



**201908200068**

08/20/2019 02:59 PM Pages: 1 of 6 Fees: \$108.50  
Skagit County Auditor

WHEN RECORDED RETURN TO:

*Land Title and Escrow*

02-172931-0E

**DOCUMENT TITLE(S):**  
LETTERS TESTAMENTARY

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

Richard S Leake and Robert B. Leake, Co-Personal Representatives of the Estates of Norman W. Leake and Dolores L. Leake, per Skagit County Probate No. 19-4-00103-29

**GRANTEE:**

RICHARD A LEAKE AND ROBERT B LEAKE

**ABBREVIATED LEGAL DESCRIPTION:**

Unit E-35, Anacortes Marina Condo, Phase 1.

**TAX PARCEL NUMBER(S):**

4436-005-035-0004, P82264

SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY

**FILED**  
Skagit County Clerk  
Skagit County, WA  
03/27/19

<b>Estate of NORMAN W. LEAKE &amp; DOLORES L. LEAKE:</b>	No. 19-4-00103-29  LETTERS TESTAMENTARY
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**I. BASIS**

1.1 The last will of NORMAN W. LEAKE; DOLORES L LEAKE late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on March 27, 2019.

1.2 In that will RICHARD S. LEAKE & ROBERT B LEAKE are named personal representative.

1.3 The personal representatives have qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT RICHARD S. LEAKE and or ROBERT B LEAKE are authorized by this court to execute the will of the above decedent according to law.

DATED on this the 27th day of March, 2019.

MELISSA BEATON  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

Kristen Denton, Deputy Clerk

**III. CERTIFICATE OF COPY**

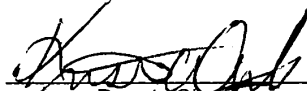
STATE OF WASHINGTON |  
COUNTY OF SKAGIT | ss

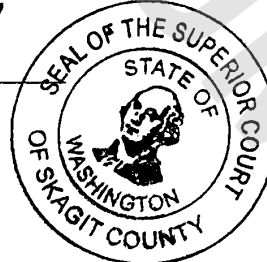
I, MELISSA BEATON, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on March 27, 2019.

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

DATED: March 28, 2019

MELISSA BEATON  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY   
Deputy Clerk



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-005612

DATE ISSUED: 02/11/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLORES LAVERN

LAST NAME(S): LEAKE

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: FEBRUARY 03, 2019

HOUR OF DEATH: 01:25 AM

SEX: FEMALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DENVER, CO

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT B LEAKE

RELATIONSHIP: SON

ADDRESS: 203 N FOUNTAIN ST WICHITA, KS 67208

CAUSE OF DEATH:

A: SEPSIS SECONDARY TO URINARY TRACT INFECTION

INTERVAL: DAYS

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: MOUNTAIN GLEN

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 674 MUCKLESHOOT CIR

CITY, STATE, ZIP: LACONNER, WA 98257

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: AXEL M SANDBERG

MOTHER/PARENT: MABEL I [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: FEBRUARY 08, 2019

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: RODGER L. TRUAX

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: SANDEEP BAL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 EAST KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: FEBRUARY 07, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: SANDEEP BAL, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: FEBRUARY 08, 2019



Affidavit for Correction

08/20/2019 02:59 PM Page 4 of 6
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

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, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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 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

- 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\*

FEB 11 2019

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



0 2 1 3 6 2 1 8

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

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 297-10 Washington State Certificate of Death State File Number 2010 54949

1. Legal Name (include AKA's if any) First Middle LAST Suffix 2. Death Date Apr 9, 2010 3. Sex (M/F) Male 4a. Age - Last Birthday 87 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number 6. County of Death Skagit 7. Birthdate 8. Birthplace (City, Town, or County) Quincy 8b. (State or Foreign Country) Massachusetts 9. Decedent's Education Bachelor's Degree 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No 11. Decedent's Race(s) White 12. Was Decedent ever in U.S. Armed Forces? Yes 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 3807 East College Way 13b. City or Town Mount Vernon 13c. Residence: County Skagit 13d. Tribal Reservation Name (if applicable) --- 13e. State or Foreign Country Washington 13f. Zip Code + 4 98273 13g. Inside City Limits? [X] Yes [ ] No [ ] Unk 14. Estimated length of time at residence. 2 Years 6 Months 15. Marital Status at Time of Death Married 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Dolores Sandberg 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Accounting Manager 18. Kind of Business/Industry (Do not use Company Name) Communications 19. Father's Name (First, Middle, Last, Suffix) John Scott Leake 20. Mother's Name Before First Marriage (First, Middle, Last) Kathryn 21. Informant's Name Dolores Leake 22. Relationship to Decedent Wife 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 674 Muckleshoot Circle, La Conner, WA 98257 24. Place of Death, if Death Occurred in a Hospital: Long Term Care Facility 25. Facility Name (If not a facility, give number & street or location) Ashley Gardens 26a. City, Town, or Location of Death Mount Vernon 26b. State WA 27. Zip Code 98273 28. Method of Disposition Burial 29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery 30. Location-City/Town, and State Mount Vernon, WA 31. Name and Complete Address of Funeral Facility Kern Funeral Home 1122 South Third St, Mount Vernon, WA 98273 32. Date of Disposition Apr 17, 2010 33. Funeral Director Signature X Rex E. Watt Rex E. Watt Cause of Death (See instructions and examples) IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Failure to Thrive Interval between Onset & Death 1 month Due to (or as a consequence of): b. Severe Alzheimer's dementia Interval between Onset & Death Years SEQUENTIALLY list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)LAST c. Interval between Onset & Death d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above 36. Autopsy? [ ] Yes [X] No 37. Were autopsy findings available to complete the Cause of Death? [ ] Yes [ ] No 38. Manner of Death [X] Natural [ ] Homicide [ ] Accident [ ] Undetermined [ ] Suicide [ ] Pending 39. If female [ ] Not pregnant within past year [ ] Not pregnant, but pregnant within 42 days before death [ ] Pregnant at time of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year 40. Did tobacco use contribute to death? [ ] Yes [ ] Probably [X] No [ ] Unknown 41. Date of Injury (mm/dd/yyyy) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? [ ] Yes [X] No [ ] Unk 45. Location of Injury: Number & Street: City or Town: County: State: Zip Code- 4: 46. Describe how injury occurred 47. If transportation injury, specify: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [X] Other (Specify) 48a. Certifying Physician-To the best of my knowledge death occurred at the time, date and place and due to cause(s) and manner stated x Deborah Morris 4-12-10 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. x 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Deborah North, MD 1400 E Kincaid St, Mount Vernon, WA 98274 50. Hour of Death (24hrs) 1740 51. Name and Title of Attending Physician [ ] other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy) Apr 12, 2010 53. Title of Certifier Physician 54. License Number MD00018366 55. ME/Coroner File Number NJA-168 56. Was case referred to ME/Coroner? [X] Yes [ ] No 57. Registrar Signature x Corne Anderson, Deputy 58. Date Received (mm/dd/yyyy) APR 15 2010 59. Amendments



### Affidavit for Correction

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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#### Required information must match current information on record

<b>Required</b>	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: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last Maiden		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: \_\_\_\_\_

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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 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:
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  - Social Security Numident Report
  - Certificate of Naturalization
  - Hospital/medical record
  - Passport
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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.

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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

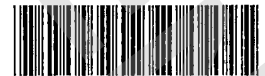


This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

*Jean Remsbecker*

ISSUED

FEB 28 2019



0 2 7 4 1 3 2 2

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