



201801020144

Skagit County Auditor

\$81.00

1/2/2018 Page

1 of

8 12:15PM

When recorded return to:

Mildred Haywood
4400 O Ave
Anacortes, WA
98221

QUIT CLAIM DEED

THE GRANTOR(S)

Mildred L. Haywood, surviving
spouse of Louis C. Haywood

for and in consideration of the sum of one dollar (\$1.00), the receipt
of which is hereby acknowledged by each party hereto,
and also, in consideration of the love and affection,
in hand paid, conveys and quit claims to

Mildred L. Haywood

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:

see attached

2018 11
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JAN 02 2018

Amount Paid \$
Skagit Co. Treasurer
By Deputy

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

That portion of the Southeast
Quarter of the Southeast Quarter of Section 25 Township 3
North, Range 1 East of the Willamette Meridian

Tax Parcel Number(s): P 32148

Dated: 12/29/2017

Mildred L. Hayward

STATE OF Washington
COUNTY OF Skagit

ss.

I certify that I know or have satisfactory evidence that

Mildred L. Hayward

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that Mildred Hayward signed this instrument, on oath stated that Mildred Hayward authorized to execute the instrument and acknowledge it as the _____ of _____

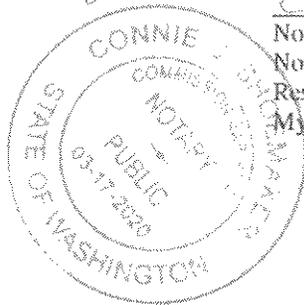
to be

the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 1-2-2018

Connie Shoemaker Connie Shoemaker

Notary name printed or typed:
Notary Public in and for the State of Washington
Residing at Skagit
My appointment expires: 03-19-2020



PARCEL A

That portion of the Southeast Quarter of the Southeast Quarter of Section 25, Township 35 North, Range 1 East of the Willamette Meridian, described as follows:

Beginning at a point 132 feet West and 307 feet North of the Southeast corner of said Southeast Quarter of the Southeast Quarter;
thence North 165 feet;
thence West 132 feet;
thence South 165 feet;
thence East 132 feet to the point of beginning;

EXCEPT any portion thereof lying within the boundaries of existing road rights of way.

PARCEL B

That portion of the Southeast Quarter of the Southeast Quarter of Section 25, Township 35 North, Range 1 East of the Willamette meridian, described as follows:

Beginning at a point 132 feet West and 307 feet North of the Southeast corner of said Southeast corner;
thence North 195 feet;
thence East 132 feet to the East line of said Southeast Quarter of the Southeast Quarter;
thence South along the East line of said Southeast Quarter of the Southeast Quarter a distance of 195 feet;
thence West 132 feet to the point of beginning;

EXCEPT any portion thereof lying within the boundaries of existing road rights of way; together with all and singular the tenements, hereditaments and appurtenances thereunto belong or in any wise appertaining.

Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Mildred L Haywood being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is surviving spouse of Louis C. Haywood
Relationship to decedent
of Louis C. Haywood, who died on 7/28/2005
Decedent/Grantor Date
at Seattle King Co Washington
City County State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: That portion of the Southeast
Quarter of the Southeast Quarter of Section 25,
Township 35 North, Range 2 East of the Willamette
Meridian

Assessor's Property Tax Parcel/Account Number: P32148
(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)

(Page 1 of _____)

Mildred Haywood, surviving spouse of Louis L. Haywood

90 yrs 4400 O Ave Anacortes, WA

Full name, age, relationship, address

Robert J. Haywood, 60, Sr, 4020 Astrea Pl, Anacortes,

WA 98221

Full name, age, relationship, address

Rebelle Miller, 67 yrs, daughter, 333 Ella Ln,

Fossil, Dripping Springs, TX 7860

Full name, age, relationship, address

Dated: 1/2/2018

Mildred L Haywood
Affiant's full name

(360) 202-4640
Telephone number

4400 0 Ave

Prattles WA 98221
City State Zip Code

Mildred L Haywood 1/2/2018
Signature Date

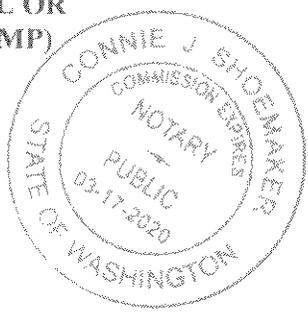
State of WASHINGTON County of SKAGIT

I know or have satisfactory evidence that Mildred L Haywood
(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: 1, 2, 2018 Connie J. Shidenaker
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Skagit

Notary Public in and for the State of Washington

My appointment expires: 03/17/2020

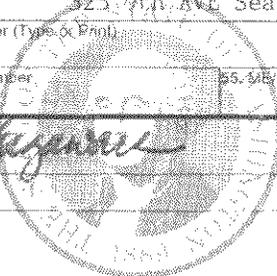
STATE OF WASHINGTON DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

FREE COPY: TO BE USED FOR VETERANS GOVERNMENT CLAIM ONLY

Local File Number **07711** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Louis Clark HAYWOOD			2. Death Date 07/28/05		
3. Sex (M/F) M	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death King
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Waxhaw	8b. (State or Foreign Country) North Carolina		9. Decedent's Education Associate of Arts Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 4400 O Avenue			13b. City or Town Anacortes		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98221
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 21 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name as on last marriage) Mildred Louise [REDACTED]	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Firefighter			18. Kind of Business/Industry (Do not use Company Name) City Fire Department		
19. Father's Name (First, Middle, Last, Suffix) Lloyd J. Haywood			20. Mother's Name Before First Marriage (First, Middle, Last) Annie Lee Short		
21. Informant's Name Mildred Haywood		22. Relationship to Decedent Wife		23. Mailing Address: (Number and Street or RFD No.) City or Town State Zip 4400 O Avenue Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street of location) Harborview Medical Center			26a. City, Town, or Location of Death Seattle	26b. State WA	27. Zip Code 98104
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel 1105-32nd Street Anacortes, WA 98221				32. Date of Disposition August 2, 2005	
33. Funeral Director Signature X <i>Joseph J. Wabman</i>					
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Subdural hematoma and cervical vertebral fracture 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. Blunt force injury of the head and neck c. d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Oral anticoagulant therapy for atrial fibrillation			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 06/14/05	42. Hour of Injury (24hrs) 0521 h	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Residence		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: (Number & Street) 4400 "O" Avenue			City or Town Anacortes	County Skagit	State WA Zip Code + 4 98221
46. Describe how injury occurred Ground level fall			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Other (Specify)		
48a. Certifying Physician X			48b. Medical Examiner/Coroner X <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Brian Mazim, M.D. 325 9th AVE Seattle WA 98104			50. Hour of Death (24hrs) 1305 h		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) Associate Medical Examiner			52. Date Signed (mm/dd/yyyy) 08/01/05		
53. Title of Certifier MD	54. License Number	55. MEX/Coroner File Number 05-01160		56. Was case referred to MEX/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>Jim Madigan</i>			58. Date Received (mm/dd/yyyy) AUG 2 2005		
59. Amendments					





Affidavit for Correction

Center for Health Statistics
P.O. Box 9700
Olympia, WA 98507-9700
(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
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Use the section below for requesting any changes on the record.

Record Type: <input checked="" type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> 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:

6. The Record now shows:	7. The True fact is:
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 foregoing 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	Medical Record	School Record
	Hospital Records	Military Records (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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

- 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.
- 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

 Clerk - King County
 Department of Public Health
 Dorothy J. Sessler
 Dorothy J. Sessler, MHA
 Director and Health Officer