



Skagit County Auditor

1/10/2018 Page

1 of

\$77.00

4 11:25AM

RETURN TO:

Patrick M. Hayden
P.O.Box 454
Sedro-Woolley, WA 98284

DOCUMENT TITLE(S) (or transactions contained herein):

Affidavit RE: Joint Tenancy with Right of Survivorship

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR(S) (Last name, first name and initials):

1. Underbrink, Roger D.
- 2.

GRANTEE(S) (Last name, first name and initials):

1. Crawford, Jon Lewis
- 2.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range).

Lots 1, 2 and 3, "WHITE FALLS ESTATES", as per plat recorded in Volume 8 of Plats, page 75, records of Skagit County, Washington.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

4039-000-002-0005 / P70309

ORIGINAL

UNOFFICIAL DOCUMENT

Affidavit RE: Joint Tenancy with Right of Survivorship

STATE OF WASHINGTON)
 : ss.
COUNTY OF WHATCOM)

CINDY MAXWELL, being first duly sworn on oath, deposes and says:

1. I am authorized to make this declaration on behalf of Inslee, Maxwell & Associates.
2. Inslee, Maxwell & Associates is the court appointed guardian of the person and estate of Jon Lewis Crawford, in Whatcom County Cause No. 15-4-00385-6.
3. Jon Lewis Crawford and Roger D. Underbrink own real property as joint tenants with right of survivorship, located in Skagit County, Washington, legally described as follows:

Lots 1, 2 and 3, "WHITE FALLS ESTATES", as per plat recorded in Volume 8 of Plats, page 75, records of Skagit County, Washington.

Situated in the County of Skagit, State of Washington.

4. Roger D. Underbrink died on November 15, 2015, survived by Jon Lewis Crawford. A certified copy of his Death Certificate is attached hereto.
5. By reason of the foregoing, Jon Lewis Crawford succeeds to the right, title and interest of Roger D. Underbrink, in said property.

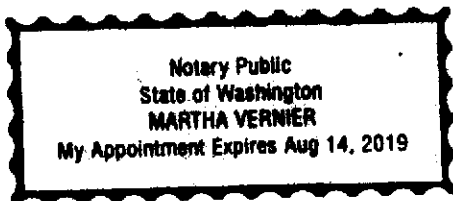
DATED: January 2, 2018 SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018 119
JAN 10 2018

Amount Paid \$
Skagit Co. Treasurer
By Mdm Deputy

Cindy Maxwell
Cindy Maxwell

Subscribed and sworn to before me this 2 day of January, 2018.



Martha Vernier
NOTARY PUBLIC in and for the
State of Washington, residing at
Ferndale, Washington.
My Commission Expires: 8/14/2019
Print name: MARTHA VERNIER

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/27/2017
FEE NUMBER:

CERTIFICATE NUMBER: 2015-033677

FIRST AND MIDDLE NAME(S): ROGER D
LAST NAME(S): UNDERBRINK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 15, 2015
HOUR OF DEATH: 01:55 PM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: UNKNOWN COUNTY

MARITAL STATUS: UNKNOWN
SPOUSE: NOT APPLICABLE

OCCUPATION: UNKNOWN
INDUSTRY: UNKNOWN
EDUCATION: UNKNOWN
US ARMED FORCES: UNKNOWN

INFORMANT: DANIEL DEMPSEY
RELATIONSHIP: CORONER
ADDRESS: PO BOX 1306 MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: SMALL CELL LUNG CANCER
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION,
HYPERLIPIDEMIA, CORONARY ARTERY DISEASE, CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
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: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 48702 STATE ROUTE 20
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: UNKNOWN

FATHER/PARENT: UNKNOWN UNKNOWN
MOTHER/PARENT: UNKNOWN UNKNOWN

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

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: DECEMBER 02, 2015

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 SOUTH THIRD STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

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: NOT APPLICABLE

CERTIFIER NAME: DANIEL F. DEMPSEY
TITLE: CORONER/ME
CERTIFIER ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
DATE SIGNED: NOVEMBER 25, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 194-15
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MEL PEDROSA
DATE RECEIVED: NOVEMBER 30, 2015



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
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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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hospital
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:	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

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 422-034 October 2015

CERTIFIED

FEB 27 2017

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



0 1 4 3 7 2 5 8

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