

When recorded return to:



201609020120

Skagit County Auditor

\$76.00

9/2/2016 Page

1 of

4 2:15PM

QUIT CLAIM DEED

THE GRANTOR(S) *Dorothea Mitchell surviving spouse of Michael D Mitchell, deceased*

for and in consideration of *inheritance*

in hand paid, conveys and quit claims to *Dorothea Mitchell*

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

together with all after acquired title of the grantor(s) herein: *Lot 1, 3 & 4 Skagit County Short Plat No. 96-044, Recorded June 12, 1997 under Auditors File No. 9706120045 in Volume 13 of Short Plats Pages 5 and 6, records of Skagit County, Washington, being a portion of the SW 1/4 of the NE 1/4 of section 29, Township 35 North Range 3 East, W.M.*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016 3958

SEP 02 2016

Abbreviated Legal: (Required if full legal not inserted above.)

Amount Paid *\$76.00*
Skagit Co. Treasurer
By *NAME* Deputy

Tax Parcel Number(s): *34940, 111737, 111736, 111475, 34942, 34941*

Dated:

9-2-16

Dorothea F Mitchell

Dorothea F Mitchell

STATE OF

WA

COUNTY OF

Skagit

ss.

I certify that I know or have satisfactory evidence that

Dorothea Mitchell

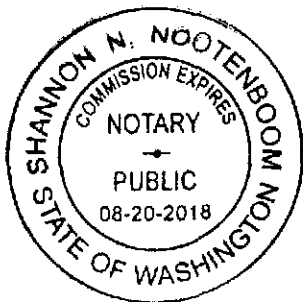
(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be

her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

9-2-16



Shannon Nootenboom
Notary name printed or typed: Shannon Nootenboom
Notary Public in and for the State of WA
Residing at Sedro Woolley
My appointment expires: 08-20-2018

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-002821

DATE ISSUED: 02/03/2015

FEE NUMBER: 0000000037

GIVEN NAMES: MICHAEL DAVID
LAST NAME: MITCHELL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 17, 2015
HOUR OF DEATH: 07:00 P.M.
SEX: MALE
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: DOROTHEA FRESE

OCCUPATION: ENGINEER
INDUSTRY: SEPTIC
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: HEIDI MITCHELL SANCHEZ
RELATIONSHIP: DAUGHTER
ADDRESS: 13709 RECTOR RD., BOW, WA 98232

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 13709 RECTOR RD
CITY, STATE, ZIP: BOW, WASHINGTON 982327200
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 36 YEARS

FATHER: JOSEPH BRUCE MITCHELL
MOTHER: DOT [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES
CITY, STATE: KENT, WA
DISPOSITION DATE: FEBRUARY 02, 2015

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM
ADDRESS: 1313 EAST MAPLE ST
CITY, STATE, ZIP: BELLINGHAM WA 98225
FUNERAL DIRECTOR: MICHAEL GALAVIZ

CAUSE OF DEATH:
A. RESPIRATORY FAILURE
INTERVAL: DAYS
B. LEFT LOWER LOBE PNEUMONIA
INTERVAL: DAYS
C. ASPIRATION
INTERVAL: DAYS
D. PARKINSON'S DISEASE
INTERVAL: YEARS

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: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: JANUARY 30, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 02, 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 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:
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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 foregoing 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 Numident 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

HEALTH
DOH

FEB - 3 2015

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