

201710270137

After recording return to:
Stephen C. Schutt
P.O. Box 1032
Anacortes, WA 98221

Skagit County Auditor \$78.00
10/27/2017 Page 1 of 5 2:53PM

PERSONAL REPRESENTATIVE DEED

Reference # (If applicable):

Grantor(s) (Seller): Darrell Gene Sutton by Jonathan J. Sutton, Personal Representative of the Estate of Darrell Gene Sutton, Deceased. Skagit County Case No. 17-4-00295-0

Grantee(s) (Purchaser): Steven G. Sutton, a single man

Legal Description (abbreviated): Lots 17, 18, 19 and 20 in Block 75, Amended Plat of Burlington Assessor's Property Tax Parcel/Account P71817/4076-075-020-0108

PERSONAL REPRESENTATIVES DEED

The undersigned Grantor(s), Jonathan J. Sutton, as the duly appointed, qualified and acting Personal Representative of the Estate of DARRELL GENE SUTTON, Deceased, in Probate Cause No. 17-4-00295-0, in Skagit County Superior Court of Washington, and not in his individual capacity, does convey and quit claim to Steven G. Sutton, a single man, the estate's interest in the following described real estate, situated in Skagit County, Washington:

All that tract or parcel of land situate in Section 32, Township 35 North, Range 4 East, W. M. Described as follows:

Lots 17, 18, 19 and 20 in Block 75, Amended Plat of Burlington, EXCEPT the South 45 feet thereof, according to the recorded plat thereof recorded in Volume 3 of Plats, page 17 records of Skagit County, Washington

all situated in the County of Skagit, State of Washington.

Dated this 13 day of October, 2017.

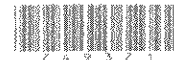
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20175073
OCT 27 2017

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

Jonathan J. Sutton PR
Jonathan J. Sutton acting as Personal Representative of the Estate of Darrell Gene Sutton and not in his individual capacity

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/04/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2017-033299

FIRST AND MIDDLE NAME(S): DARRELL GENE
LAST NAME(S): SUTTON

COUNTY OF DEATH: KING
DATE OF DEATH: JULY 28, 2017
HOUR OF DEATH: 08:40 AM
SEX: MALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BAKER CITY, OR

MARITAL STATUS: DIVORCED
SPOUSE: UNKNOWN

OCCUPATION: ENGINEER
INDUSTRY: DAIRY INDUSTRY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: STEVEN GENE SUTTON
RELATIONSHIP: SON
ADDRESS: 513 S PINE STREET, BURLINGTON, WA 98233

CAUSE OF DEATH:
A: BRAIN COMPRESSION
INTERVAL: HOURS
B: INTRACRANIAL HEMORRHAGE
INTERVAL: HOURS
C: CEREBRAL INFARCT STATUS POST INTRAVENOUS ALTEPLASE
INTERVAL: HOURS
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: NIA

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SWEDISH MEDICAL CENTER - CHERRY HILL
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98122

RESIDENCE STREET: 513 S PINE STREET
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 60 YEARS

FATHER/PARENT: JAMES ARTHUR SUTTON
MOTHER/PARENT: REBA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: AUGUST 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: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LE M. HUYNH
TITLE: ARNP
CERTIFIER ADDRESS: 747 BROADWAY
CITY, STATE, ZIP: SEATTLE, WA 98122
DATE SIGNED: JULY 31, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: JOSHAN SURJ, MD

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: AUGUST 02, 2017

Affidavit for Correction

Mail to: Center for Health Statistics
P O Box 47814
Olympia, WA 98504-7814
360-236-4300

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

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:

8	The record now shows:	9	The true fact is:
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: _____ Date: _____ 16b. Signature of 2nd parent (if required): _____ 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.

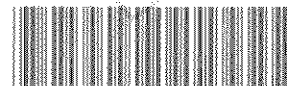
Marriage/Dissolution (Divorce) Certificates
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution)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

CERTIFIED

AUG 04 2017

Hub Andrews

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



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