

After recording, return to:

Peter Witheford  
1319 34th Street  
Anacortes, WA 98221



**201902270012**

02/27/2019 08:51 AM Pages: 1 of 5 Fees: \$103.00  
Skagit County Auditor

**RECORDING COVERSHEET**

Document Title:

Grantor:

Grantee:

Abbreviated Legal:

Assessor's Tax Parcel ID #:

Personal Representative's Deed

PETER WITHEFORD, Personal Representative of the Estate of  
ELEANER MERILYNN MORGAN, deceased

PETER WITHEFORD

HAGADORN'S & STEWART TO ANACORTES, LOT 9 & 10,  
BLOCK 3

P119068

**PERSONAL REPRESENTATIVE'S DEED**

**THE UNDERSIGNED GRANTOR**, PETER WITHEFORD, as the duly appointed, qualified and acting personal representative of the Estate of ELEANER MERILYNN MORGAN, deceased, in Probate Cause No.18-4-00320-29 in Skagit County Superior Court of Washington and not in his individual capacity, and as authorized by order entered in the above entitled court to settle the Estate of ELEANER MERILYNN MORGAN, deceased, without the intervention of any court, by this instrument hereby conveys and quit claims to PETER WITHEFORD, a single person, the following described real estate, situated in the County of Skagit, State of Washington:

LOTS 9 AND 10, BLOCK 3, HAGADORN'S & STEWART'S FIRST ADDITION TO THE CITY OF ANACORTES, ACCORDING TO THE PLAT THEREOF, RECORDED IN VOLUME 1 OF PLATS, PAGE 37, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATED IN COUNTY OF SKAGIT, STATE OF WASHINGTON.

TAX PARCEL NUMBER: P119068

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019 654

**FEB 27 2019**

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

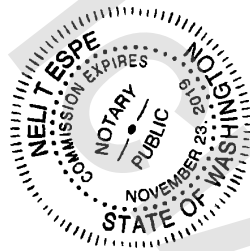
**DATED** this 25<sup>th</sup> day of February, 2019.

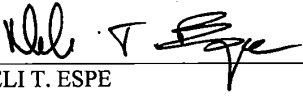
PETER WITHEFORD,  
Personal Representative of the  
ELEANER MERILYNN MORGAN, deceased,  
and not in an individual capacity

STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF SKAGIT       )

On this 25<sup>th</sup> day of February, 2019, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared PETER WITHEFORD, to me known to be the personal representative of the Estate of ELEANER MERILYNN MORGAN, deceased, and acknowledged the foregoing instrument to be the free and voluntary act and deed of the estate for the uses and purposes therein mentioned, and on oath stated that she was authorized to execute the instrument on behalf of the estate.

SUBSCRIBED AND SWORN to before me this 25<sup>th</sup> day of February, 2019.



  
NELI T. ESPE  
Notary Public in and for the State of  
Washington, residing in Anacortes  
My Appointment expires: November 23, 2019

SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY**FILED**Skagit County Clerk  
Skagit County, WA  
09/14/18Estate of ELEANER MERILYNN  
MORGAN:

No. 18-4-00320-29

LETTERS TESTAMENTARY

**I. BASIS**

1.1 The last will of ELEANER MERILYNN MORGAN late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on September 14, 2018.

1.2 In that will PETER S WHITEFORD is named personal representative.

1.3 The personal representative has qualified.

**II. CERTIFICATION**

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

DATED on this the 14th day of September, 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 )

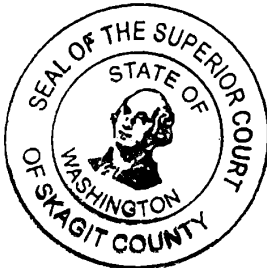
I, MAVIS BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on September 14, 2018.

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

DATED: September 14, 2018

MAVIS BETZ  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY

  
Deputy Clerk

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-038142

LOCAL FILE NUMBER: 3469

DATE ISSUED: 09/05/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ELEANER MERILYNN

LAST NAME(S): MORGAN

COUNTY OF DEATH: SNOHOMISH

DATE OF DEATH: AUGUST 29, 2018

HOUR OF DEATH: 05:00 PM

SEX: FEMALE AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: WILLOWS, CA

MARITAL STATUS: MARRIED

SPOUSE: PETER STANLEY WITHEFORD

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: PETER S WITHEFORD

RELATIONSHIP: HUSBAND

ADDRESS: 1319 - 34TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:

A: ACUTE MYELOGENOUS LEUKEMIA

INTERVAL: MONTHS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE REGIONAL MEDICAL CENTER

CITY, STATE, ZIP: EVERETT, WASHINGTON 98201

RESIDENCE STREET: 1319 - 34TH STREET

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 14 YEARS

FATHER/PARENT: FREDRICK H MAGNUSSEN

MOTHER/PARENT: ELEANER [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: SEPTEMBER 04, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: JULIE WOOD-MCCLURE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1700 13TH ST

CITY, STATE, ZIP: EVERETT, WA 98201

DATE SIGNED: SEPTEMBER 02, 2018

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JULIE WOOD-MCCLURE, MD, MD

LOCAL DEPUTY REGISTRAR: JULIE MARTIN

DATE RECEIVED: SEPTEMBER 04, 2018



# Affidavit for Correction

Mail to: 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.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</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:**  

<b>The record now shows:</b>	<b>The true fact is:</b>
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\*

SEP 05 2018

*Howard Labrand*  
**Skagit County Health Department**  
**Howard Labrand M.D., Health Officer**



0 2 0 2 0 1 9 7

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