

201808290103
08/29/2018 02:39 PM Pages: 1 of 6 Fees: \$104.00
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

2018 3823
AUG 29 2018

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

Grantor(s): Duncan Stewart, Personal Representative of the Estate of Alice I. Stewart
Grantee(s): Duncan Stewart, William Stewart, Gary Stewart, Charles Gwin-Stewart, AND
Darryl Stewart,
Abbreviated Legal: LTS 5-6, PTN LT7, BLK 26, "PLAT OF THE TOWN OF SEDRO," V.1 P.17
Assessor's Tax Parcel #: P75578

PERSONAL REPRESENTATIVE'S DEED

- 1. GRANTOR.** The undersigned Grantor, Duncan Stewart, is the duly appointed, qualified and acting personal representative of the Estate of Alice I. Stewart, deceased.
- 2. ESTATE.** Alice I. Stewart died on April 6, 2018. On August 7, 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. 18-4-00272-29.
- 3. NONINTERVENTION POWERS.** By Order of Solvency entered on August 7, 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 Alice I. Stewart was interest in the real property described as follows:

LOTS 5 AND 6 AND THE WEST 1/2 OF LOT 7, BLOCK 26, SEDRO, RECORDED IN
VOLUME 1 OF PLATS, PAGE 17, RECORDS OF SKAGIT COUNTY, WASHINGTON
- 5. CONVEYANCE:** Grantor hereby conveys and quitclaims to Duncan Stewart, William Stewart, Gary Stewart, Charles Gwin-Stewart, and Darryl Stewart, each an equal one-fifth (1/5) interest, as their own separate property, 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

of 6

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-016311

DATE ISSUED: 04/12/2018
FEE NUMBER: 310418

FIRST AND MIDDLE NAME(S): ALICE IRMA
LAST NAME(S): STEWART

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 06, 2018
HOUR OF DEATH: 06:00 PM
SEX: FEMALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

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

RESIDENCE STREET: 419 STERLING ST.
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 43 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: CALVIN, ND

FATHER/PARENT: LEO GORDON
MOTHER/PARENT: BELL [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICE MARYSVILLE

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 8TH GRADE OR LESS
US ARMED FORCES: NO

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: APRIL 11, 2018

INFORMANT: DUNCAN STEWART
RELATIONSHIP: SON
ADDRESS: 5611 91ST PL NE, MARYSVILLE, WA, 98270

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF SNOHOMISH COUNTY
ADDRESS: 1321 STATE AVE
CITY, STATE, ZIP: MARYSVILLE, WASHINGTON 98270
FUNERAL DIRECTOR: LINDSAY K. HERNANDEZ

CAUSE OF DEATH:
A: ALZHEIMER S DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: DARREN SWENSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1201 PACIFIC AVENUE #600
CITY, STATE, ZIP: TACOMA, WA 98402
DATE SIGNED: APRIL 10, 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: MARIA VIVANCO
DATE RECEIVED: APRIL 11, 2018

DOH 422-132 Snohomish (10/17)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction 201808290103

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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

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STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	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:

8. The record now shows:		9. The true fact is:	
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 nd parent (if required):	
Printed name:		Date:	
Date:		Printed name:	
Date:		Date:	

INSTRUCTIONS – go to 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)

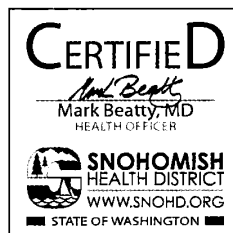
Death Certificates

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



0 2 4 4 4 6 5 0

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH SERVICES DIVISION

VITAL RECORDS

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

D3 22

LOCAL FILE NUMBER

NAME - FIRST, MIDDLE, LAST

DONALD JOHN STEWART

M Jan. 27 1980

146 8

RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY)

White

AGE (LAST BIRTHDAY)

62

PLACE OF DEATH (CHECK TYPE OF PLACE)

Skagit

CITY, TOWN OR LOCATION OF DEATH

Sedro Woolley

PLACE OF DEATH (CHECK TYPE OF PLACE)

United General Hospital

RECEIVED EMERGENCY CARE

NO YES/NO

BIRTH STATE

No. Dakota

COUNTRY

U.S.A.

MARRIED (EVER MARRIED)

Married

WIFE'S NAME (MARRIAGE)

Alice Gordon

WAS PRESENT EVER IN U.S. ARMY OR FORCES

NO

SEX (MALE, FEMALE)

OCCUPATION (LAST KIND OF WORK DURING MOST OF WORKING LIFE)

Maintenance Mechanic

INDUSTRY

Vehicle Maintenance

RESIDENCE (NUMBER AND STREET)

419 Sterling Street

CITY, TOWN OR LOCATION

Sedro Woolley

YES

CITY, TOWN OR LOCATION

Skagit

STATE

Washington

FATHER'S NAME (FIRST, MIDDLE, LAST)

Duncan Stewart

MOTHER'S NAME (FIRST, MIDDLE, LAST)

Rolla Isabel

INFORMANT'S NAME

Alice Stewart

MARRIAGE ADDRESS

419 Sterling St.

CITY, TOWN OR LOCATION

Sedro Woolley, WA.

ZIP

98284

BURIAL (CHEMICAL REMOVAL, OTHER SPECIFY)

Burial

DATE (MO, DAY, YR)

Jan. 31, 1980

CEMETERY (CREMATORY - NAME)

Hamilton Cemetery

LOCATION - CITY, TOWN, STATE

Hamilton, Washington

GENERAL FUNERAL HOME

Richard Lemley

NAME OF FACILITY

Lemley Chapel

ADDRESS OF FACILITY

1008 3rd

CITY, TOWN, STATE

Sedro Woolley, Wa.

ZIP

98284

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

ON THE BASIS OF EXAMINATION AND ON THE INFORMATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE

T.W. Martin

TITLE

M.D.

SIGNATURE

X

TITLE

DATE (MO, DAY, YR)

1-29-80

REPORT DEATH AT

1620 hrs.

NUMBER OF LISTING (LAST NAME, FIRST NAME, INITIALS)

AGE AT DEATH

SEX

CAUSE OF DEATH

NAME AND ADDRESS OF CERTIFIED PHYSICIAN, MEDICAL EXAMINER OR CORONER

T.W. Martin, M.D. 1950 Hospital Dr. Sedro Woolley, Wa. 98284

NAME OF CAUSE

Cardiac arrest - ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

30 min

DATE TO ONSET OF DISEASE

myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

John

DATE TO ONSET OF DISEASE

atherosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

years

DATE TO ONSET OF DISEASE

INTERVAL BETWEEN ONSET AND DEATH

10

DATE TO ONSET OF DISEASE

INTERVAL BETWEEN ONSET AND DEATH

10

DATE TO ONSET OF DISEASE

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Thomas W Steinburn

THOMAS W. STEINBURN
STATE REGISTRAR OF VITAL RECORDS