



202001280113

01/28/2020 03:36 PM Pages: 1 of 4 Fees: \$106.50  
Skagit County Auditor

When recorded return to:

DINA BAKER  
4710 234TH ST NE  
ARLINGTON, WA 98223

STATUTORY WARRANTY DEED

(Fulfillment) *[Signature]*

THE GRANTOR(S) *TERRENCE G. ROBERTS* individually and as  
*Surviving Spouse of Joanne L. Roberts*

for and in consideration of *GIFTED*

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
*2020/24/20*  
JAN 28 2020

in hand paid, conveys, and warrants to *DINA BAKER*

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

the following described real estate, situated in the County of *SKAGIT*, State of Washington:

*LOT 26, PLAT OF SARNICKI COVE, DIV #1  
AS PER PLAT RECORDED IN VOLUME 10  
OF PLATS, PAGES 1, 2 & 3 RECORDS OF  
SKAGIT COUNTY, WASHINGTON.*

Abbreviated Legal: (Required if full legal not inserted above) *LOT 26, PLAT OF SARNICKI  
COVE, DIV #1*

Tax Parcel Number(s): *4185-000-026-0009 P77740*

~~This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated *1-28-2020* and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.~~

Real Estate Excise Tax was paid on this sale or stamped exempt on receipt number

Dated: 1-28-2020

Terrence G Roberts      Dina Baker

STATE OF Washington  
COUNTY OF Skagit ss.

I certify that I know or have satisfactory evidence that Terrence G Roberts  
Dina Baker (is/are) the person(s) who appeared  
before me, and said person(s) acknowledged that they signed this instrument and acknowledged it to be  
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 1-28-2020

Sherlynn Wiscombe

Notary name printed or typed: Sherlynn wiscombe  
Notary Public in and for the State of washington  
Residing at Sedro Woolley  
My appointment expires: 05-02-2022



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-021631

DATE ISSUED: 05/15/2019  
FEE NUMBER: 0201-114

FIRST AND MIDDLE NAME(S): JOANNE LOUISE  
LAST NAME(S): ROBERTS

COUNTY OF DEATH: BENTON  
DATE OF DEATH: MAY 09, 2019  
HOUR OF DEATH: 09:00 PM  
SEX: FEMALE AGE: 76 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: EMERGENCY ROOM  
FACILITY OR ADDRESS: TRIOS HEALTH  
CITY, STATE, ZIP: KENNEWICK, WASHINGTON 99336

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

RESIDENCE STREET: 645 N NEEL ST  
CITY, STATE, ZIP: KENNEWICK, WA 99336  
INSIDE CITY LIMITS: YES COUNTY: BENTON  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WA

FATHER/PARENT: JOSEPH SIMON BENEDET HENRY LEMIER  
MOTHER/PARENT: MARY MARGARIT [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: TERENCE GEORGE ROBERTS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: BOGC CREMATION SERVICES

OCCUPATION: HOMEMAKER  
INDUSTRY: OWN HOME  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: KENNEWICK, WASHINGTON  
DISPOSITION DATE: MAY 14, 2019

INFORMANT: TERRY ROBERTS  
RELATIONSHIP: HUSBAND  
ADDRESS: 645 N NEEL ST, KENNEWICK, WA 99336

FUNERAL FACILITY: HILLCREST/BRUCE LEE MEMORIAL CENTER  
ADDRESS: 2804 WEST LEWIS  
CITY, STATE, ZIP: PASCO, WASHINGTON 99301  
FUNERAL DIRECTOR: J. BLAZE TITUS

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: 1 HOUR  
B: LUNG CANCER  
INTERVAL: 3 MONTHS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: BASIR HAQUE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 7360 W DESCHUTES AVE  
CITY, STATE, ZIP: KENNEWICK, WA 99336  
DATE SIGNED: MAY 14, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: SUSANA MARTINEZ  
DATE RECEIVED: MAY 14, 2019



# 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**

**Required**

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)  
First Middle Last/Maiden First Middle Last/Maiden

6. Name of Person Requesting Correction: Relationship to  Self  Guardian  Informant  Hospital  
Person on Record:  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: Printed name: Date: 16b. Signature of 2nd parent (if required): 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**

- 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

**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**

- 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.

# CERTIFIED

MAY 15 2019

*Amy D. Person*  
Amy D. Person, M.D.

Benton-Franklin County Health District



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