



201810260120

10/26/2018 03:33 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

When recorded return to:

QUIT CLAIM DEED

THE GRANTOR(S) *Bryce Cook, deceased by Donna Cook,
Surviving Spouse*

for and in consideration of *inheritance*

in hand paid, conveys and quit claims to *Donna Cook*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20184785
OCT 26 2018

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

the following described real estate, situated in the County of *Skagit*, State of Washington

together with all after acquired title of the grantor(s) herein: *Tract 32 of the plat of Big Lake Water front tracts. The northerly 20.00 feet of Tract 33 and the southerly 39.34 feet of Tract 32 of the Plat of Big Lake Water front Tracts, as per plat recorded in volume 4 of Plats, Page 12, Records of Skagit County, Washington*

Big Lake Water front TRS SLY 10ft of NLY 30 Ft Lot 33

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *P 134422, P62005, P62007*

Dated: 10-26-2018

Donna Cook

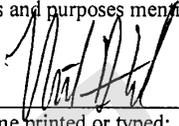
Donna Cook

STATE OF WA
COUNTY OF Skagit

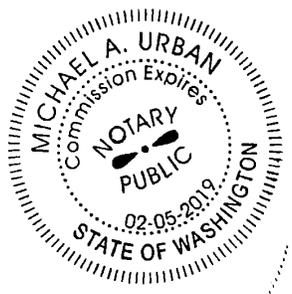
ss.

I certify that I know or have satisfactory evidence that Donna J. Cook
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be
on her own free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: October 26, 2018



Notary name printed or typed: Michael A. Urban
Notary Public in and for the State of WA
Residing at Mount Vernon
My appointment expires: 2-19



Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Donna Cook, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Spouse
Relationship to decedent
of Bryce G. Cook, who died on March 9, 2016
Decedent/Grantor *Date*
at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description: Tract 32 of plat Big Lake water front and
a portion of tract 33
Big Lake water front TRS SLY 10 ft of NLY 30 ft Lot 33
See attached deed for full legal description

Assessor's Property Tax Parcel/Account Number: P134422, P62005, P62007
(Attach full legal description of the property)

- Decedent left no Last Will and Testament.
- Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of _____)

Danna J. Cook, 78 yrs - Spouse - 18045 W. Big Lake Blvd.
Mount Vernon, Washington

Full name, age, relationship, address

Christina Granard - daughter - Entiat, Washington

Full name, age, relationship, address

Mark P. Cook - Son - Ridgefield, Washington

Full name, age, relationship, address

Bruce R. Cook - brother - 18057 W. Big Lake Blvd, Mount
Vernon, Washington

Full name, age, relationship, address

Dated : 10-26-2018

Donna Cook

Affiant's full name

360-422-8519

Telephone number

18065 W Big Lake Blvd

Mount Vernon WA 98274

City State Zip Code

Donna Cook 10-26-2018
Signature Date

State of WA County of Skagit

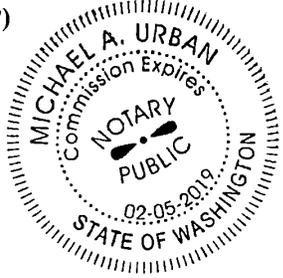
I know or have satisfactory evidence that Donna J Cook
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10/26/18

[Signature]
Signature of Notary Public

(SEAL OR STAMP)



Residing at: Mount Vernon

Notary Public in and for the State of WA

My appointment expires: 2/2019

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-010153

DATE ISSUED: 03/11/2016

FEE NUMBER: 000000029

GIVEN NAMES: BRUCE GAV
LAST NAME: COOK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 09, 2016
HOUR OF DEATH: 04:20 P.M.
SEX: MALE
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: DONNA JEAN MILLER

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: DONNA COOK
RELATIONSHIP: SPOUSE
ADDRESS: 18065 WEST BIG LAKE BLVD MOUNT VERNON, WA 98274

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 18065 WEST BIG LAKE BLVD.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 22 YEARS

FATHER/PARENT: ISAAC CALLOWAY COOK
MOTHER/PARENT: THELMA PERILE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: BOW CEMETERY
CITY, STATE: BOW, WA
DISPOSITION DATE: APRIL 02, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

- CAUSE OF DEATH:
- A. INTRACEREBRAL HEMORRHAGE
INTERVAL: 5 DAYS
 - B. INTERVAL:
 - C. INTERVAL:
 - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
PARKINSON'S DISEASE, HYPERTENSION

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

LOCATION OF INJURY:

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

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: ROGER P. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2116 EAST SECTION STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: MARCH 10, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-154
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: MARCH 11, 2016

DOH 01-003 (10/15)



Affidavit for Correction 201810260120

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98512-7814
360-236-4300

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

10/26/2018 03:33 PM Page 7 of 7

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

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 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ 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

CERTIFIED

MAY 11 2016

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

EE00088926