

201801120002
Skagit County Auditor
1/12/2018 Page 1 of 3 \$76.00
9:37AM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018151
JAN 12 2018

Amount Paid \$0
Skagit Co. Treasurer
By *mm* Deputy

QUIT CLAIM DEED

Grantor(s) (Seller): Brehmer Family Revokable Living Trust dated April 15, 1994, Robert L. Brehmer and Lois E. Brehmer (Deceased), husband and wife, Trustees.

Grantee(s) (Buyer): Patty Jo Prater, a married woman, as her separate property

Legal Description (abbreviated) ISLAND VIEW PARK LOT 113

Assessor's Property Tax parcel/Account No: P57648/3798-000-113-0004

THE GRANTOR(S) BREHMER FAMILY REVOKABLE LIVING TRUST Dated April 15, 1994, Robert L. Brehmer and Lois E. Brehmer (Deceased), husband and wife, Trustees of Skagit County, Washington, for and in consideration of a estate planning/gift for love and affection, releases, conveys and quit claims to PATTY JO PRATER, a married woman, as her separate property, all of the interest in the following described Real Estate:

Tract 113, plat of ISLAND VIEW PARK, Anacortes, Washington, as per plat recorded in Volume 7 of Plats, page 38, records of Skagit County.
Situating in the County of Skagit, State of Washington.

Dated this 28th day of December, 2017.

Robert L. Brehmer
ROBERT L. BREHMER, TRUSTEE, GRANTOR

STATE OF WASHINGTON)
:SS
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Robert L. Brehmer is the individual who appeared before me, and said individual acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this a 28th day of December, 2017.

Stephen C. Schutt
Print Name: *Stephen C. Schutt*
Notary Public in and for the
State of Washington
My appointment expires: Aug 2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-041144

DATE ISSUED: 09/25/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LOIS EILEEN

LAST NAME(S): BREHMER

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: SEPTEMBER 21, 2017

HOUR OF DEATH: 05:45 PM

SEX: FEMALE

AGE: 82 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BELLINGHAM, WHATCOM COUNTY, WA

MARITAL STATUS: MARRIED

SPOUSE: ROBERT LEE BREHMER

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT LEE BREHMER

RELATIONSHIP: HUSBAND

ADDRESS: 2205 -G AVE., ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIAC ARREST

INTERVAL: MINUTES

B: CORONARY ARTERY DISEASE

INTERVAL: YEARS

C: DIABETES

INTERVAL: YEARS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 2205 G AVE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2205 G AVENUE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

INSIDE CITY LIMITS: YES COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 49 YEARS

FATHER/PARENT: ROBERT SCHENK

MOTHER/PARENT: EDNA [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 25, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MICHAEL JAMES, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 2511 M AVENUE, SUITE A

CITY, STATE, ZIP: ANACORTES, WA 98221

DATE SIGNED: SEPTEMBER 23, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: SEPTEMBER 25, 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				
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

- 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.
- 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.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

SEP 25 2017

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

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



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