



When recorded return to:
Hudson Living Trust
1030 E. College Way
Mount Vernon, WA 98273

Skagit County Auditor \$81.00
 9/6/2017 Page 1 of 8 3:02PM

Filed for record at request of:
Kelly L. Peacock

Rev. 2

Quit Claim Deed

THE GRANTORS **Kelly L. Peacock, Trustee of THE HUDSON LIVING TRUST, Dated November 1, 2011**

for and in consideration of **Boundary Line Adjustment, 458-61A-109(2)(b)** grants and conveys to

THE GRANTEES **Kelly L. Peacock, Trustee of THE HUDSON LIVING TRUST, Dated November 1, 2011**

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.

See attached EXHIBIT 'A', Legal Descriptions BEFORE Boundary Line Adjustment
See attached EXHIBIT 'B', Legal Descriptions AFTER Boundary Line Adjustment

(P16181) 330402-0-008-0007; (P106042) 330402-0-008-0100; (P16176) 330402-2-006-0009

Abbrev., portion of NW1/4, Section 2, Township 36N., Range 4E., W.M.

The herein described property will be combined or aggregated with contiguous property owned by the parties. This boundary adjustment is not for the purposes of creating an additional building lot.

Date: Sept. 6, 20 17

Kelly Peacock, Trustee
 Kelly Peacock, Trustee of The Hudson
 Living Trust, Dated November 1, 2011

BOUNDARY ADJUSTMENT

Reviewed and approved in accordance
 with Skagit County Code Chapter 14.18

David Roeder
 Skagit Co. Planning & Dev. Services

9/6/2017
 Date

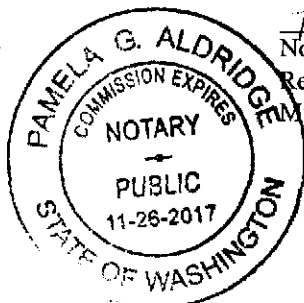
State of WASHINGTON
 County of SKAGIT } SS:

I certify that I know or have satisfactory evidence that KELLY L. PEACOCK
 signed this instrument, on oath stated that SHE IS
 authorized to execute the instrument and acknowledged it as the TRUSTEE
 of HUDSON LIVING TRUST DATED NOV 1, 2011 to be the free and voluntary act of such
 party for the uses and purposes mentioned in this instrument.

Dated: 9-6-2017

SKAGIT COUNTY WASHINGTON
 REAL ESTATE EXCISE TAX
 20174221
SEP - 6 2017

Amount Paid \$ 6
 Skagit Co. Treasurer
 By HB Deputy



Pamela G. Aldridge
 Notary Public in and for the State of WA
 Residing at Redco Valley
 My appointment expires: 11-26-2017

EXHIBIT A

LEGAL DESCRIPTIONS BEFORE ADJUSTMENT

PARCEL "A" (P16176):

Lot 2, Short Plat No. 56-79, approved June 20, 1979, and recorded July 5, 1979, in Volume 3 of Short Plats, page 134, under Auditor's File No. 7907050010, records of Skagit County, Washington; being a portion of Government Lot 3, Section 2, Township 33 North, Range 4 East, W.M.;

TOGETHER WITH That portion of the West ½ of Government Lot 3, Section 2, Township 33 N., Range 4 East, W.M.; described as follows:

Beginning at the Southeast corner of said West ½ of Government Lot 3; Thence North along the East line thereof 330 Feet, to the TRUE POINT OF BEGINNING; Thence continuing North along said East line, 450 Feet; Thence West parallel with the South line of said Government Lot 3, 50 Feet; Thence South parallel with the said East line, 450 Feet; Thence East parallel with the South line of said Government Lot 3, 50 Feet, more or less to the TRUE POINT OF BEGINNING.

AND TOGETHER WITH A non-exclusive easement for roadway over, under and across the West 30 feet of the North 380 feet of Lot 3 of said Short Plat No. 56-79, as conveyed by instrument recorded January 22, 1981, under Auditor's File No. 8101220018, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

PARCEL "B" (P106042 and P16181):

Lots 1 and 2, Short Plat No. 41-89, approved October 26, 1989, recorded October 26, 1989 under Auditor's File No. 8910260001 records of Skagit County, Washington, being a portion of Government Lot 3, Section 2, Township 33 N., Range 4 East, W.M.;

TOGETHER WITH A non-exclusive easement for road purposes, over, under and across that portion of Government Lot 4, Section 2, Township 33 N., Range 4 East, W.M. ; as described within the 'Legal Description' of Short Plat No. 41-89, approved October 26, 1989, recorded October 26, 1989 under Auditor's File No. 8910260001 records of Skagit County, Washington;

Situate in the County of Skagit, State of Washington.

EXHIBIT B

LEGAL DESCRIPTIONS AFTER ADJUSTMENT

PARCEL "A" (P16176 and P106042):

Lot 2, Short Plat No. 56-79, approved June 20, 1979, and recorded July 5, 1979, in Volume 3 of Short Plats, page 134, under Auditor's File No. 7907050010, records of Skagit County, Washington; being a portion of Government Lot 3, Section 2, Township 33 North, Range 4 East, W.M.;

TOGETHER WITH That portion of the West ½ of Government Lot 3, Section 2, Township 33 N., Range 4 East, W.M.; described as follows:

Beginning at the Southeast corner of said West ½ of Government Lot 3; Thence North along the East line thereof 330 Feet, to the TRUE POINT OF BEGINNING; Thence continuing North along said East line, 450 Feet; Thence West parallel with the South line of said Government Lot 3, 50 Feet; Thence South parallel with the said East line, 450 Feet; Thence East parallel with the South line of said Government Lot 3, 50 Feet, more or less to the TRUE POINT OF BEGINNING.

AND TOGETHER WITH a non-exclusive easement for roadway over, under and across that portion of Lot 3 of said Short Plat No. 56-79, as conveyed by instrument recorded January 22, 1981, under Auditor's File No. 8101220018, records of Skagit County, Washington;

AND ALSO TOGETHER WITH Lot 2, Short Plat No. 41-89, approved October 26, 1989, recorded October 26, 1989 under Auditor's File No. 8910260001 records of Skagit County, Washington, being a portion of Government Lot 3, Section 2, Township 33 N., Range 4 East, W.M.;

Situate in the County of Skagit, State of Washington.

PARCEL "B" (P16181):

Lot 1, Short Plat No. 41-89, approved October 26, 1989, recorded October 26, 1989 under Auditor's File No. 8910260001 records of Skagit County, Washington, being a portion of Government Lot 3, Section 2, Township 33 N., Range 4 East, W.M.;

TOGETHER WITH A non-exclusive easement for road purposes, over, under and across that portion of Government Lot 4, Section 2, Township 33 N., Range 4 East, W.M. ; as described within the 'Legal Description' of Short Plat No. 41-89, approved October 26, 1989, recorded October 26, 1989 under Auditor's File No. 8910260001 records of Skagit County, Washington;

Situate in the County of Skagit, State of Washington.

Trustee shall be reimbursed from the Trust estate or by the beneficiaries for all of its reasonable expenses including attorney's fees incurred in bringing or defending any action growing out of the administration of this Trust, whether such action is instituted while this Trust is being administered or after the termination thereof. The Trustee shall act without bond.

6. **Deminimus.** If at any time the Trustee determines that the value of the Trust under this instrument is Thirty Thousand Dollars (\$30,000.00) or less, the Trustee may, in its discretion, distribute the Trust, as then constituted, to the then income beneficiaries.

ARTICLE X. Trusteeship

In the event that THOMAS A. HUDSON and/or BARBARA J. HUDSON, or the survivor between them, is unwilling or unable to act or continue to act as Trustee, then the TRUSTORS' daughter, KELLY L. PEACOCK is appointed to act. In the event she is unwilling or unable to act or continue to act as Trustee, then the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS is appointed to act.

ARTICLE XI. Miscellaneous

1. **Governing Law.** Washington law shall govern the execution and construction of this Trust Agreement. The provisions of this Agreement shall be binding on the parties, their heirs, personal representatives, successors and assigns.

2. **Rule Against Perpetuities.** Unless the length of time has been extended under Washington law, the interest of every beneficiary granted to him or her in any trust created under this Agreement shall vest, anything else in this Agreement to the contrary notwithstanding, within twenty-one (21) years after the death of the last survivor of the beneficiaries of any trust created under this Agreement who are in being at the time of the respective Trustor's death.

3. **Distributions to Persons Under Eighteen (18) Years.** If at any time any person to whom the Trustee is directed or authorized in any trust created under this agreement to pay any income or principal is under eighteen (18) years of age, or under a legal disability, or is, in the Trustee's discretion, incapable of properly managing his or her affairs, the Trustee may, in the Trustee's discretion, pay the same or any part thereof to such person or to his or her guardian or parent or to any person with whom he or she is residing, without responsibility for its expenditure.

4. **Distributions to Tax Exempt Organizations.** In distributing the balance of the Trust Estate as provided in Article VI, Section 5, the TRUSTEE is specifically instructed to distribute property that constitutes "income in respect to a decedent" as the term is defined under United States income tax laws, to any charitable organizations that are designated as beneficiaries of the Trust, to the extent of their beneficial share of the Estate.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-033988

DATE ISSUED: 08/08/2017
FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS ARTHUR
LAST NAME(S): HUDSON

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 06, 2017
HOUR OF DEATH: 06:05 AM
SEX: MALE AGE: 66 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOMA LINDA, SAN BERNARDINO COUNTY, CA

MARITAL STATUS: WIDOWED
SPOUSE: UNKNOWN

OCCUPATION: PHYSICAL THERAPIST
INDUSTRY: HEALTH CARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: KELLY PEACOCK
RELATIONSHIP: DAUGHTER
ADDRESS: 4895 IDA DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:
A: ASTROCYTOMA
INTERVAL: 21 MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: MOUNTAIN GLEN ASSISTED LIVING
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 22426 CRIDDLE LANE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: OTIS ARTHUR HUDSON
MOTHER/PARENT: CAROL BETH [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 11, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 07, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 07, 2017



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	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 foregoing 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

- 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.
- 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.
- 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

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

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

AUG 08 2017

Howard Leibrand

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

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



0 1 5 1 6 5 1 7

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/27/2017

FEE NUMBER:

CERTIFICATE NUMBER: 2017-012457

FIRST AND MIDDLE NAME(S): BARBARA JEAN

LAST NAME(S): HUDSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MARCH 13, 2017

HOUR OF DEATH: 01:50 PM

SEX: FEMALE

AGE: 64 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MERCED, MERCED COUNTY, CALIFORNIA

MARITAL STATUS: MARRIED

SPOUSE: TOM HUDSON

OCCUPATION: SCHOOL SECRETARY

INDUSTRY: PRIVATE EDUCATION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: KELLY PEACOCK

RELATIONSHIP: DAUGHTER

ADDRESS: 4895 IDA DRIVE, SEDRO-WOOLLEY, WASHINGTON 98284

CAUSE OF DEATH:

A: CARDIOPULMONARY

INTERVAL: 4 DAYS

B: MALIGNANT PLEURAL EFFUSIONS

INTERVAL: SEVERAL WEEKS

C: STAGE IV LUNG ADENOCARCINOMA

INTERVAL: ONE YEAR

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: UNKNOWN

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 22426 CRIDDLE LANE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: LEROY JOHNSON KERR

MOTHER/PARENT: ORA MARGARET [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: MARCH 17, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ARUNA HAWKINS, DO

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MARCH 14, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: MARCH 15, 2017



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	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:	Date:	Printed name:	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:	
<ul style="list-style-type: none">• Birth/Marriage/Divorce record• Certificate of Naturalization	<ul style="list-style-type: none">• Military record (DD-214)• Hospital/medical record• School transcripts• Passport• Social Security Numident Report• 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 <ul style="list-style-type: none">• 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) <ul style="list-style-type: none">• 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.

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

MAR 27 2017

Howard Lebrand

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

