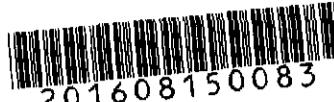


When recorded return to:

Mr. and Mrs. Ray E. Hoffman
1197 Decatur Circle #18B
Burlington, WA 98233



Skagit County Auditor
8/15/2016 Page

1 of

6 1:35PM

\$78.00

Filed for Record at Request of
Land Title and Escrow
Escrow Number: 155602-OE ✓

Grantor: The Estate of Bonnie Kay Cook
Grantee: Ray E. Hoffman and Patricia L. Hoffman

Land

Statutory Warranty Deed

THE GRANTOR KRISTI KAYE BOST, KATHI LEE ROBERTSON, KANDI LYN WEIDE and TRAVIS NOBLE JERRY COOK, CO-PERSONAL REPRESENTATIVES OF THE ESTATE OF BONNIE KAY COOK, DECEASED, Skagit County Superior Court Probate Cause No. 16-4-00170-0 for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to RAY E. HOFFMAN and PATRICIA L. HOFFMAN, husband and wife the following described real estate, situated in the County of Skagit, State of Washington:

Abbreviated Legal: Unit 18B, Cedar Point, A Condo.

SEE ATTACHED EXHIBIT "A" HERETO FOR LEGAL DESCRIPTION

Tax Parcel Number(s): 4788-000-018-0290, P118770

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment No. 155602-OE.

Dated August 11, 2016

Kristi Kaye Bost, Kathi Lee Robertson, Kandi Lyn Weide and Travis Noble Jerry Cook, as Co-Personal Representatives of The Estate of Bonnie Kay Cook, deceased, Skagit County Superior Court Probate Cause No. 16-4-00170-0

Kristi Kaye Bost CO-PR
By: Kristi Kaye Bost, Co-Personal Representative

Kandi Lyn Weide CO-PR
By: Kandi Lyn Weide, Co-Personal Representative

Kathi Lee Robertson CO-PR
By: Kathi Lee Robertson, Co-Personal Representative

Travis Noble Jerry Cook CO-PR
By: Travis Noble Jerry Cook, Co-Personal Representative

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20163547
AUG 15 2016

Amount Paid \$ 3876.⁵⁰
Skagit Co. Treasurer
By Marr Deputy

EXHIBIT "A"

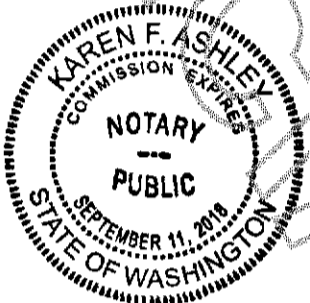
Unit 18B, "CEDAR POINT, A CONDOMINIUM," as per Survey Map and Plans recorded on January 10, 2002 under Auditor's File No. 200201100078, and as described in Declaration recorded January 10, 2002, under Auditor's File No. 200201100079; and First Amendment thereto recorded April 27, 2004, under Auditor's File No. 200404270060; and Second Amendment thereto recorded March 1, 2006; and Third Amendment thereto recorded June 4, 2007, under Auditor's File No. 200706040181; records of Skagit County, Washington.

Situate in the City of Burlington, County of Skagit, State of Washington.

STATE OF Washington }
County of Skagit , SS:

I certify that I know or have satisfactory evidence that Kristi Kay Bost, Kathi Lee Robertson,
signed this instrument, on oath stated that
Kandi Lyn Weide and Travis Noble Jerry
Cook
authorized to execute the instrument and acknowledged it as the
Co-Personal Representatives
of The Estate of Bonnie Kay Cook, deceased, Skagit County to be the free and voluntary act of such
Superior Court Probate Cause No.
party for the uses and purposes mentioned in this instrument.

Dated: August 12, 2016



Karen Ashley
Notary Public in and for the State of Washington
Residing at Sedro-Woolley
My appointment expires: September 11, 2018

**SKAGIT COUNTY, WASH
FILED**

MAY - 9 2016

MAVIS E. BETZ, CO. CLERK
Deputy

I. BASIS

- ## **II. CERTIFICATION**

III. CERTIFICATE OF COPY

BY _____ Deputy Clerk



MAVIS E. BETZ, County Clerk
By: [Signature]
Deputy Clerk

I, MAVIS E. BETZ, Clerk of the Superior Court of the State of Washington, for Skagit County, do hereby certify that this is a true copy of the original now on file in my office. Dated 5-1-62

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-015688

DATE ISSUED: 04/19/2016

FEE NUMBER: 0000000029

GIVEN NAMES: BONNIE KAY
LAST NAME: COOK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 16, 2016
HOUR OF DEATH: 05:30 P.M.
SEX: FEMALE
AGE: 76 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: POLSON, LAKE CNTY, MONTANA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HAIRDRESSER
INDUSTRY: PERSONAL CARE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: KRISTI KAYE BOST
RELATIONSHIP: DAUGHTER
ADDRESS: 1142 MARCH'S POINT ROAD, ANACORTES, WA 98221

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 11142 MARCH'S POINT ROAD
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1197 DECATUR CIRCLE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: RICHARD HAROLD NOBLE
MOTHER/PARENT: LILLIAN RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 19, 2016

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

CAUSE OF DEATH:
A. BIVENTRICULAR HEART FAILURE
INTERVAL: MONTHS
B. VALVULAR HEART DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CHRONIC ATRIAL FIBRILLATION, ANEMIA, ANGINA

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

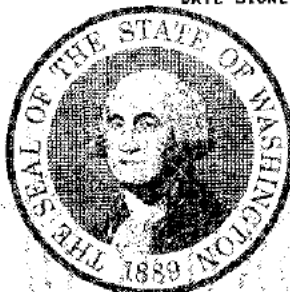
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: APRIL 18, 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# 262
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: APRIL 18, 2016

DOH 01-003 (10/15)



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 information must match current information on record

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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)		
	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:	Date:	Printed name:	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

APR 19 2016

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

EE00087622