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 5134/04

Assessor Parcel / Tax ID Number: [✓] additional tax parcel number(s) on page 2.

P108340

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 Mark A Mizer Dated September 11, 2017

When recorded return to:

STATUTORY WARRANTY DEED

THE GRANTOR(S) MARK A MIZER Surviving Spouse of GAYLE D MIZER AS Joint Tenants With Rights of Survivorship

for and in consideration of In Heritance

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. (0.8700AC) Cascade Place/Cascade Meadows BSP-2-95 Parcel 1
2. (0.6500AC) Dk3; DA17; The North 138 Feet of The East 206 F
3. (2.7100AC) Dk3; DA17; S. 200 FT OF West 643.5 FT OF NE¼ NW¼
4. (0.9600AC) Dk3; DA17; S. 200 FT OF NE¼ OF NW¼ EXC W 643
5. Lot 31 "Plat of Eaglemont, Phase 1A" Lot 31

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

Tax Parcel Number(s):

1. # P108340-8008-000-001-0000
2. # P29333-340432-0-003-0005
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 $ -0-
Skagit Co. Treasurer
By HB Deputy

Dated:

September 11, 2017 Mark A Mizer

STATE OF Washington
COUNTY OF Skagit ss.

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

TRICIA CISNEROS
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
6-09-18

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 ¼ of the Northwest ¼ of Section 32, Township 34 North, Range 4 East, W.M.

EXCEPT those portions conveyed to the Statae of Washington for highway purposes by deed recorded March 25, 1971 and March 24, 1972 unders Auditor's File Nos. 549028 and 765924, respectively,

AND EXCEPT drainage ditch right-of-way.

Parcel "B"

The South 200 feet of the Northeast ¼ of the Northwest ¼ 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 ¼ of the Northwest ¼ 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 ¼ of the Southwest ¼ 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 NUMBE[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

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 – go to www.doh.wa.gov/chs 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 422-001 October 2015

CERTIFIED

JUL 11 2017

Skagit County Health Department
Howard T. Thomas M.D. Health Officer

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

01442088