



201801170021

Skagit County Auditor

\$77.00

1/17/2018 Page

1 of

4 9:00AM

Return To:
Sarah B. Bowman, Esq.
K&L Gates LLP
925 Fourth Avenue, Suite 2900
Seattle, Washington 98104-1158

QUIT CLAIM DEED

Grantor: 1. ELAINE P. ADAMS, as Trustee of the Dale Allen Hustler Living Trust
under agreement dated July 1, 2000, as amended

Grantee: 1. CASCADE RIVER COMMUNITY CLUB

Legal Description: LOT 147, CASCADE RIVER PARK NO. 1

Assessor's Property Tax Parcel Number(s): P6369773871-000-147-00004

THE GRANTOR: ELAINE P. ADAMS, as Trustee of the Dale Allen Hustler Living Trust under agreement dated July 1, 2000, as amended, pursuant to 458-61A-201, and for no consideration, conveys and quit claims to CASCADE RIVER COMMUNITY CLUB, the following described real estate, situated in County of Skagit, State of Washington:

Lot 147, CASCADE RIVER PARK NO. 1, according to the plat thereof recorded in Volume 8 of Plats, pages 55 through 59, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

Dated November 8, 2017.

[Signature Page Follows]

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2018186
JAN 17 2018

Amount Paid \$0
Skagit Co. Treasurer
By *[Signature]* Deputy

GRANTOR:

E Adams

ELAINE P. ADAMS, as Trustee of the Dale Allen
Hustler Living Trust under agreement
dated July 1, 2000, as amended

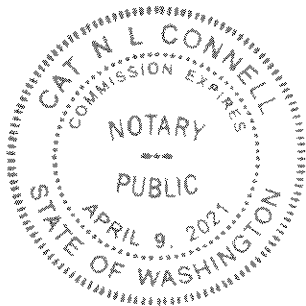
STATE OF WASHINGTON)

) ss.

COUNTY OF KING)

I certify that I know or have satisfactory evidence that ELAINE P. ADAMS is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as Trustee of the Dale Allen Hustler Living Trust under agreement dated July 1, 2000, as amended, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated this 8th day of November, 2017.



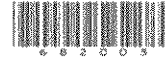
Cat N L Connell
Notary Public in and for the State of
Washington

[Printed Name]

My appointment expires April 9, 2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-030657

DATE ISSUED: 07/19/2017

FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): DALE ALLEN

LAST NAME(S): HUSTLER

COUNTY OF DEATH: WHATCOM

DATE OF DEATH: JULY 11, 2017

HOUR OF DEATH: 09:00 AM

SEX: MALE AGE: 67 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: BURBANK, CA

MARITAL STATUS: DIVORCED

SPOUSE: UNKNOWN

OCCUPATION: SELF EMPLOYED

INDUSTRY: MUSICIAN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: H DEAN HUSTLER

RELATIONSHIP: BROTHER

ADDRESS: 18917 SOUND VIEW PLACE EDMONDS, WA 98020

CAUSE OF DEATH:

A: SEPTIC SHOCK

INTERVAL: DAYS

B: CELLULITIS POSSIBLE NECROTIZING FASCIITIS

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CIRRHOSIS, ACUTE TUBULAR NECROSIS

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: HOSPITAL

FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

RESIDENCE STREET: 18669 COLONY RD

CITY, STATE, ZIP: BOW, WASHINGTON 98232

INSIDE CITY LIMITS: NO COUNTY: WHATCOM

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: EDWARD HUSTLER

MOTHER/PARENT: JEAN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: JERNS CREMATORY

CITY, STATE: BELLINGHAM, WASHINGTON

DISPOSITION DATE: JULY 14, 2017

FUNERAL FACILITY: JERNS FUNERAL CHAPEL

ADDRESS: 800 E SUNSET DR

CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225

FUNERAL DIRECTOR: BRADLEY W. BYTNAR

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

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: DORIEN MCABEE, DO

TITLE: DO

CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY

CITY, STATE, ZIP: BELLINGHAM, WA 98225

DATE SIGNED: JULY 13, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JAMIE ROLLO

DATE RECEIVED: JULY 14, 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"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 foregoing is true and correct

16a. Signature _____ Printed name _____ Date _____	16b. Signature of 2 nd parent (if required): _____ Printed name _____ Date _____
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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 | Adult (18 years or older) |
|---|---|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Stern, Health Officer.

Greg Stern MD

