

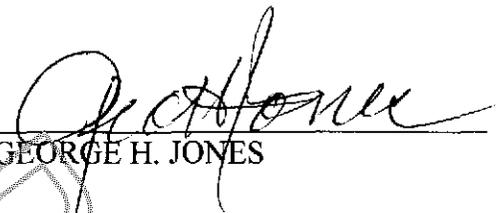
Beginning at a point on the North line of above said subdivision 1640.5 ft. East of the Northwest corner of said Sec. 19; thence S. 0° 03' E. parallel to the West line of said Sec. 19 – 402.25 ft. to the true point of beginning of this description; thence S 0° 03' E – 278.7 ft. to the North line of the State Highway; thence N. 52° 59' E. along the North line of said State Highway 130.88 ft.; thence N. 0° 03' W. – 200.0 ft.; thence West parallel to the North line of said Sec. 19 – 104.57 ft. to the true point of beginning.

Skagit County Parcel No.: P39374

Legal Description:

That portion of the East half of the Southwest quarter of Section ~~34~~¹⁸, Township 35 North, Range 5 East of Willamette Meridian, lying Easterly of the plat of Knowlton's First Addition", according to the recorded plat thereof in the office of the Auditor of said Skagit County, and Southerly of railway, now county road; EXCEPT roads; and SUBJECT to easements and reservations of record.

DATED this 22 day of December, 2016.



GEORGE H. JONES

On the 22nd day of December, 2016, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared GEORGE H. JONES, to me known to be the individual who executed the foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

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 Sedro-Woolley.
Appointment expires: 12-2-18

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 23 day of April, 2014, by and between **GEORGE H. JONES and JUDY JONES**, husband and wife, of Skagit County, Washington,

WITNESSETH

That in consideration of the love and affection that each of the said parties has for the other and in consideration of the mutual benefits to be derived by the parties hereto, it is hereby agreed, covenanted and promised:

I.

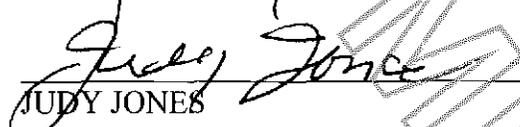
That all property whatsoever nature or description, whether real or personal or mixed, and wheresoever situated, now owned or hereafter acquired by them or either of them, shall be considered and is hereby declared to be community property.

II.

That upon the death of either of the aforementioned parties, title to all community property as herein defined, shall immediately vest in fee simple in the survivor of them.

IN WITNESS WHEREOF the said **GEORGE H. JONES and JUDY JONES** have hereunto set their hands and seals this 23 day of April, 2014.

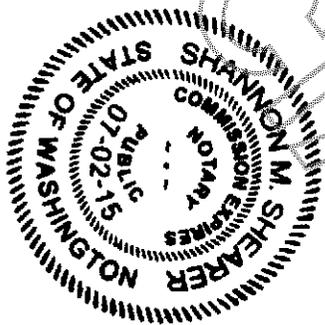

GEORGE H. JONES


JUDY JONES

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

This is to certify that on this 23 day of April, 2014, appeared before me, the undersigned Notary Public, **George H. Jones and Judy Jones** to me known to be the individuals described in and who executed the foregoing instrument and did acknowledge that they signed the same as their free and voluntary act and deed for the uses and purposes herein mentioned.

IN WITNESS WHEREOF I have hereunto set my hand and seal the day and year first above-written



Shannon M. Shearer
NOTARY PUBLIC in and for the
State of Washington
Commission Expires 7-2-15
Residing at Mount Vernon

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-049500

DATE ISSUED: 09/30/2016

FEE NUMBER: 000000029

GIVEN NAMES: JUDY BINGHAM
LAST NAME: JONES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 29, 2016
HOUR OF DEATH: 02:25 P.M.
SEX: FEMALE
AGE: 91 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF SKAGIT VALLEY
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 215 CARTER STREET
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 65 YEARS

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

FATHER/PARENT: QUINBY BINGHAM
MOTHER/PARENT: ANNE [REDACTED]

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: GEORGE JONES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 30, 2016

OCCUPATION: TELLER
INDUSTRY: BANKING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES? NO

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

INFORMANT: GEORGE JONES
RELATIONSHIP: SPOUSE
ADDRESS: 215 CARTER STREET, SEDRO-WOOLLEY, WA 98284

- CAUSE OF DEATH:
- A. MYOCARDIAL ISCHEMIA
INTERVAL: 1 WEEK
 - B. NATURAL CAUSES
INTERVAL: UNKNOWN
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ATRIAL FIBRILLATION, SENILE DEMENTIA

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: SEPTEMBER 30, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

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

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: SEPTEMBER 30, 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

Required information must match current information on record

Record Type: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS for more information
Level 4 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 reports
- 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 (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 BOH 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.

CERTIFIED

SEP 30 2016

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

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