFFIDAVIT OF DEATH  
(G. ARLENE CROSS, Deceased)

STATE OF WASHINGTON  
COUNTY OF SKAGIT

Comes now, LUTHER J. CROSS, Affiant herein, being of lawful age and having been duly sworn upon their oath and do state:

That she was personally well acquainted with G. ARLENE CROSS, the Decedent herein, having known him for a great many years and further, that Affiants owned certain real property with the Decedent as husband and wife, said property being described further as:

SEE COMPLETE LEGAL ATTACHED AS EXHIBIT "A"

Commonly known as: 34805 N Shore Dr. Mount Vernon, WA 98274

LOT 22 BLOCK 3 LAKE CAVANAUGH SUBDIVISION 1 ET. AL.

Affiant states further that she obtained her interest in the above described property by deed from Lawrence McShane to LUTHER J. CROSS and G. ARLENE CROSS, husband and wife, said instrument being dated 9/10/84 and recorded on 9-11-84 as Instrument No. 8409110025 of the land records located in the Office of the County Recorder of Skagit County, State of Washington.

Affiant states further that the Decedent departed this life at her residence in County of Skagit, State of Washington, on or about January 03, 2013, being 80 years of age at the date of death.

IN WITNESS WHEREOF, first party has hereunto set a hand and seals the day and year first written above.

Luther J. Cross  
LUTHER J. CROSS

STATE OF Washington  
COUNTY OF Whatcom

The foregoing instrument was hereby acknowledged before me this 11<sup>th</sup> day of October 2014 by LUTHER J. CROSS, whose name is personally known to me or who has produced drivers license as identification, and who has signed this instrument willingly.

Lisa M. Long  
Notary Public  
My commission expires: 5/20/2015



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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-000396

DATE ISSUED: 01/15/2013

FEE NUMBER: 0000000029

GIVEN NAMES: ARLENE HALL  
LAST NAME: CROSS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 03, 2013  
HOUR OF DEATH: 11:00 A.M.  
SEX: FEMALE  
AGE: 80 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: JACK CROSS

OCCUPATION: NURSE  
INDUSTRY: REHABILITATION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: JACK CROSS  
RELATIONSHIP: HUSBAND  
ADDRESS: 34805 N. SHORE DR, MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 34805 N SHORE DR  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 34805 N SHORE DR  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: CHARLES HALL  
MOTHER: I

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HERITAGE CREMATION SERVICES  
CITY, STATE: MARYSVILLE, WA  
DISPOSITION DATE: JANUARY 11, 2013

FUNERAL FACILITY: DONOVAN'S FUNERAL AND CREMATION SERVICES  
ADDRESS: PO BOX 1322  
CITY, STATE, ZIP: MT VERNON WA 98273  
FUNERAL DIRECTOR: TIMOTHY DONOVAN

CAUSE OF DEATH:

- A. FAILURE TO THRIVE  
INTERVAL: 2 MONTHS  
B. ALZHEIMER'S DEMENTIA - SEVERE  
INTERVAL: YEARS  
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: MARK SPENCER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 3823 172ND STREET NE  
CITY, STATE, ZIP: ARLINGTON WA 98223  
DATE SIGNED: JANUARY 10, 2013



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 007

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: JANUARY 10, 2013

DOH 01-003 (12/11)



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 235-4300

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 type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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 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 <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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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.

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-204)	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 18)**
    - 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 025a January 2012



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**\*CERTIFIED\***

JAN 15 2013

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

XX00023099

## EXHIBIT "A"

REAL PROPERTY IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON, DESCRIBED AS FOLLOWS:

THE LAND REFERRED TO IN THIS REPORT/POLICY IS SITUATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, AND IS DESCRIBED AS FOLLOWS:

LOT 22, BLOCK 5, AND THE EAST 10 FEET OF LOT 6, BLOCK 4, IMMEDIATELY ADJACENT TO AND MEASURED PARALLEL WITH THE MOST EASTERLY BOUNDARY OF LOT 6, BLOCK 4, ALL IN "LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1", AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 TO 43, INCLUSIVE RECORDED UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 393244, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH TRACT ESTABLISHED BY JUDGMENT AND DECREE OF QUIET TITLE FILED WITH THE SKAGIT COUNTY CLERK, IN SKAGIT COUNTY, WASHINGTON, FEBRUARY 11, 2008 AT 1:41 P.M. DESCRIBED AS FOLLOWS:

THAT CERTAIN UNLABELED PORTION OF "LAKE CAVANAUGH SUBDIVISION #1" AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE EAST LINE OF LOT 6, BLOCK 4, OF SAID PLAT AT ITS INTERSECTION WITH THE SOUTHERLY LINE OF A 60-FOOT WIDE UNNAMED ROAD RIGHT-OF-WAY DELINEATED ON THE FACE OF SAID PLAT, WHICH ROAD IS NOW COMMONLY KNOWN AS NORTH SHORE DRIVE, THENCE SOUTH 3 DEGREES 34' WEST ALONG THE EAST LINE OF SAID LOT 6 AND ITS SOUTHERLY EXTENSION, IF ANY, TO THE SHORELINE OF LAKE CAVANAUGH, THENCE IN THE GENERALLY EASTERLY DIRECTION ALONG SAID SHORELINE TO ITS INTERSECTION WITH THE SOUTHERLY LINE OF SAID ROAD RIGHT-OF-WAY, THENCE IN A GENERALLY WESTERLY DIRECTION ALONG SAID SOUTHERLY LINE TO THE POINT OF BEGINNING.

EXCEPT FROM ALL OF THE ABOVE, THAT PORTION LYING EAST OF COMMON LINES A AND B AS CONVEYED IN QUIT CLAIM DEED RECORDED UNDER AUDITOR'S FILE NO. 201301080060 AND AS DESCRIBED IN PROPERTY LINE AGREEMENT RECORDED UNDER AUDITOR'S FILE NO 201301080059.

TOGETHER WITH THAT PORTION OF THE FOLLOWING DESCRIBED PROPERTY LYING WEST OF COMMON LINES A AND B AS CONVEYED IN QUIT CLAIM DEED RECORDED UNDER AUDITOR'S FILE NO. 201301080060 AND AS DESCRIBED IN PROPERTY LINE AGREEMENT RECORDED UNDER AUDITOR'S FILE NO. 201301080059:

TRACT "E," LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1, AS PER PLAT RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

TOGETHER WITH THAT PORTION OF GOVERNMENT LOT 1, SECTION 26, TOWNSHIP 33 NORTH, RANGE 6 EAST, W.M., LYING SOUTHERLY OF THE SOUTH LINE OF THE COUNTY ROAD AND THAT PORTION OF "LAKE CAVANAUGH SUBDIVISION NO. 1," AS PER PLAT



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RECORDED IN VOLUME 5 OF PLATS, PAGES 37 THROUGH 43, INCLUSIVE. RECORDS OF  
SKAGIT COUNTY, WASHINGTON, LYING SOUTHERLY OF THE SOUTH LINE OF NORTH  
LAKE SHORE DRIVE (SOMETIMES REFERRED TO AS "NORTH SHORE DRIVE"), EAST OF  
LOT 6, BLOCK 4 OF SAID "LAKE CAVANAUGH SUBDIVISION, DIVISION NO. 1" AND  
SOUTHWESTERLY OF ANY PORTION OF BLOCK 5 OR BLOCK 6 OF SAID "LAKE  
CAVANAUGH SUBDIVISION DIVISION NO. 1."

FOR INFORMATION ONLY:

LOT 22, BLOCK 5, PTN. OF LOT 6, BLOCK 4 AND PTN. TRACT E. LAKE CAVANAUGH DIV. 1

APN #: P66418

Commonly known as: 34805 N Shore Dr. Mount Vernon, WA 98274



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