

**After Recording Return To:**  
**SKAGIT LAW GROUP, PLLC**  
**P. O. Box 336**  
**Mount Vernon, WA 98273**



201805010028

Skagit County Auditor

5/1/2018 Page

1 of

\$77.00

4 11:06AM

## **SPECIAL WARRANTY DEED**

**GRANTOR:** **MARK S. WATKINSON, Trustee of the**  
**NADINE WATKINSON SURVIVING SPOUSE'S TRUST**  
**dated 9/22/2000**

**GRANTEE:** **MARK S. WATKINSON, Trustee of the**  
**MARK S. WATKINSON REVOCABLE TRUST**  
**dated 1/10/2018**

**Legal Description;**  
**Abbreviated Form:** **Lot 1, SP 92-009, S28 T34N R3E WM**

**Additional on Page:** **Page 1**

**Assessor's Tax Parcel No:** **340328-4-007-0100; P101623**

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20181802  
MAY 01 2018

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

THE GRANTOR, **MARK S. WATKINSON, Trustee of the NADINE WATKINSON SURVIVING SPOUSE'S TRUST dated 9/22/2000**, in distribution of said trust following the death of **NADINE WATKINSON**, hereby grants, bargains, conveys and confirms to **MARK S. WATKINSON, Trustee of the MARK S. WATKINSON REVOCABLE TRUST dated 1/10/2018**, that certain real property, together with all after-acquired title of the Grantor therein, situated in the County of Skagit, State of Washington, and legally described as follows:

Lot 1, Short Plat 92-009 approved May 11, 1992, recorded May 13, 1992, under Skagit County Auditor's File No. 9205130033, being a portion of the South ½ of the South ½ of the Southeast ¼ of Section 28, Township 34 North, Range 3 East, W.M.

**SUBJECT TO:** Easements, restrictions and reservations of record.

The Grantor, himself and for his successors in interest, does by these presents expressly limit the covenants of this deed to those herein expressed and excludes all covenants arising or to arise by statutory or other implication, and does hereby covenant to warrant and defend said real estate against all persons whomsoever lawfully claiming or to claim by, through, or under said Grantor, and not otherwise.

DATED: April 23, 2018.

**NADINE WATKINSON SURVIVING  
SPOUSE'S TRUST dated 9/22/2000**

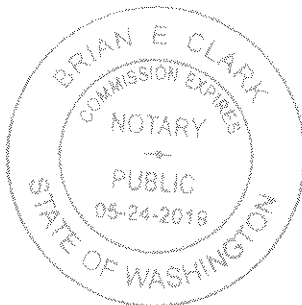
By   
**MARK S. WATKINSON, Trustee**

STATE OF WASHINGTON  
COUNTY OF SKAGIT

} ss.

I certify that I know or have satisfactory evidence that **MARK S. WATKINSON** is the person who appeared before me, and said person acknowledged that he was authorized to execute the instrument and acknowledged it as the **Trustee** of the **NADINE WATKINSON SURVIVING SPOUSE'S TRUST dated 9/22/2000** to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 23<sup>rd</sup> day of April, 2018.



  
Printed Name **BRIAN E. CLARK**  
NOTARY PUBLIC in and for the State of Washington.  
My Commission Expires 5/24/2019

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-043325

DATE ISSUED: 10/11/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): NADINE

LAST NAME(S): WATKINSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: OCTOBER 06, 2017

HOUR OF DEATH: 05:15 PM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF DEPUTY

INDUSTRY: SKAGIT COUNTY CLERK OFFICE

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: MARK STEVEN WATKINSON

RELATIONSHIP: SON

ADDRESS: 16936 BRADSHAW ROAD, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: END-STAGE KIDNEY DISEASE

INTERVAL: WEEKS

B: BLADDER CANCER

INTERVAL: 17 MONTHS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANEMIA, HEART FAILURE

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: CREEKSIDE RETIREMENT COMMUNITY

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 596 SHELTER BAY DRIVE

CITY, STATE, ZIP: LACONNER, WA 98257

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: SWINOMISH

LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER/PARENT: WILLIAM BERGER

MOTHER/PARENT: ELLA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: BAYVIEW CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: OCTOBER 12, 2017

FUNERAL FACILITY: HULBUSH FUNERAL HOME AND CREMATION SERVICES

ADDRESS: 281 S BURLINGTON BLVD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

FUNERAL DIRECTOR: PAUL L. GIBSON

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: ANITA M. MEYER, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: OCTOBER 09, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: OCTOBER 10, 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
<b>Required Information must match current information on record</b>				
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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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.

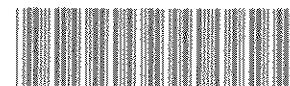
DOH 422-034 October 2015

**\*CERTIFIED\***

OCT 11 2017

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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