



201804050050

Skagit County Auditor \$78.00
4/5/2018 Page 1 of 5 1:34PM

After recording mail to:

Stiles Law Inc. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

APR 05 2018

Amount Paid \$ *10*
Skagit Co. Treasurer
By *MM* Deputy

Grantor(s): Wendy Scollard, Personal Representative of the Estate of Paul D. Scollard
Grantee(s): Wendy Scollard
Abbreviated Legal: CAPE HORN ON THE SKAGIT LOT BLK 50
Assessor's Tax Parcel #: 3868-004-050-0006 / P63018

PERSONAL REPRESENTATIVE'S DEED

1. **GRANTOR.** The undersigned Grantor, Wendy Scollard, is the duly appointed, qualified and acting personal representative of the Estate of Paul D. Scollard, deceased.
2. **ESTATE.** Paul D. Scollard died on August 11, 2016. On January 13, 2017 the estate was admitted to probate and Grantor was appointed personal representative in the State of Washington Superior Court of Skagit County in Cause No. 17-4-00017-5.
3. **NONINTERVENTION POWERS.** By Order of Solvency entered on January 13, 2017 in the Probate Proceedings, Grantor was authorized to settle the Estate without further court intervention or supervision.
4. **DESCRIBED REAL PROPERTY.** Included among the property of the Estate of Paul D. Scollard was interest in the real property described as follows:

Lot 50, Block "D", "CAPE HORN ON THE SKAGIT", as per plat recorded in Volume 8 of Plats, pages 92 through 97, inclusive, records of Skagit County, Washington.
5. **CONVEYANCE:** Grantor hereby conveys and quitclaims to Wendy Scollard the above described property, together with all after acquired title of the grantor therein.
6. **LIMITATION OF COVENANTS.** Grantor expressly limits the covenants of this deed to those expressed herein and excludes all covenants arising or to arise by statutory or other implication.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-032842

DATE ISSUED: 12/14/2016

FEE NUMBER: 000000029

GIVEN NAMES: PAUL DEAN
LAST NAME: SCOLLARD

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 11, 2016
HOUR OF DEATH: 12:10 P.M.
SEX: MALE
AGE: 62 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: COTTAGE GROVE, OREGON

MARITAL STATUS: MARRIED
SPOUSE: WENDY O'NEIL

OCCUPATION: SUPERINTENDANT
INDUSTRY: REFINERY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: WENDY SCOLLARD
RELATIONSHIP: WIFE
ADDRESS: 7176 PIPELINE ROAD SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 7176 PIPELINE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 7176 PIPELINE ROAD
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARS

FATHER/PARENT: EDWARD SCOLLARD
MOTHER/PARENT: DOROTHY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT
CITY, STATE, ZIP: MOUNT VERNON, WA
DISPOSITION DATE: AUGUST 16, 2016

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION
ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON WA 98273
FUNERAL DIRECTOR: KIRK S. DUFFY

CAUSE OF DEATH:
A. CHRONIC RESPIRATORY FAILURE
INTERVAL: WEEKS
B. RIGHT PNEUMOTHORAX
INTERVAL: YEARS
C. RECURRENT EMPYEMA
INTERVAL: YEARS
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANKYLOSING SPONDYLITIS

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

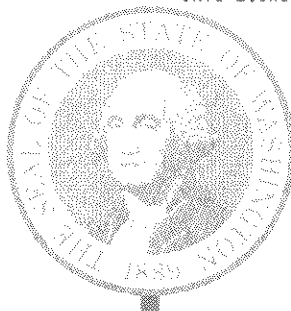
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: AUGUST 12, 2016



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

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: AUGUST 15, 2016

Affidavit for Correction

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

STATE OFFICE USE ONLY

State (in ink)

Form 100-0000000

Required	Required information must match current information on record				
	Report Type	Birth	Death	Marriage	Dissolution (Divorce)
1	Name				
4	Father's Name				
5	Mother's Name				

7 Return Multiple Births

Telephone Number

Use the section below to request any changes on the record. The record is incorrect or incomplete as follows:

1. I am requesting the following change(s):

8
9
10
11
12
13
14

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

AS-STATE-1000

This document is a legal document. It is subject to the provisions of the Uniformed Services for the Medical Profession Act (USMPA).

Required documents

- Birth Affidavit
- Certificate of Live Birth

Birth Certificates

- 1 Only one per child
- 2 The proof of live birth must be a certified copy of a birth certificate issued by the state of Washington.
- 3 Over 18 years old

Child under 18

- If legal guardian, parent, or other person with legal custody of the child
- Up to age 18, a parent or other person with legal custody of the child must sign the affidavit.
- After age 18, the child must sign the affidavit.
- No period of time between the date of the affidavit and the date of the birth certificate.
- To correct a parent's name, the parent must provide a certified copy of the parent's birth certificate.
- To correct a child's name, the child must provide a certified copy of the child's birth certificate.

16a Signature

This document is a legal document. It is subject to the provisions of the Uniformed Services for the Medical Profession Act (USMPA).

Death Certificates

- 1 Only one per death. The information must be consistent with the information on the death certificate.
- 2 The proof of death must be a certified copy of a death certificate issued by the state of Washington.

Marriage/Dissolution (Divorce) Certificates

- 1 Personal file
- 2 To correct a name

CERTIFIED

DEC 14 2016

Howard Librand
Skagit County Health Department
Howard Librand M.D. Health Officer

6600096690