



201605200020

Skagit County Auditor

\$75.00

5/20/2016 Page

1 of

3 11:06AM

Name: Debbie Denton
 Address: 18445 Valentine Rd
 City and State: Mount Vernon, WA 98273

QUIT CLAIM DEED

The grantor, Deborah K. Denton, daughter in law of David N. Denton, deceased, hereby conveys and quit claims to Dave Denton II and Deborah K. Denton, husband and wife, as joint tenants with right of survivorship, my interest in the following described real estate, situate in the County of Skagit, State of Washington, together with all after acquired title of the grantor(s) therein:

Lot 23, "HEART O' THE SKAGIT RIVER TRACTS", as per plat thereof in the records of Skagit county, Washington, TOGETHER WITH an undivided 1/36th interest in Lot 33 of said Plat.

SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX

2016 2002

MAY 20 2016

DATED this 19 day of May, 2016

Amount Paid \$ 0
 Skagit Co. Treasurer
 By HB Deputy

P65644

STATE OF WASHINGTON)
 COUNTY OF SKAGIT) ss.

On this day personally appeared before me Deborah K Denton who executed the within and foregoing instrument and acknowledged she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 19th day of May, 2016



NORTARY PUBLIC in and for the
 State of Washington, residing at

Mount Vernon
 Commission Expires: 2-5-19

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 29510		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix David Neal Denton			2. Death Date April 13, 2010		
3. Sex (M/F) Male	4a. Age - Last Birthday 83	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Mount Vernon	8b. (State or Foreign Country) WA		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 18461 Valentine Road			13b. City or Town Mount Vernon		
13c. Residence: County Skagit	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98273	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence 83 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) N/A	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Maintenance			18. Kind of Business/Industry (Do not use Company Name) WA State Dept. of Transportation		
19. Father's Name (First, Middle, Last, Suffix) F. Oscar Denton			20. Mother's Name Before First Marriage (First, Middle, Last) Maimie [REDACTED]		
21. Informant's Name Dorina Denton		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 408 Central Ave. Sedro-Woolley, WA 98284	
24. Place of Death: If Death Occurred in a Hospital Decedent's Home			25. Facility Name (If not a facility, give number & street or location) 18461 Valentine Road		
26a. City, Town, or Location of Death Mount Vernon		26b. State WA		27. Zip Code 98273	
28. Method of Disposition Burial			29. Place of Final Disposition (Name of cemetery, crematory, other place) Pleasant Ridge Cemetery		
30. Location-City/Town, and State Mount Vernon, WA			31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 S. 3rd St. Mt. Vernon, WA 98273		
32. Date of Disposition April 17, 2010			33. Funeral Director Signature X Jeremiah T. LeSourd		
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Unspecified Natural Causes Interval between Onset & Death Months Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. Coronary Artery Disease Interval between Onset & Death Years Due to (or as a consequence of): c. Interval between Onset & Death d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes, Hypertension, Renal failure, Aortic stenosis					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
39. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
41. Date of Injury (MM/DD/YYYY) [REDACTED]		42. Hour of Injury (24hrs) [REDACTED]		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]	
44. Location of Injury: Number & Street: [REDACTED]		45. City or Town: [REDACTED]		46. State: [REDACTED]	
47. Describe how injury occurred [REDACTED]		48. APT No. [REDACTED]		49. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) [REDACTED]	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X Henry Pforte			48b. Medical Examiner/Coroner - On the basis of information and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated. X [REDACTED]		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Henry Pforte, MD - 1400 E. Kincaid St. Mt. Vernon, WA 98274			50. Hour of Death (24hrs) 1700		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) [REDACTED]			52. Date Signed (MM/DD/YYYY) 4-14-2010		
53. Title of Certifier MD		54. License Number MD 00041816		55. ME/Coroner File Number NJA-175	
57. Registrar Signature [REDACTED]			58. Date Received (MM/DD/YYYY) APR 15 2010		
59. Amendments					



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/95)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(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 Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

6. The Record says:	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. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificates of Naturalization Medical Record School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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 five (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 C23 (Rev. 9/2002)

CERTIFIED

APR 15 2010

H. Lebrand

Skagit County Health Department
Howard Lebrand M.D., Health Officer

TT00112529