When recorded return to:

201705080124
Skagit County Auditor
5/8/2017 Page 1 of 6 1:04PM $78.00

QUIT CLAIM DEED

THE GRANTOR(S) Anne Spoelstra surviving spouse of Harold W. Vanderpol

for and in consideration of inheritance

in hand paid, conveys and quit claims to Anne Spoelstra widow

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 12 Plat Janicki Cove Div Vol 6.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20171961
MAY 08 2017

Amount Paid $
Skagit Co. Treasurer
By Mam Deputy

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

Tax Parcel Number(s): 77725

Dated: 5/8/17

Anne Spoelstra

STATE OF Washington
COUNTY OF Skagit
ss.

I certify that I know or have satisfactory evidence that Anne Spoelstra (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:

STATE OF WASHINGTON
LISA J CURE
NOTARY PUBLIC
COMMISSION EXPIRES JULY 16, 2018

Notary name printed or typed: Lisa J Cure
Notary Public in and for the State of Washington
Residing at Mt Vernon
My appointment expires: 7-16-18

LPB 12-05(i)rev 12/2006
Page 1 of 1

Return Address:
Annie Spoelstra
23697 Cove Rd
Sedro Woolley, Wash
98284

AFFIDAVIT (LACK OF PROBATE)

Lisa J Cure, being first duly sworn, deposes and says:
Notary

The undersigned affiant is a rightful heir, as listed on heirs at law, to the real property described below, and is Annie Spoelstra wife (relationship to decedent) of Harold W. Vanderpol (decedent), who died on (date) Oct 7 2007, at 23697 Cove Rd. Sedro Woolley Wash
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:
Lot 12 Plat Janicki Cove Div. No 1

Assessor's Property Tax Parcel/Account Number: 77725
(Attach full legal description of the property)

☑ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Annie Spoelstra 69 wife
23697 Cove Rd Sedro Woolley, Wash

Full name, age, relationship, address

98284

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 5-8- 2017

Annie Spoelstra

Affiant's full name

360-856-6207

Telephone number

23697 Cove Rd

Street

Sedro Woolley Wash 98284

City *State* *Zip Code*

Annie Spoelstra 5-8-2017

Signature *Date*

State of Washington County of Skagit

I know or have satisfactory evidence that Annie Spoelstra

(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 5 / 8 2017

Signature of Notary Public

(SEAL OR STAMP)

LISA J CURE
COMMISSION EXPIRES
NOTARY
PUBLIC
JULY 16, 2018
STATE OF WASHINGTON

Residing at: Mt Vernon

Notary Public in and for the State of Washington

My appointment expires: 7/16/2018

REV 84 0017 (6/24/16)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 778-07

Washington State Certificate of Death

State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: HAROLD Middle: WAYNE LAST: VANDERPOL Suffix:
2. Death Date: Oct 7, 2007
3. Sex (M/F): Male
4a. Age – Last Birthday: 59
4b. Under 1 Year: Months Days
4c. Under 1 Day: Hours Minutes
5. Social Security Number: 533-52-0848
6. County of Death: Skagit
7. Birthdate: Oct 1, 1948
8a. Birthplace (City, Town, or County): Mount Vernon
8b. (State or Foreign Country): Washington
9. Decedent's Education: 2 years college
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.: No
11. Decedent's Race(s): Caucasian
12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 23697 Cove Road
13b. City or Town: Sedro-Woolley
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98284
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 1½ years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Annie Spoelstra
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED): Truck Driver
18. Kind of Business/Industry (Do not use Company Name): Commercial Hauling
19. Father's Name (First, Middle, Last, Suffix): Neal VanderPol
20. Mother's Name Before First Marriage (First, Middle, Last): Bertha Bierling
21. Informant's Name: Annie Spoelstra
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No.: 23697 Cove Road City or Town: Sedro-Woolley State: WA Zip: 98284
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 23697 Cove Road
26a. City, Town, or Location of Death: Sedro-Woolley
26b. State: WA
27. Zip Code: 98284
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Mount Vernon Cemetery Crematory
30. Location-City/Town, and State: Mount Vernon, Washington
31. Name and Complete Address of Funeral Facility: Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284
32. Date of Disposition: October 8, 2007
33. Funeral Director Signature X: Rich Lemley

Cause of Death (See instructions and examples)

34. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. pneumonia	minutes
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST	b. severe COPD.	years.
	Due to (or as a consequence of):	
	c. smoking	years.
	Due to (or as a consequence of):	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

Part 2 completed by Certifier

38. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☒ Yes ☐ No ☐ Probably ☐ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. **Certifying Physician**- To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X
48b. **Medical Examiner/Coroner** - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Jonathan Fish, MD 1990 Hospital Dr. Ste 100 Sedro-Woolley, WA 98284
50. Hour of Death (24hrs): 0154 hrs
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): October 8, 2007
53. Title of Certifier: Physician
54. License Number: MD00039820
55. ME/Coroner File Number: 190-07
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature x Connie Anderson, Deputy
58. Date Received (MM/DD/YYYY): OCT - 8 2007
59. Amendments

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Washington State Department of Health

Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number

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

Record Type: ☐ **Birth** ☐ **Death** ☐ **Marriage** ☐ **Dissolution**

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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: ☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Informant** ☐ **Funeral Director** ☐ **Other (Specify)**

Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

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

Examples of documentary proof:
- Certificate of Naturalization
- Hospital Records
- Insurance Records
- Marriage/Divorce Records
- Medical Record
- Military Record (DD-214)
- Birth Record
- Passport
- School Record
- Voter's Registration Card (if it bears an effective date)
- Alien Registration Card (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
   - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
   - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
   - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

OCT 08 2007

H Leibrand MD 0000470993

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