





EXHIBIT A

Real Property commonly known as 3648 Francis Road, Mount Vernon, WA 98273  
Skagit County Assessor's Tax Parcel Number(s) 340409-0-013-0002 / P24295

Legal Description:

A tract of land in the North  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$  of Section 9, Township 34 North, Range 4 East, W. M., described as follows:

Beginning at the Southwest corner of said North  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$  of the Northeast  $\frac{1}{4}$ ;

Thence North 208.8 feet to the true point of beginning;

Thence North 104.4 feet;

Thence East 208.7 feet;

Thence South 104.4 feet;

Thence West 208.7 feet to the true point of beginning;

EXCEPT the West 25.0 feet thereof conveyed to Skagit County for road purposes by deed recorded under Auditor's File No. 958840 in Volume 91 of Deeds page 469, records of Skagit County, Washington.

B&G Properties, LLC (consisting of the following real property)

- a) Clark County Tax Parcel 91051024 - #35 #160 #178 & #179 Sec 35 T4N, R2E, W.M. 12A
- b) Clark County Tax Parcel 228982000 - #156 Sec 35 T4N, R2E, W.M. 14.07A
- c) Clark County Tax Parcel 229000252 - #255 Sec 35 T4N, R2E, W.M. 19.77A
- d) Clark County Tax Parcel 228957000 - #60 Sec 35 T4N, R2E, W.M.
- e) Clark County Tax Parcel 228990000 - #217B Sec 35 T4N, R2E, W.M. 10.00A
- f) Whatcom County Tax Parcel 61292 / 3709 Beal Street, Bellingham, WA
- g) Whatcom County Tax Parcel 26298 / 5003 Samish Way, Bellingham, WA

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-099515

DATE ISSUED: 08/07/2012

FEE NUMBER: 000000029

GIVEN NAMES: GORDON L  
LAST NAME: OVERBY

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 03, 2012  
HOUR OF DEATH: 12:38 A.M.  
SEX: MALE  
AGE: 81 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: BEVERLY MANELY

OCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? YES

INFORMANT: KRISTIE MINKOFF  
RELATIONSHIP: DAUGHTER  
ADDRESS: 10355 HEATHER LANE ROGERS, MN, 55374

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1811 N. LAVENTURE RD. APT. 2  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1811 N. LAVENTURE RD. #2 2  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: THOMAS OVERBY  
MOTHER: EDITH [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: AUGUST 07, 2012

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

- CAUSE OF DEATH:
- A. SENILE DEMENTIA  
INTERVAL: 2 YEARS
  - B. INTERVAL:
  - 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:

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: ROBERT R. JACOBSEN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100  
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284  
DATE SIGNED: AUGUST 06, 2012

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

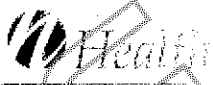
ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 445  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: AUGUST 07, 2012



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 17814  
Clyde A. WA 98504-7814  
(206) 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 of Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth) (Spouse for Marriage or Dissolution) \_\_\_\_\_  
5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is incorrect or incomplete as follows:  
The Record now shows: \_\_\_\_\_ The True fact is: \_\_\_\_\_

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Telephone Number: \_\_\_\_\_  
 Funeral Director  Other (Specify) \_\_\_\_\_

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: \_\_\_\_\_

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) Veteran'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 live (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 2/14-11

**\*CERTIFIED\***  
AUG 07 2012  
*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer  
VV00362369