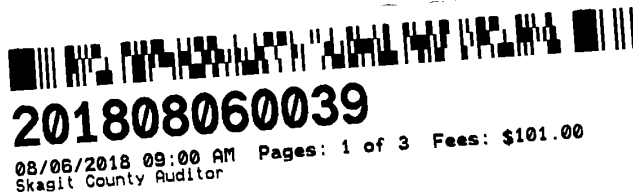


After Recording Return To:

Debra Eisen  
PO Box 373  
LaConner, WA 98257



SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20183447  
AUG 06 2018

Amount Paid \$ 0  
By HB Skagit Co. Treasurer Deputy

## QUIT CLAIM DEED

The Grantor, DEBRA L EISEN, Surviving Spouse of MARK A EISEN (Deceased), hereby conveys and quit claims to the Grantee, DEBRA L EISEN, a single person, all of her interest in the following described real estate situated in the County of Skagit, State of Washington.

Assessor's Tax Parcel No: P74334

Legal Description: (Title Elimination) Including MH 1988 Claridge 66x14 S/N 43910351X Syndicate to LaConner Lot 2 Block 14 as per plat recorded in Volume 2 of Plats, page 109, records of Skagit County, Washington

Grantor Signature:

DEBRA L EISEN  
511 Myrtle Street  
LaConner, WA 98257

Dated: 8-3-18

### STATE OF WASHINGTON, COUNTY OF SKAGIT

On this 3<sup>rd</sup> day of August 2018, before me personally appeared DEBRA L EISEN, to me known to be the persons described in and who executed the foregoing instrument and acknowledge that she executed same as her free act and deed.

Heidi L. Lyons  
Notary Public, State of Washington  
My Commission Expires November 21, 2018



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-032246

DATE ISSUED: 07/25/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): MARK ANTHONY  
LAST NAME(S): EISEN

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 21, 2018  
HOUR OF DEATH: 02:00 PM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MOUNT VERNON, WA

MARITAL STATUS: MARRIED  
SPOUSE: DEBRA LEE BARTZ

OCCUPATION: MAINTENANCE  
INDUSTRY: PRIVATE COMMUNITY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES: YES

INFORMANT: DEBRA LEE EISEN  
RELATIONSHIP: SPOUSE  
ADDRESS: 511 MYRTLE STREET, LA CONNER, WA 98257

CAUSE OF DEATH:  
A: CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
B: CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE

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: HOME  
FACILITY OR ADDRESS: 511 MYRTLE STREET  
CITY, STATE, ZIP: LA CONNER, WASHINGTON 98257

RESIDENCE STREET: 511 MYRTLE STREET  
CITY, STATE, ZIP: LA CONNER, WA 98257  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: VINCENT EISEN  
MOTHER/PARENT: AUGUSTA [REDACTED]

METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH  
PLACE OF DISPOSITION: MEDCURE

CITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: JULY 24, 2018

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209  
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223  
FUNERAL DIRECTOR: AMY H. BERMAN

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: YES  
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: JULY 23, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JULY 24, 2018



# Affidavit for Correction

201808060039

Mail to: Center for Health Statistics  
08/06/2018 09:00 AM Page 3 of 3  
Olympia, WA 98504-7814  
360-236-4300

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ 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: Date: Printed name: 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**  
1. 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.  
2. **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.  
3. 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**  
1. 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.  
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**  
1. 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.  
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

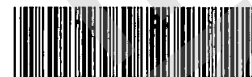
DOH 422-034 October 2015

# \*CERTIFIED\*

JUL 25 2018

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

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



0 1 8 0 7 1 8 7