



201912030048

12/03/2019 11:31 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

After Recording Return To:
Skagit Law Group, PLLC
P. O. Box 336/227 Freeway Dr. Ste B
Mount Vernon, WA 98273

STATUTORY WARRANTY DEED

GRANTOR: William C. Bailey, Successor Trustee of the William T. Bailey and Charlotte J. Bailey Trust dated November 2, 1988

GRANTEE: Bailey 1605, LLC, a Washington limited liability company

Legal Description:

Abbreviated Form: Ptn SE ¼ NE ¼ S30 T34N R4E WM

Additional on: Page 1-2

Assessor's Tax Parcel No.: 340430-0-164-0002; P28985

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019-5236
DEC 03 2019

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

THE UNDERSIGNED GRANTOR, **WILLIAM C. BAILEY** as Successor Trustee of the **William T. Bailey and Charlotte J. Bailey Trust dated November 2, 1988**, for and in consideration of a mere change in form of ownership, WAC 458-61A-211(2)(d), conveys and warrants to **BAILEY 1605, LLC**, a Washington limited liability company, the following described real estate, situated in the County of Skagit, State of Washington, together with all after-acquired title of the Grantor therein, to-wit:

That portion of the Southeast ¼ of the Northeast ¼ of Section 30, Township 34 North, Range 4 E.W.M., described as follows:

Beginning at a point on the North line of said subdivision 100 feet West of the West line of Second Street as established in the City of Mount Vernon (said Point being in the West line of a tract conveyed to Darrold Cathcart by deed recorded in Volume 160 of Deeds, page 367); thence South 38.5 feet, more or less, to the Southwest corner of said Cathcart tract; thence West 16 feet, more or less, to a

STATE OF CALIFORNIA
 CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEDOUTS OR ALTERATIONS VS-11 (REV. 11/98)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CHARLOTTE		2. MIDDLE JEAN		3. LAST (FAMILY) BAILEY	
4. DATE OF BIRTH M/M/DD/C/YY [REDACTED]		5. AGE YRS. 71		6. SEX F	
7. DATE OF DEATH M/M/DD/C/YY 04/10/1997		8. HOUR 2330			
9. STATE OF BIRTH NORTH DAKOTA		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE [REDACTED]	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 13			
14. RACE WHITE		15. HISPANIC—SPECIFY [REDACTED]		16. USUAL EMPLOYER BILL BAILEY FOR TIRES	
17. OCCUPATION OFFICE MANAGER		18. KIND OF BUSINESS AUTOMOTIVE		19. YEARS IN OCCUPATION 38	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 95 PALOMINO CIRCLE		21. CITY PALM DESERT		22. COUNTY RIVERSIDE	
23. ZIP CODE 92211		24. YRS IN COUNTY 8		25. STATE OR FOREIGN COUNTRY CALIFORNIA	
26. NAME, RELATIONSHIP WILLIAM T. BAILEY HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 715 MT. VERNON, WASHINGTON 98273			
28. NAME OF SURVIVING SPOUSE—FIRST WILLIAM		29. MIDDLE T.		30. LAST (MAIDEN NAME) BAILEY	
31. NAME OF FATHER—FIRST CHARLES		32. MIDDLE VICTOR		33. LAST PAYNE	
34. BIRTH STATE IOWA		35. NAME OF MOTHER—FIRST CLEO		36. MIDDLE [REDACTED]	
37. LAST (MAIDEN) [REDACTED]		38. BIRTH STATE UNK		39. DATE M/M/DD/C/YY 04/11/1997	
40. PLACE OF FINAL DISPOSITION FAM. RES. W. BAILEY 95 PALOMINO CIRCLE PALM DESERT, CA, 92211		41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NO. [REDACTED]		44. NAME OF FUNERAL DIRECTOR FITZHENRY FUNERAL HOME PALM DESERT CHAPEL		45. LICENSE NO. 46. SIGNATURE OF LOCAL REGISTRAR FD-1571 [Signature] M.O.B	
47. DATE M/M/DD/C/YY 04/11/1997		101. PLACE OF DEATH EISENHOWER MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA	
103. FACILITY OTHER THAN HOSPITAL: [REDACTED]		104. COUNTY RIVERSIDE		105. CITY RANCHO MIRAGE	
106. STREET ADDRESS—STREET AND NUMBER OR LOCATION 39-000 BOB HOPE DR.		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) METASTATIC CANCER TO LUNG DUE TO (B) COLON CANCER DUE TO (C) DUE TO (D)		108. TIME INTERVAL BETWEEN ONSET AND DEATH 4 MOS 5 MOS	
109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REPRERAL NUMBER		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. BENIGN COLECTOMY 12/14/1996		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C/YY 12/04/1996 04/10/1997	
115. SIGNATURE AND TITLE OF CERTIFIER [Signature]		116. LICENSE NO. A24039		117. DATE M/M/DD/C/YY 04/11/1997	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP LAWRENCE A. CONE MD. 39000 BOB HOPE DR. RANCHO MIRAGE, CA 92270		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
121. INJURY DATE M/M/DD/C/YY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER	
127. DATE M/M/DD/C/YY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 993942 CENSUS TRACT	

712364

CERTIFIED COPY OF VITAL RECORDS

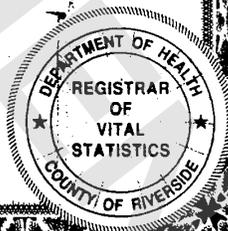
STATE OF CALIFORNIA } SS
 COUNTY OF RIVERSIDE }

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.

[Signature] M.O.
 Registrar
 RIVERSIDE COUNTY, CALIFORNIA

DATE ISSUED 04/16/1997

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 602-08 Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix William Tousley Bailey 2. Death Date 07/15/2008

3. Sex (M/F) M 4a. Age - Last Birthday 81 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number 533-20-9722 6. County of Death Skagit

7. Birthdate 01/27/1927 8a. Birthplace (City, Town, or County) Spokane 8b. (State or Foreign Country) WA 9. Decedent's Education High School Graduate

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.) 400 East Gilkey Road 13b. City or Town Burlington

13c. Residence: County Skagit 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country WA 13f. Zip Code + 4 98233 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence: 1 Year 9 months 15. Marital Status at Time of Death Married 16. Surviving Spouse's Name (Give name prior to first marriage) June Marie Ortegren

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Owner Tire Sales & Service 18. Kind of Business/Industry (Do not use Company Name)

19. Father's Name (First, Middle, Last, Suffix) Herbert Grant Bailey 20. Mother's Name Before First Marriage (First, Middle, Last) Anna Ruth Tousley

21. Informant's Name William C. Bailey 22. Relationship to Decedent Son 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 17439 Olympic Place, Mount Vernon, WA 98273

24. Place of Death, if Death Occurred in a Hospital: Retirement Community (Place of Death, if Death Occurred Somewhere Other than a Hospital)

25. Facility Name (if not a facility, give number & street or location) Creekside Retirement Community 26a. City, Town, or Location of Death Burlington 26b. State WA 27. Zip Code 98233

28. Method of Disposition Cremation 29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory 30. Location-City/Town, and State Mount Vernon, WA

31. Name and Complete Address of Funeral Facility Hulbush Funeral Home & Cremation Service Burlington, WA 98233 32. Date of Disposition 7/16/2008

33. Funeral Director Signature [Signature]

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Failure to thrive. Interval between Onset & Death 6 mo.
Due to (or as a consequence of)

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 b. Cancer - prostate Interval between Onset & Death Years
Due to (or as a consequence of)

c. Interval between Onset & Death
d. Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Colon cancer, coronary artery disease 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death 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? No Yes Probably 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 No Unk

45. Location of Injury: Number & Street Apt No. City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician: Robert Slind M.D. 48b. Medical Examiner/Coroner

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Robert O. Slind 1400 East Kincaid Street, Mount Vernon, WA 98274 50. Hour of Death (24hrs) Late PM Hours

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (MM/DD/YYYY) 7/16/2008

53. Title of Certifier MD 54. License Number 55. ME/Coroner File Number Case#128-08 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature Corinne Anderson, Deputy 58. Date Received (MM/DD/YYYY) JUL 16 2008

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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect or Incomplete as follows:				
6. The Record now shows:			7. The True fact is:	
8.			9.	
10.			11.	
12.			13.	
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record	School Record
	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
	Insurance Records	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED*

JUL 22 2008

Howard Leibrand

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

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