



Skagit County Auditor

7/21/2015 Page

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4

\$107.00
2:37PM

COVER SHEET *(For Multiple Documents)*

RETURN TO:

P. Hayden
PO Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) *(or transactions contained herein):*

1. Death Certificate of Roy Cameron Grant
3. Agreement Concerning Status and Disposition of Community and Separate Property

REFERENCE NUMBERS(S) OF DOCUMENTS ASSIGNED OR RELEASED:

- 1.
- 2.

GRANTOR(S) *(Last name, first name and initials);*

1. Grant, Roy Cameron
2. State of Washington

GRANTEE(S) *(Last name, first name and initials):*

1. Public
2. Grant, Shirley A.

LEGAL DESCRIPTION *(Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).*

Lot 2 and W. 40 ft. of Lot 3, Medcalf's Addition

ASSESSOR'S PARCEL/TAX I.D. NUMBER: P67419 / 3954-000-003-0007

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-010824

DATE ISSUED: 04/20/2015

FEE NUMBER: 0000000029

GIVEN NAMES: ROY CAMERON
LAST NAME: GRANT

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: APRIL 16, 2015
HOUR OF DEATH: 04:55 P.M.
SEX: MALE
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: SHIRLEY ANN PARK

OCCUPATION: OWNER/ OPERATOR
INDUSTRY: TIMBER INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: R. CAMERON GRANT
RELATIONSHIP: SON
ADDRESS: 10092 FARM TO MARKET ROAD, BOW, WA 98232

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 21718 STERLING DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 70 YEARS

FATHER: HAROLD CAMERON GRANT
MOTHER: HELEN PEARL [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 20, 2015

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:
A. HIP FRACTURE
INTERVAL: 6 DAYS
B. GROUND LEVEL FALL
INTERVAL: 6 DAYS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE, REMOTE STROKE, HYPERLIPIDEMIA, HYPERTENSION, REMOTE MYOCARDIAL INFARCTI
ON.

DATE OF INJURY: APRIL 10, 2015
HOUR OF INJURY: 03:00 P.M. PRESUMED
INJURY AT WORK? NO
PLACE OF INJURY: FELL WHILE GETTING OUT OF CAR.

LOCATION OF INJURY: UNKNOWN

CITY, STATE, ZIP: UNKNOWN
COUNTY:

DESCRIBE HOW INJURY OCCURRED:
DECEDENT FELL WHILE GETTING OUT OF CAR.

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

ME/CORONER: GARY A. GOLDFOGEL, MD
TITLE: MEDICAL EXAMINER
ME/CORONER
ADDRESS: 1500 NORTH STATE STREET #200
CITY, STATE, ZIP: BELLINGHAM WA 98225
DATE SIGNED: APRIL 20, 2015

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: NJA 056-15
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
JESSIE THOMSON
DATE RECEIVED: APRIL 20, 2015



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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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:	<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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(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Nuncupat Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (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
 - 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/parent full birth name, father/parent full birth 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 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.
 - To correct the sex of the child, submit one proof from a medical provider.
- 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, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

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 422-034 June 2014

CERTIFIED
403-2553
Howard Leibrand

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

BB00185062

AGREEMENT CONCERNING STATUS AND DISPOSITION OF
COMMUNITY AND SEPARATE PROPERTY

THE PARTIES HERETO, ROY GRANT, hereinafter called
"husband" and SHIRLEY GRANT, hereinafter called "wife",

WITNESSETH: Whereas husband and wife are residents of Skagit
County, Washington, and are the owners of certain real and personal
property and are desirous that said property together with all after
acquired real and personal property of the parties, shall pass without
delay or expenses upon the death of either to the survivor, now,
therefore,

FOR AND IN CONSIDERATION OF ONE DOLLAR and love and affection
that each of the parties bears for the other; and pursuant to the laws
of the State of Washington, it is hereby agreed as follows:

I.

Each and every item of separate property of each party of whatso-
ever nature and wheresoever situated, and all such separate property
hereinafter acquired by each party, be and the same hereby is and shall
be conveyed, transferred, assigned, set over, deemed, esteemed, con-
stituted and regarded as community property of the parties as husband
and wife.

II.

In the event of the death of husband, while wife survives, then
all community property which the parties may then own or be entitled to
shall at once vest in wife, free from any and all claims of any other
heirs of husband. In the event of the death of wife, while husband
survives, then all of the community property, which the parties may then
own or be entitled to shall at once vest in husband, free from any and
all claims of any other heirs of wife.

III.

The parties hereto have published and may in the future publish
as and/or their Last Will and Testament, disposing of their respective
interests in property which for any reason may not be effectively dis-
posed of by this agreement upon the death of one and the survival of
the other, and also disposing of the property of the parties or the
survivor thereon in the event of a common disaster or upon the subsequent
death of the survivor of this agreement. Neither this instrument nor
said will shall derogate from the force and effect of the other: PROVIDED
that in the event of any inconsistency between this agreement and the
will of either party in effect, upon such party's death while the other
party survives, this agreement shall prevail.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this
17 day of April, 1985.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20152835

JUL 21 2015

STATE OF WASHINGTON)

COUNTY OF SKAGIT

: Amount Paid \$
By Me Skagit Co. Treasurer
Deputy

On this day personally appeared before me ROY GRANT
and SHIRLEY GRANT, his wife, to me known to be the individuals
described in the foregoing instrument, and acknowledged that they signed
the same and executed the same as their free and voluntary act for
the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 17 day of April,
1985.

Carol Mayer
Notary Public in and for the State of
Washington, residing at Sedro Woolley