



201709110229

Skagit County Auditor
9/11/2017 Page

1 of

7 3:23PM

\$130.00

Document Title:

Deed

Reference Number:Grantor(s):☐ additional grantor names on page ____

1. mark A. mizer Surviving Spouse of
2. Gayle D mizer

Grantee(s):☐ additional grantee names on page ____

1. mark A mizer
- 2.

Abbreviated legal description:☒ full legal on page(s) ____

Lot 1 BSP 295 5/31/04

Assessor Parcel / Tax ID Number:☒ additional tax parcel number(s) on page 2

P 108340

MARK A mizer

I, Mark A mizer, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$74.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed mark A mizerDated September 11, 2017

When recorded return to:

STATUTORY WARRANTY DEED
MARK A MIZER Surviving spouse of
THE GRANTOR(S) GAYLE D MIZER AS Joint
Tenants with Rights of Survivorship

for and in consideration of Inheritance

in hand paid, conveys, and warrants to MARK A MIZER

the following described real estate, situated in the County of Skagit, State of Washington:

See Attached Sheets

1. (0.5700AC) Cascade Place/Cascade meadows BSP-2-95 Parcel 1
2. (0.6500AC) DK3; DR17: The North 138 Feet of the East 206 F
3. (2.7100AC) DK3; DR17: S. 200 FT OF West 643.5 FT OF NE 1/4 NW 1/4
4. (0.9600AC) DK3; DR17: S. 200 FT OF NE 1/4 OF NW 1/4 EXC W 643
5. LOT 31 "PLAT OF Englemont, Phase 1A" LOT 31

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

Tax Parcel Number(s):

1. # P 108340-8008-000-001-0000
2. # P 29333-340432-0-003-0005
3. # P. 29508-340432-2-004-0307
4. # P. 29509-340432-2-004-0406
5. # P. 104298-4621-000-031-0000

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20174297

SEP 11 2017

Amount Paid \$
Skagit Co. Treasurer
By HB Deputy

LPB 10-05(i)
Page 1 of 2

Dated:

September 11, 2017

Mark A Mizer

STATE OF Washington

COUNTY OF Skagit

I certify that I know or have satisfactory evidence that Mark Mizer as joint tenant
with right of survivorship and not as community property and
not as tenants in common (is/are) the person(s) who appeared

before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be
his free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 9/11/17

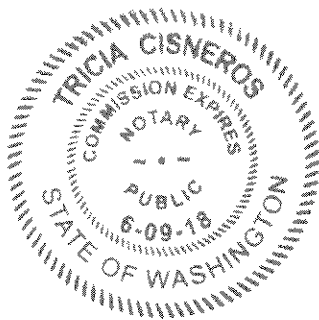
Tricia Cisneros

Notary name printed or typed:

Notary Public in and for the State of Washington

Residing at Burlington WA

My appointment expires: 6-9-18



Abbreviated Legal:

Lot 31, "PLAT OF EAGLEMONT, PHASE 1A"

Tax Parcel Number(s): P104298, 4621-000-031-0000

Lot 31, "PLAT OF EAGLEMONT, PHASE 1A", as per plat recorded in Volume 15 of Plats, pages 130 through 146, inclusive, records of Skagit County, Washington.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "A" attached hereto

EXHIBIT "A"

Parcel "A"

The South 200 feet of the West 643.5 feet of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 32, Township 34 North, Range 4 East, W.M.

EXCEPT those portions conveyed to the State of Washington for highway purposes by deed recorded March 23, 1971 and March 24, 1972 under Auditor's File Nos. 549028 and 765924, respectively,

AND EXCEPT drainage ditch right-of-way.

Parcel "B"

The South 200 feet of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 32, Township 34 North, Range 4 East, W.M.,

EXCEPT the West 643.5 feet thereof,

AND EXCEPT that portion lying Easterly of the Westerly line of the Drainage District No. 17 ditch right-of-way.

Parcel "C"

The North 138 feet of the East 206 feet of the West 643.5 feet of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 32, Township 34 North, Range 4 East, W.M.

Parcel "D"

Lot 1 of Binding Site Plan No. 2-95 of Cascade Place/Cascade Meadows, approved January 18, 1996 and recorded January 18, 1996 in Volume 12 of Short Plats, Pages 66, 67 and 68 as Skagit County Auditor's File No. 9601180033, being a portion of the Southwest $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 5, Township 34 North, Range 4 East, W.M.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-029438

DATE ISSUED: 07/11/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GAYLE DEE

LAST NAME(S): MIZER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 05, 2017

HOUR OF DEATH: 11:50 AM

SEX: FEMALE

AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: HARTSHORNE, OK

MARITAL STATUS: MARRIED

SPOUSE: MARK ALLEN MIZER

OCCUPATION: BUS DRIVER

INDUSTRY: PUBLIC SCHOOLS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MARK ALLEN MIZER

RELATIONSHIP: HUSBAND

ADDRESS: 1221 ALPINE VIEW DRIVE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: LUNG CANCER

INTERVAL: WEEKS

B: TOBACCO USE

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CACHEXIA, CHRONIC
OBSTRUCTIVE PULMONARY DISEASE, PERIPHERAL VASCULAR DISEASE

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: HOME

FACILITY OR ADDRESS: 1221 ALPINE VIEW DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1221 ALPINE VIEW DRIVE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: DEE MCCULLAR

MOTHER/PARENT: NADINE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JULY 08, 2017

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION
SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: PAUL L. GIBSON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: JULY 06, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: JULY 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: _____

Required information must match current information on record

Required	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 foregoing is true and correct

16a. Signature: _____

16b. Signature of 2nd 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:

- 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 executor/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

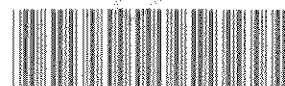
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-032 October 2015

CERTIFIED

JUL 11 2017

Skagit County Health Department
Howard I. Johnson M.D., Health Officer



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