

When recorded return to:



201612280056

Skagit County Auditor

12/28/2016 Page

1 of

4 2:04PM

\$76.00

QUIT CLAIM DEED

THE GRANTOR(S) Heidi Serber Cornelison by SKAGIT
SPOUSE WOODROW B CORNELISON
for and in consideration of INHERITANCE

in hand paid, conveys and quit claims to WOODROW B. CORNELISON
14832 Coho Wy Rd
BOW, WA 98232

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:

5 Bed Room - Double garage
Kot Pond, 10x20 Green House

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20165843

DEC 28 2016

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

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

18-36-4 NE SW
See attached

Tax Parcel Number(s): 21124-E
P114273

Dated:

12-27-2016

Woodrow Cornelison

STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that Woodrow Cornelison
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 12/27/2016

Notary Public
State of Washington
SARAH FREDERICK
My Appointment Expires Apr 27, 2019

Notary name printed or typed: Sarah Frederick
Notary Public in and for the State of WASHINGTON
Residing at Burlington, WA
My appointment expires: 04/27/2019

When recorded return to:

Mr. and Mrs. Woodrow B. Cornelison
18432 Colony Road
Bow, WA 98232

201610070074
Skagit County Auditor
10/7/2016 Page 1 of 2 11:39AM \$74.00

Filed for Record at Request of
Land Title and Escrow
Escrow Number: 21129-E

Grantor: Randy Larson and Elsa Larson
Grantee: Woodrow B. Cornelison and Heidi Sauter Cornelison

CHICAGO TITLE
020029032 **Statutory Warranty Deed**

THE GRANTOR Randy Larson and Elsa Larson, husband and wife for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to Woodrow B. Cornelison and Heidi Sauter Cornelison, husband and wife the following described real estate, situated in the County of Skagit, State of Washington:

Abbreviated Legal: P1m NE Of SW 18-36-4E

That portion of the Northeast Quarter of the Southwest Quarter of Section 18, Township 36 North, Range 4 East of the Willamette Meridian, lying Westerly of the Westerly right of way margin of primary State Highway No. 1 (S.R. 5) and Easterly of the Easterly right of way margin of the existing and abandoned portions of Colony Road, being more particularly described as follows:

Commencing at the Southeast corner of the Northeast Quarter of the Southwest Quarter of said Section 18;

thence North 87°28'14" West along the South line of said Northeast Quarter of the Southwest Quarter, a distance of 292.61 feet, more or less, to the Westerly right of way margin of Primary State Highway No. 1, being the true point of beginning;

thence North 87°28'14" West along said South line a distance of 188.01 feet to the Easterly right of way margin of Colony Road;

thence North 11°10'13" East along said right of way margin a distance of 242.80 feet to the beginning of a curve to the left having a radius point bearing North 78°48'47" West, at a distance of 2,894.79 feet;

thence Northwesterly along said curve an arc distance of 156.17 feet through a central angle of 3°05'28" to the Westerly right-of-way margin of said S.R. 5, said point being a point on a curve having a radius point bearing South 71°51'37" West, at a distance of 5,529.58 feet;

Thence Southeasterly along said right-of-way margin, an arc distance of 416.65 feet through a central angle of 4°19'02" to the South line of said Northeast Quarter of the Southwest Quarter, being the true point of beginning.

Situate in Skagit County, Washington.

Tax Parcel Number(s): P114273, 360418-3-001-0100

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record, if any.

Dated 10/7/16

Randy A. Larson
Randy Larson

Elsa Larson
Elsa Larson

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2016/10/07
OCT 07 2016

Amount Paid \$
Skagit Co. Treasurer
By Mh Deputy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045897

DATE ISSUED: 11/29/2016

FEE NUMBER: 0017043365

GIVEN NAMES: HEIDI MARIE
LAST NAME: SAUBER-CORNELISON

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: NOVEMBER 05, 2016
HOUR OF DEATH: 05:40 A.M.
SEX: FEMALE
AGE: 49 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

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

MARITAL STATUS: MARRIED
SPOUSE: WOODROW B. CORNELISON

OCCUPATION: NURSE
INDUSTRY: HEALTHCARE
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

INFORMANT: WOODROW B. CORNELISON
RELATIONSHIP: HUSBAND
ADDRESS: 18432 COLONY RD BOW, WA 98225

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 16701 10TH AVE E
CITY, STATE, ZIP: SHORELINE, WASHINGTON 98155
INSIDE CITY LIMITS? YES
COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: JOHN WALTER SAUBER
MOTHER/PARENT: ANNE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: WASHELLI CREMATORY
CITY, STATE: SEATTLE, WA
DISPOSITION DATE: NOVEMBER 15, 2016

FUNERAL FACILITY: EVERGREEN-WASHELLI FUNERAL HOME
ADDRESS: 11111 AURORA AVE N
CITY, STATE, ZIP: SEATTLE WA 98133
FUNERAL DIRECTOR: KATHERINE KUFFEL

CAUSE OF DEATH:
A. ALCOHOLIC LIVER CIRRHOSIS
INTERVAL: GREATER THAN 1 YEAR
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:

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

CERTIFIER NAME: DAVID MORISON, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 3015 SQUALICUM PARKWAY #140
CITY, STATE, ZIP: BELLINGHAM WA 98225
DATE SIGNED: NOVEMBER 08, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
HARRIET BOWMAN
DATE RECEIVED: NOVEMBER 15, 2016

DOH 01-003 (10/15)



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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
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:	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)

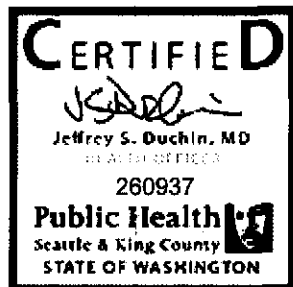
Death Certificates

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 official (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-934 October 20*5



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