



201608010053

Skagit County Auditor

\$78.00

8/1/2016 Page

1 of

6 11:10AM

Quitclaim Deed

RECORDING REQUESTED BY _____
AND WHEN RECORDED MAIL TO: _____

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20163139
JUL 25 2016

_____, Grantee(s)

Consideration: \$ _____

Property Transfer Tax: \$ _____

Assessor's Parcel No.: _____

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

PREPARED BY: _____ certifies herein that he or she has prepared this Deed.

Signature of Preparer

Date of Preparation

Printed Name of Preparer

Lot 3 Diane Estates Div 1 P81475

THIS QUITCLAIM DEED, executed on July 25, 2016 in the County of

Skagit, State of Washington (deceased) James

by Grantor(s), Ruby Doan, surviving spouse ~~Doan~~

whose post office address is 24657 Diane Lane, Sedro Woolley,

to Grantee(s), Ruby Doan,

whose post office address is 24657 Diane Lane, Sedro Woolley,

WITNESSETH, that the said Grantor(s), _____,

for good consideration and for the sum of inheritance

(\$ _____) paid by the said Grantee(s), the receipt whereof is hereby acknowledged,

does hereby remise, release and quitclaim unto the said Grantee(s) forever, all the right, title

interest and claim which the said Grantor(s) have in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Skagit, State of Washington and more specifically described as set forth in EXHIBIT "A" to this Quitclaim Deed, which is attached hereto and incorporated herein by reference.

IN WITNESS WHEREOF, the said Grantor(s) has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

GRANTOR(S):

* Ruby M. Doan
Signature of Grantor

Ruby M Doan
Print Name of Grantor

Signature of First Witness to Grantor(s)

Print Name of First Witness to Grantor(s)

Signature of Second Grantor (if applicable)

Print Name of Second Grantor (if applicable)

Signature of Second Witness to Grantor(s)

Print Name of Second Witness to Grantor(s)

GRANTEE(S):

* Ruby M. Doan
Signature of Grantee

Ruby M. Doan
Print Name of Grantee

Signature of First Witness to Grantee(s)

Print Name of First Witness to Grantee(s)

Signature of Second Grantee (if applicable)

Print Name of Second Grantee (if applicable)

Signature of Second Witness to Grantee(s)

Print Name of Second Witness to Grantee(s)

NOTARY ACKNOWLEDGMENT

State of WA

County of Skagit

On July 25, 2016, before me, Michael A. Urban, a notary public in and for said state, personally appeared, Ruby M. Doan - only

who are known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

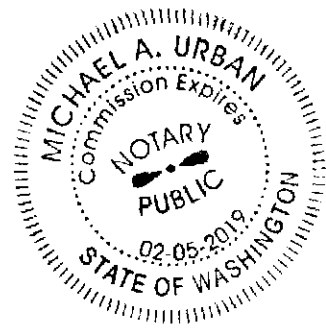
WITNESS my hand and official seal.

Michael A. Urban
Signature of Notary

Affiant Known Produced ID

Type of ID WADL

(Seal)



UNOFFICIAL DOCUMENT

Exhibit A.

the following described real estate, situated in the County of **SKAGIT**, State of Washington:

Lot 3, "PLAT OF DIANE ESTATES, DIVISION NO. 1", according to the plat thereof, recorded in Volume 12 of Plats, Page 67, records of SKAGIT County, Washington.

SUBJECT TO: Last 1/2 1987 Real Estate Taxes, and Schedule B-1 of First American Title Insurance Company Preliminary Commitment for Title Insurance No. 20688-E.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-012772

DATE ISSUED: 03/29/2016

FEE NUMBER: 000000029

GIVEN NAMES: JAMES LOUIS
LAST NAME: DOAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2016
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: REPUBLIC, MARQUETTE CNTY, MICHIGAN

MARITAL STATUS: MARRIED
SPOUSE: RUBY MORGAN

OCCUPATION: LOGGER
INDUSTRY: TIMBER
EDUCATION: 8 YEARS
US ARMED FORCES? YES

INFORMANT: RUBY DOAN
RELATIONSHIP: WIFE
ADDRESS: 24657 DIANE LANE, SEDRO-WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 24657 DIANE LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 24657 DIANE LANE
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: CHARLES ARTHUR DOAN
MOTHER/PARENT: NANCY MAE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: UNION CEMETERY
CITY, STATE, ZIP: SEDRO WOOLLEY, WA
DISPOSITION DATE: APRIL 01, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

- CAUSE OF DEATH:
- A. ASPIRATION PNEUMONIA
INTERVAL: 3 WEEKS
 - B. VASCULAR DEMENTIA
INTERVAL: 5 YEARS
 - C. CEREBROVASCULAR ACCIDENT
INTERVAL: 10 YEARS
 - D. HYPERTENSION
INTERVAL: UNKNOWN

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:

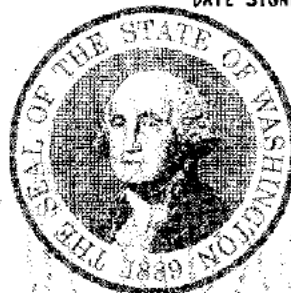
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: MARCH 28, 2016

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# 202
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: MARCH 29, 2016



Affidavit for Correction

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
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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Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital
7. Return Mailing Address:				
Telephone Number: ()			Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:		The true fact is:	
8.		9.	
10.		11.	
12.		13.	
14.		15.	

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

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, 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

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. 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). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED
MAR 29 2016
Howard Leibrand

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

EE00089609