201802130052
Skagit County Auditor $77.00
2/13/2018 Page 1 of 4 9:24AM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20185557
FEB 13 2018
Amount Paid $ 0
Skagit Co Treasurer
By MAM Deputy

AFTER RECORDING RETURN TO:

Shirley Montis
9465 Claybrook Road
Sedro-Woolley, WA 98284

QUIT CLAIM DEED

GRANTOR(s): KENNETH D. MONTIS and SHIRLEY J. MONTIS Trust dated April 11, 1990, Kenneth D. Montis and Shirley J. Montis, Trustees
GRANTEE: Shirley Montis and Dennis Whalen and Jacklyn Whalen
Abbreviated Legal: Meadow Lane Add Lot 21

The Grantor, KENNETH D. MONTIS, deceased and SHIRLEY J. MONTIS, as Trustee of the Kenneth D. Montis and Shirley J. Montis Trust dated April 11, 1990, restated March 6, 2003 and amended November 10, 2010, for in consideration of love and affection conveys and quit claims to SHIRLEY MONTIS, as her separate property and DENNIS WHALEN and JACKLYN WHALEN, as community property, joints tenants with rights of survivorship, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title to the grantor herein:

Lot 21, "MEADOW LANE ADDITION," as per plat recorded in Volume 8 of Plats, page 16, records of Skagit County, Washington.

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record.

Parcel/Tax Number: P67416/3953-000-021-0105

DATED this 16th day of January, 2018.

SHIRLEY J. MONTIS

STATE OF WASHINGTON)
) SS
COUNTY OF SKAGIT)

On January 16th, 2018, I certify that I know or have satisfactory evidence that SHIRLEY J. MONTIS signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Notary Public, in and for the State of Washington
My appointment expires: 08-23-2021.
Residing in: Bellingham, WA.

LINDA L TARRIS
Commission Expires
NOTARY PUBLIC
08-23-2021
STATE OF WASHINGTON

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 862-09

Washington State Certificate of Death

State File Number: 9 69203

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) — First: KENNETH; Middle: DEAN; LAST: MONTIS; Suffix:
2. Death Date: Oct. 11, 2009
3. Sex (M/F): Male
4a. Age - Last Birthday: 72 Years
4b. Under 1 Year — Months / Days:
4c. Under 1 Day — Hours / Minutes:
5. Social Security Number: [redacted]
6. County of Death: Skagit
7. Birthdate: [redacted]
8a. Birthplace (City, Town, or County): Flandrey
8b. (State or Foreign Country): South Dakota
9. Decedent's Education: No Diploma
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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 9465 Claybrook Rd.
13b. City or Town: Sedro-Woolley
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98284
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 10 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Shirley Jeanette [redacted]
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED.): Truck Mechanic
18. Kind of Business/Industry (Do not use Company Name): Parcel Post Service
19. Father's Name (First, Middle, Last, Suffix): Kenneth W. Montis
20. Mother's Name Before First Marriage (First, Middle, Last): Nell Fern Doss
21. Informant's Name: Shirley Montis
22. Relationship to Decedent: Wife
23. Mailing Address — Number and Street or RFD No. / City or Town / State / Zip: 9465 Claybrook Rd. Sedro-Woolley, WA 98284
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Nursing Home/Long-Term Care Facility
25. Facility Name (If not a facility, give number & street or location): Burton Care Center 1036 E. Victoria Ave.
26a. City, Town, or Location of Death: Burlington
26b. State: WA
27. Zip Code: 98233
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Cady Cremation Services, LLC.
30. Location-City/Town, and State: Kent, WA
31. Name and Complete Address of Funeral Facility: Affordable Burial & Cremation Services, LLC. 17910 SR 536 Mount Vernon, WA 98273
32. Date of Disposition: 10/16/2009
33. Funeral Director Signature: [signature]

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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. Glioblastoma Multiforme – Brain — Interval between Onset & Death: 22 Months
Due to (or as a consequence of):
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. — Interval between Onset & Death:
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above.
36. Autopsy? ☐ Yes ☐ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☐ No ☐ Unk
45. Location of Injury: Number & Street: / Apt. No. / City or Town: / County: / State: / Zip Code + 4:
46. Describe how injury occurred:
47. If transportation injury, specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X [signature] MD
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dr. Dale R. Abbott, M.D. 835 E. Fairhaven Ave. Burlington, WA 98233
50. Hour of Death (24hrs): 1325 Hours
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 10/14/2009
53. Title of Certifier: M.D. / Physician
54. License Number: MD0009259 94
55. ME/Coroner File Number: N/A SIR
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature: X [signature] Deputy
58. Date Received (MM/DD/YYYY): OCT 16 2009
59. Amendments:

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (10/15)

THIS IS A CERTIFIED COPY OF THE RECORD FILED WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE RAISED SEAL

Affidavit for Correction

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

Mail to: Center for Health Statistics
[illegible]

STATE OFFICE USE ONLY

[illegible] | File Number | Initials | Date | Affidavit Number

Required information must match current information on record

Required

[illegible] ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. [illegible] 2. Date of Event 3. Place of Event

4. [illegible] (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. [illegible] Relationship to Person on Record ☐ Self ☐ Parent(s) ☐ Guardian ☐ Funeral Director ☐ Informant ☐ Other (specify) ☐ Hospital

7. [illegible]

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.	12.
9.	13.
10.	14.
11.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16. Signature of [illegible] | 17. Signature of 2nd parent (if required)

Printed name | Date | Printed name | Date

INSTRUCTIONS – [illegible] for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

[illegible] full name and birth date. Examples of documentary proof include:

- [illegible]
- [illegible]
- School transcripts
- Passport
- Social Security Numident Report
- Green/Permanent Resident card (I-551)

Birth Certificates

1. [illegible] may change the birth certificate.
2. The proof(s) must match [illegible] should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. [illegible] years of birth.

Child under 18

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

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.

[illegible] signatures from both parents listed on the certificate are required. [illegible] 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. [illegible] change the non-medical [illegible] by a family member not listed as the informant on the certificate (family members are spouse or [illegible] or stepchild). [illegible] may change marital status with proof. Marital status requires a certified [illegible] than the informant is requesting the change.
2. [illegible] may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. [illegible] place of birth, or residence may be changed by the person with one piece of documentary proof.
2. [illegible] (dissolution) must complete and submit the affidavit.

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