



201702160120

When recorded return to:

Skagit County Auditor
2/16/2017 Page

1 of

\$77.00
5 3:08PM

Valerie Gayle Moore
4929 Monte Vista Place
Mount Vernon, WA 98273-9115

QUIT CLAIM DEED

THE GRANTOR(S) Bruce Thomas Moore by Valerie Gayle Moore (surviving spouse)

for and in consideration of Ten Dollars and other good and valuable consideration

in hand paid, conveys and quit claims to

Valerie Gayle Moore

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:

Tract 1, Skagit County Short Plat No. MV-11-76, approved January 23, 1976, and recorded February 9, 1976, in Volume 1 of Short Plats, page 108, under Auditor's File No. 82986, records of Skagit County, Washington, being a portion of Lots 18 and 19, Monte Vista Terrace Addition to Skagit County, Washington, according to the plat thereof recorded in Volume 8 of Plats, pages 20 and 21, records of Skagit County, Washington.
Abbreviated Legal: (Required if full legal not inserted above) Lot 1, MV SP 11-76 in Lots 18+19, Monte Vista Terrace

Tax Parcel Number(s):

p # 67507

Dated: February 16, 2017

2017 633
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

FEB 16 2017

Valerie G. Moore

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

STATE OF wa

COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that above

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

before me, and said person(s) acknowledged that

signed this instrument and acknowledged it to be

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

Dated: 2/16/17

Notary name printed or typed:

Notary Public in and for the State of wa

Residing at Skagit

My appointment expires: 2/3/19



After recording, return to (Name, Address, Zip):

Valerie G. Moore
4929 Monte Vista Pl.
Mount Vernon, WA 98273-9115

COMMUNITY PROPERTY AGREEMENT

Grantor (Husband): BRUCE THOMAS MOORE
Grantee (Wife): Valerie Gayle Moore

THIS AGREEMENT between BRUCE THOMAS MOORE ("Husband"),
and Valerie Gayle Moore ("Wife"), Husband and Wife, both of whom re-
side in the State of Washington, is made and entered into on February 20th, 2014.
In consideration of their mutual agreements set forth below, the parties agree as follows:

1. Property Covered. This Agreement shall apply to all property now owned or hereafter acquired by Husband and Wife (except assets for which a separate beneficiary designation has been or is hereafter made by Husband or Wife, and approved by the other spouse) even though some items may have been or may be purchased or acquired by one or the other or both or may have been or may be registered in the name of one or the other or both. If Husband dies and Wife survives him, any separate property of Husband which is owned by Husband at the time of his death (except assets for which Husband has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of his death, and if Wife dies and Husband survives her, any separate property of Wife which is owned by Wife at the time of her death (except assets for which Wife has made a separate beneficiary designation other than by Will) shall become and be considered community property vested as of the moment of her death.

2. Vesting at Death of a Spouse. If Husband dies and Wife survives him, all of the community property shall vest in Wife as of the moment of his death. If Wife dies and Husband survives her, all of the described community property shall vest in Husband as of the moment of her death.

3. Optional Revocation by One Party. If either party becomes disabled, the other party shall have the power to terminate the provisions of paragraph 2, and each party designates the other as attorney-in-fact to become effective upon disability to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the disabled spouse and to the guardian(s), if any, of the person and of the estate of the disabled person. For the purposes of this paragraph, a spouse shall be deemed disabled if the disabled spouse's regularly treating physician, if available, and if not, any physician duly licensed to practice medicine in the State of Washington, signs a statement declaring that the spouse is unable to manage his or her own affairs.

4. Powers of Appointment. This Agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband or Wife or both of them to exercise any such power of appointment in any way.

(OVER)



Form No. 63 - Community Property Agreement

EO

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NO PART OF ANY WASHINGTON LEGAL BLANK FORM MAY BE REPRODUCED IN ANY FORM OR BY ANY ELECTRONIC OR MECHANICAL MEANS.

5. Revocation of Inconsistent Agreements. To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date stated above.

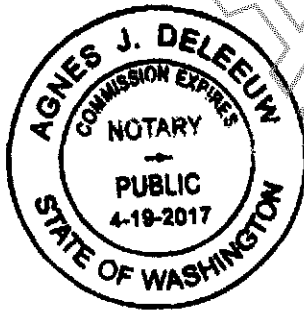
Bruce T. Moore
Husband

Valerie G. Moore
Wife

STATE OF WASHINGTON, County of Skagit ss.
I certify that I know or have satisfactory evidence that Bruce T. Moore and
and Valerie G. Moore are the individuals who appeared before me, and who
acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and
purposes mentioned in the instrument.

DATED February 20, 2014.

Agnes J. DeLeeuw
Notary Public for Washington
My appointment expires 4-19-2017



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-006772

DATE ISSUED: 02/13/2017

FEE NUMBER: 0000000029

GIVEN NAMES: BRUCE THOMAS
LAST NAME: MOORE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 07, 2017
HOUR OF DEATH: UNKNOWN
SEX: MALE
AGE: 68 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: LONGVIEW, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: VALERIE DUTHIE

OCCUPATION: PATROL SGT.
INDUSTRY: FISHERIES DEPARTMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: VALERIE MOORE
RELATIONSHIP: WIFE
ADDRESS: 4929 MONTE VISTA PLACE MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4929 MONTE VISTA PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 4929 MONTE VISTA PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER/PARENT: EDWIN MOORE
MOTHER/PARENT: RUTH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 15, 2017

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. UNSPECIFIED NATURAL CAUSE
INTERVAL: 8 HOURS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SIGNIFICANT HEAD TRAUMA SECONDARY TO A MOTOR VEHICLE COLLISION IN 1993 CAUSING COGNITIVE DYSFUNCTION AND GAIT INSTABILITY

DATE OF INJURY: MAY 29, 1993
HOUR OF INJURY: UNKNOWN
INJURY AT WORK? NO
PLACE OF INJURY: INTERSECTION

LOCATION OF INJURY: HIGHWAY 20 AND SHARPS CORNER

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED:
THE DECEDENT WAS STRUCK WHILE DRIVING THROUGH AN
INTERSECTION BY ANOTHER VEHICLE THAT RAN A RED
LIGHT. THE DECEDENT SUSTAINED A TRAUMATIC BRAIN
INJURY.

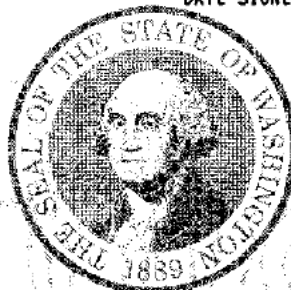
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
DRIVER

ITEM(S) AMENDED: NONE

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

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

ME/CORONER: HAYLEY THOMPSON
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 10, 2017



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 17SK0058

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: FEBRUARY 10, 2017

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

DOH 422-034 October 2015

CERTIFIED

FEB 13 2017

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

GG00364309