



201808290101

08/29/2018 02:36 PM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

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

20183821  
AUG 29 2018

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

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Grantor(s): Jodie Allen, Personal Representative of the Estate of Linda L. Mills  
Grantee(s): Jodie Allen  
Abbreviated Legal: Cascade Vista Park Lot 2  
Assessor's Tax Parcel #: P76362

**PERSONAL REPRESENTATIVE'S DEED**

- 1. GRANTOR.** The undersigned Grantor, Jodie Allen, is the duly appointed, qualified and acting personal representative of the Estate of Linda L. Mills, deceased.
- 2. ESTATE.** Linda L. Mills died on April 9, 2018. On May 2, 2018 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. 18-4-00160-29.
- 3. NONINTERVENTION POWERS.** By Order of Solvency entered on May 1, 2018 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 Linda L. Mills was interest in the real property described as follows:

Lot 2, "Cascade Vista Park," as per plat recorded in Volume 9 of Plats, pages 113 and 114, records of Skagit County, Washington.

Situate in City of Sedro-Woolley, County of Skagit, State of Washington.

- 5. CONVEYANCE:** Grantor hereby conveys and quitclaims to Jodie Allen 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.

Dated: 8-20, 2018.

*Jodie Allen*

Jodie Allen  
Personal Representative of the Estate of  
Linda L. Mills, deceased, and not in her  
individual capacity

STATE OF WASHINGTON)  
                  Whatcom ) ss.  
COUNTY OF ~~SKAGIT~~ )

On this 20 day of August, 2018, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Jodie Allen, to me known to be the individual who signed as Personal Representative of the Estate of Linda L. Mills, deceased, and who executed the within and foregoing instrument and acknowledged said instrument to be her free and voluntary act and deed for the uses and purposes therein mentioned; and on oath stated that she was authorized to execute the said instrument as Personal Representative of said Estate.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.

**NOTARY PUBLIC**  
STATE OF WASHINGTON  
**JAMIE C SAULSBURY**  
My Appointment Expires  
March 24, 2022

*Jamie C Saulsbury*  
NOTARY PUBLIC in and for the  
State of Washington  
residing at: Bellingham WA  
My appointment expires: March 24, 2022

**FILED**  
Skagit County Clerk  
Skagit County, WA  
05/01/18

**SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY**

**Estate of LINDA L. MILLS:**

No. 18-4-00160-29

**LETTERS TESTAMENTARY**

**I. BASIS**

1.1 The last will of LINDA L. MILLS late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on May 01, 2018.

1.2 In that will JODIE ALLEN is named personal representative.

1.3 The personal representative has qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT JODIE ALLEN is authorized by this court to execute the will of the above decedent according to law.

DATED on this the 1<sup>ST</sup> Day of May, 2018.

MAVIS BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

Kristen Denton, Deputy Clerk

**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SKAGIT )

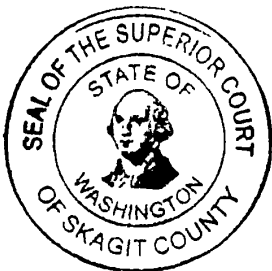
I, MAVIS BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on May 01, 2018.

I further certify that these letters are now in full force and effect.

DATED: May 02, 2018

MAVIS BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY   
Kristen Denton, Deputy Clerk



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-016028

DATE ISSUED: 04/11/2018  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): LINDA LOU  
LAST NAME(S): MILLS

COUNTY OF DEATH: WHATCOM  
DATE OF DEATH: APRIL 09, 2018  
HOUR OF DEATH: 07:30 AM  
SEX: FEMALE AGE: 67 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 7511 ENTERPRISE ROAD  
CITY, STATE, ZIP: FERNDALE, WASHINGTON 98248

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

RESIDENCE STREET: 7511 ENTERPRISE ROAD  
CITY, STATE, ZIP: FERNDALE, WA 98248  
INSIDE CITY LIMITS: NO COUNTY: WHATCOM  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 MONTHS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEDRO WOOLLEY, WA

FATHER/PARENT: LLOYD MANNON  
MOTHER/PARENT: JOSEPHINE [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK

OCCUPATION: CAREGIVER  
INDUSTRY: HEALTH CARE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: APRIL 14, 2018

INFORMANT: JODIE ALLEN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 7511 ENTERPRISE ROAD FERNDALE, WA 98248

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: RESPIRATORY FAILURE  
INTERVAL: 7 DAYS  
B: AMYOTROPHIC LATERAL SCLEROSIS  
INTERVAL: 1 YEAR  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: TABITHA NENNINGER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: PO BOX 450  
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284  
DATE SIGNED: APRIL 09, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO  
DATE RECEIVED: APRIL 10, 2018



# Affidavit for Correction

201808290101

Mail to: Center for Health Statistics

08/29/2018 02:36 PM

Page 1 of 5

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
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#### Required information must match current information on record

<b>Required</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: \_\_\_\_\_ 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

- 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\*

APR 11 2018

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



0 1 8 0 3 5 4 8

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