



**201812190003**

12/19/2018 09:09 AM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

**Filed for Record at request of  
and return to:**

STILES & STILES INC. P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018 5502  
DEC 19 2018

Amount Paid \$   
Skagit Co. Treasurer  
By *mem* Deputy

Legal : RUSTIC RANCHETTES TR 4 1/21 INT. IN TRS A THRU D  
Tax Parcel: P68587 / 3988-000-004-0006

Legal : RUSTIC RANCHETTES LOT 5 1/21 INT. IN A THRU D  
Tax Parcel: P68588 / 3988-000-005-0005

Legal: RUSTIC RANCHETTES LOT 6 1/21 INT. IN TRS A THRU D  
Tax Parcel: P68589 / 3988-000-006-0004

Legal: RUSTIC RANCHETTES LOT 7 1/21 INT. IN TRS A THRU D  
Tax Parcel: P68590 / 3988-000-007-0003

**QUIT CLAIM DEED**

The Grantor, James H. Smith, as the surviving spouse of Donna H. Smith, and sole heir of the Estate of Donna H. Smith in accordance with the Community Property Agreement previously filed on February 1, 1976, under Snohomish County Auditor's File #8507090203, conveys and quit claims to James H. Smith, as his separate property, the real estate described in Exhibit A attached, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein.

Dated Dec 18, 2018.

James H. Smith  
James H. Smith

STATE OF WASHINGTON )  
COUNTY OF Skagit ) ss.

On this day personally appeared before me **James H. Smith**, who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 18 day of December, 2018.



Julie Ann Huerta  
NOTARY PUBLIC in and for the  
State of Washington, residing at  
Sedro Woolley  
Commission Expires: 12-20-22

**EXHIBIT A****P68587 / 3988-000-004-0006**

RUSTIC RANCHETTES TR 4 1/21 INT. IN TRS A THRU D

**P68588 / 3988-000-005-0005**

Tract 5 of plat of "Rustic Ranchettes", as per plat recorded in volume 8 of plats; page 22, records of Skagit County, Washington.

**P68589 / 3988-000-006-0004**

Lot 6, "plat of Rustic Ranchettes" together with an undivided interest in tracts "A" through "D" as recorded in volume 8 of plats, page 22, records of Skagit County, Washington. Also identified as parcel no. P68589.

**P68590 / 3988-000-007-0003**

Lot #7 of the plat of Rustic Ranchettes together with an undivided interest in tracts "A" through "D" as recorded in volume 8, page 22, records of Skagit County. Subject to covenants, conditions and restrictions contained in Plat of Rustic Ranchettes, Easement for electric transmission lines, etc recorded under Auditors file # 562. Situated in Skagit County, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-052427

LOCAL FILE NUMBER: 4771

DATE ISSUED: 12/04/2018

FEE NUMBER: 311218

FIRST AND MIDDLE NAME(S): DONNA HELEN

LAST NAME(S): SMITH

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: NOVEMBER 27, 2018

HOUR OF DEATH: 12:30 PM

SEX: FEMALE

AGE: 70 YEARS

SOCIAL SECURITY NUMBER: 533-50-5025

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: OCTOBER 24, 1948

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: MARRIED

SPOUSE: JAMES HENRY SMITH

OCCUPATION: MATERIALS HANDLER

INDUSTRY: ELECTRICAL BUSINESS

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: JAMES HENRY SMITH

RELATIONSHIP: SPOUSE

ADDRESS: 929 87TH AVE NE, LAKE STEVENS, WA 98258

CAUSE OF DEATH:

A: RESPIRATORY ARREST

INTERVAL: 30 MINUTES

B: BILATERAL PULMONARY EMBOLISM

INTERVAL: 1 WEEK

C: METASTATIC PANCREATIC CANCER

INTERVAL: 12 WEEKS

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: HOSPICE

FACILITY OR ADDRESS: PROVIDENCE HOSPICE - 1321 COLBY AVE

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 929 87TH AVE NE

CITY, STATE, ZIP: LAKE STEVENS, WA 98258-2416

INSIDE CITY LIMITS: YES COUNTY: SNOHOMISH

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 38 YEARS

FATHER/PARENT: WAYNE EUGENE DENNEY

MOTHER/PARENT: NANNIE MERLE HUTCHENS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: DECEMBER 10, 2018

FUNERAL FACILITY: EVERGREEN FUNERAL HOME &amp; CEMETERY

ADDRESS: 4504 BROADWAY

CITY, STATE, ZIP: EVERETT, WASHINGTON 98203

FUNERAL DIRECTOR: LEVI W. SUTTON

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: JOHN LANK, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 8910 VERNON RD.

CITY, STATE, ZIP: LAKE STEVENS, WA 98258

DATE SIGNED: NOVEMBER 28, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KAREN KINDER-CARA

DATE RECEIVED: DECEMBER 04, 2018



Affidavit for Correction 12/19/2018 09:09 AM Page 5 of 5

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

Washington State Department of 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

Required information must match current information on record
Record Type: Birth Death Marriage Dissolution (Divorce)
1. Name on Record: First Middle Last 2. Date of Event: MM/DD/YYYY 3. Place of Event: (City or County)
4. Father/Parent Full Birth 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: PO Box or Street Address City State Zip
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 using this form, 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). 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.

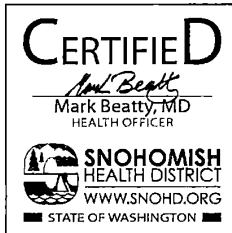
Marriage/Dissolution (Divorce) Certificates

- 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 January 2015



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



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