

WHEN RECORDED RETURN TO

Name OLIVER C. IVERSEN  
Address 304 DALAN PLACE  
City, State, Zip LA CONNER, WA 98257



201610040045

Skagit County Auditor

\$75.00

10/4/2016 Page

1 of

3 2:00PM



LAND TITLE  
COMPANY

FILED FOR RECORD AT REQUEST OF

## Quit Claim Deed

THE GRANTOR OLIVER C. IVERSEN SURVIVING SPOUSE  
OF SYDNEY J. IVERSEN DECEASED

for and in consideration of INHERITANCE  
conveys and quit claims to OLIVER C. IVERSEN  
the following described real estate, situated in the County of SKAGIT State of Washington,  
together with all after acquired title of the grantor(s) therein.

LOT 16, "PLAT OF TILLINGHAST/DALAN ESTATES,"  
AS PER PLAT RECORDED ON OCTOBER 29, 2004 UNDER  
AUDITOR'S FILE NO. 200410290108 RECORDS  
OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE TOWN OF LA CONNER COUNTY  
OF SKAGIT, STATE OF WASHINGTON.

TAX PARCEL NUMBER 4845-000-0160000, F122305

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20164543

OCT 4 2016

Dated 10/4/16

[Signature]  
(Individual)

(Individual)

By

Amount Paid \$ 0  
Skagit Co. Treasurer

By [Signature] Deputy

(President)

By

(Secretary)

STATE OF WASHINGTON

COUNTY OF Skagit } ss.

On this day personally appeared before me  
Oliver C. Iversen  
to me known to be the individual described in and who  
executed the within and foregoing instrument, and acknowl-  
edged that he signed the same as his  
free and voluntary act and deed, for the uses and purposes  
therein mentioned.

GIVEN under my hand and official seal this  
4th day of October 2016

[Signature]

Notary Public in and for the State of Washington,  
residing at La Conner

My appointment expires: 1-30-2017

STATE OF WASHINGTON

COUNTY OF \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned, a  
Notary Public in and for the State of Washington, duly commissioned and  
sworn, personally appeared \_\_\_\_\_ and

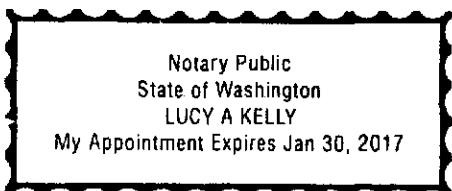
to me known to be the \_\_\_\_\_ President and \_\_\_\_\_ Secretary  
respectively of \_\_\_\_\_ the corporation that  
executed the foregoing instrument, and acknowledged the said instrument to  
be the free and voluntary act and deed of said corporation, for the uses and  
purposes therein mentioned, and on oath stated that \_\_\_\_\_  
authorized to execute the said instrument and that the seal affixed is the  
corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first  
above written.

Notary Public in and for the State of Washington,  
residing at \_\_\_\_\_

My appointment expires: \_\_\_\_\_

LT8 (11/96)



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-001121

DATE ISSUED: 01/23/2013

FEE NUMBER: 000000029

GIVEN NAMES: SYDNEY JANE  
LAST NAME: IVERSEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JANUARY 16, 2013  
HOUR OF DEATH: 02:55 P.M.  
SEX: FEMALE  
AGE: 69 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

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

MARITAL STATUS: MARRIED  
SPOUSE: OLIVER IVERSEN

OCCUPATION: HOMEMAKER  
INDUSTRY: HOME  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? NO

INFORMANT: OLIVER IVERSEN  
RELATIONSHIP: HUSBAND  
ADDRESS: 204 DALAN PLACE LA CONNER WA 98257

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 204 DALAN PLACE  
CITY, STATE, ZIP: LACONNER, WASHINGTON 98257  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: GENE ALWARD  
MOTHER: JANE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: JANUARY 22, 2013

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION SERVICE  
ADDRESS: 2021 E COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:  
A. METASTATIC BREAST DUCTAL CARCINOMA  
INTERVAL: 5 MONTHS

B. INTERVAL:  
C. INTERVAL:  
D. INTERVAL:

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NAME

NUMBER(S): 2013060494  
DATE(S): 01/23/2013

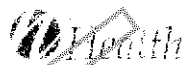
MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: KIARASH KOJOURI, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 307 S. 13TH ST., SUITE 100  
CITY, STATE, ZIP: MOUNT VERNON WA 98274  
DATE SIGNED: JANUARY 22, 2013



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MARIA VIVANCO  
DATE RECEIVED: JANUARY 22, 2013



# Affidavit for Correction

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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Use the section below for requesting any changes on the record.

Record Type: Birth	Death	Marriage	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 (If for Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Maiden Name (If for Birth): (Wife for Marriage or Dissolution)
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The Record is incorrect or incomplete as follows:

The Record now shows:	The True fact is:
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6.	7.
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8.	9.
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10.	11.
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12.	13.
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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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All vital records are registered as received.

Most changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Numerical Report (Social Security Administration)	School Transcripts (Official)
	Hospital/Medical Record	Military Record (DD 214)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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)**
    - Only parent(s) or legal guardian can change the birth certificate.
    - 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's maiden name, father's 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 birth date, place of birth or parent's information, one documentary proof is required.
  - 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 and/or middle name is misspelled, two pieces of documentary proof are required.
    - To correct birth date, place of birth or 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.
- 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - 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 023a January 2012

**CERTIFIED\***

28 2013

State of Washington  
King County Public Health Department  
Howard Leibrand M.D., Health Officer

XX00023241