



201904300172

04/30/2019 03:02 PM Pages: 1 of 9 Fees: \$107.00
Skagit County Auditor

AFTER RECORDING MAIL TO:

Monica and Howard Phillips
5526 Buckhorn Way
Mount Vernon, WA 98273

Filed for Record at Request of:
Land Title & Escrow of Skagit & Island County
Escrow No.: 01-171800-OE ✓
Land Title and Escrow

Statutory Warranty Deed

THE GRANTOR DEBRA ELIASZ, an unmarried person for and in consideration of **TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION** in hand paid, conveys and warrants to **MONICA PHILLIPS and HOWARD PHILLIPS, a married couple** the following described real estate, situated in the County of Skagit, State of Washington

Abbreviated Legal:
Lot 160 Skagit Highlands, Div. V, (Phase 2).

For Full Legal See Attached Exhibit "A"

Tax Parcel Number(s): 4948-000-160-0000, P127262

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title and Escrow Company's Preliminary Commitment No. 01-171800-OE.

Dated April 23, 2019

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20191594
APR 30 2019

Amount Paid \$6,252.⁸⁰
Skagit Co. Treasurer
By *nam* Deputy

Debra Eliaz
Debra Eliaz

STATE OF Washington }
COUNTY OF Skagit } SS:

I certify that I know or have satisfactory evidence that Debra Eliaz is / are the person(s) who appeared before me, and said person(s) acknowledged that he / she / they signed this instrument and acknowledged it to be his / her / their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: April 29th 2019

Karen Ashley
Karen Ashley
Notary Public in and for the State of Washington
Residing at Sedro-Woolley
My appointment expires: 9/11/2022

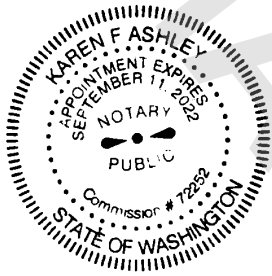


EXHIBIT A

Lot 160, "PLAT OF SKAGIT HIGHLANDS DIVISION V (PHASE 2)," as per plat recorded on January 17, 2008, under Auditor's File No. 200801170047, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

Return Address:

Debra Eliaz
14 Valiant Drive
Coventry, RI 02816

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Debra Eliaz, 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 Surviving Spouse
Relationship to decedent
of James Edward Eliaz, who died on 03/22/2019
Decedent/Grantor *Date*
at Mount Vernon Skagit Washington
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Skagit Highlands, Div. V, (Phase2)

Assessor's Property Tax Parcel/Account Number: 4928-000-160-0000, P127262
(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 _____)

DEBRA MARIE ELIASZ, LEGAL AGE, SURVIVING SPOUSE
14 VALIANT DRIVE COVENTRY RI 02816

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : April 29, 2019.

Affiant's full name

Debra Eliaz

Telephone number

757-710-1992

<u>14 Valiant Drive, Covntry,</u>	<u>RI</u>	<u>02816</u>
City	State	Zip Code

Debra Eliaz
Signature

4/29/19
Date

State of Washington County of Skagit

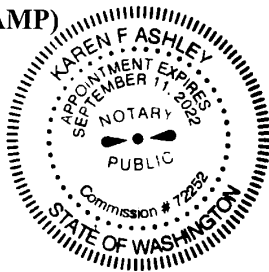
I know or have satisfactory evidence that Debra Eliaz
(name of person)

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: 4/29/19

Karen Ashley
Signature of Notary Public

(SEAL OR
STAMP)



Residing at: Sedro-Woolley

Notary Public in and for the State of Washington

My appointment expires: 9/11 /2022

Escrow No.: 01-171800-OE

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 160, "PLAT OF SKAGIT HIGHLANDS DIVISION V (PHASE 2)," as per plat recorded on January 17, 2008, under Auditor's File No. 200801170047, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-013555

DATE ISSUED: 03/26/2019

FEE NUMBER: 310319

FIRST AND MIDDLE NAME(S): JAMES EDWARD
LAST NAME(S): ELIASZ

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 22, 2019
HOUR OF DEATH: 02:15 AM
SEX: MALE AGE: 56 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: PROVIDENCE, RI

MARITAL STATUS: MARRIED
SPOUSE: DEBRA M AIMANOVICH

OCCUPATION: MECHANIC / INSPECTOR
INDUSTRY: AEROSPACE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: DEBRA M ELIASZ
RELATIONSHIP: SPOUSE
ADDRESS: 5526 BUCKHORN WAY, MOUNT VERNON, WA 98273

CAUSE OF DEATH:
A: ACUTE ON CHRONIC HYPOXIC AND HYPERCAPNIC RESPIRATORY FAILURE
INTERVAL: DAYS
B: SEVERE END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
C: TOBACCO DEPENDENCE
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PATIENT ALSO HAD
PULMONARY HYPERTENSION AND CHRONIC RENAL FAILURE

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: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT, VERNON, WASHINGTON 98274

RESIDENCE STREET: 5526 BUCKHORN WAY
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER/PARENT: EDWARD S ELIASZ
MOTHER/PARENT: BARBARA GERTRUDE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: MARYSVILLE, WASHINGTON
DISPOSITION DATE: MARCH 26, 2019

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE

ADDRESS: 3710 168TH ST NE SUITE #B209
CITY, STATE, ZIP: ARLINGTON, WASHINGTON 98223
FUNERAL DIRECTOR: AMY H. BERMAN

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

CERTIFIER NAME: PRECIOUS BARNES, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: MARCH 24, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: PRECIOUS BARNES, PA

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: MARCH 26, 2019



Affidavit for Correction

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

Man to: Center for 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: County
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
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: 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: Printed name: Date:

16b. Signature of 2nd parent (if required): 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

- 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

<p>Child under 18</p> <ul style="list-style-type: none"> • 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 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • 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
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*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

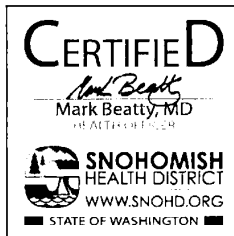
Marriage/Dissolution (Divorce) Certificates

- 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 January 2015



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



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