



202009020078

09/02/2020 01:53 PM Pages: 1 of 4 Fees: \$105.50  
Skagit County Auditor

When recorded return to:

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2020 5486  
SEP 02 2020

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

**QUIT CLAIM DEED**

THE GRANTOR(S) *FRANCIS PAUL NIEMAN and LINNEA EILEEN WAHAMAKI, TRUSTEES, THE NIEMAN-WAHAMAKI FAMILY TRUST DATED: OCTOBER 17, 2003*

for and in consideration of

*NO MONETARY CONSIDERATION*

in hand paid, conveys and quit claims to

*FRANCIS PAUL NIEMAN TRUST* dated *DECEMBER 4, 2019*  
*FRANCIS PAUL NIEMAN, TRUSTEE*  
the following described real estate, situated in the County of *SKAGIT*, State of Washington

together with all after acquired title of the grantor(s) herein:

*LOT 12, SKYLINE No. 1, according to the plat thereof, recorded in Volume 8 of Plats, pages 49 and 50, records of Skagit County, Washington  
Situated in Skagit County, Washington*

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *3817-000-012-0003 P59020*

Dated: 8/29/2020

Francis Paul Nieman

STATE OF Washington  
COUNTY OF SKagit ss.

I certify that I know or have satisfactory evidence that Francis Paul Nieman

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that he signed  
this instrument, on oath stated that he is authorized to execute the instrument and acknowledge it  
as the Trustee of  
the Francis Paul Nieman Trust dated Dec. 4, 2019 to be  
the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: August 29, 2020



BK Gainer  
Notary name printed or typed: BK Gainer  
Notary Public in and for the State of Washington  
Residing at Anacortes, WA  
My appointment expires: Jan. 08, 2021

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-031274

DATE ISSUED: 07/30/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): LINNEA EILEEN  
LAST NAME(S): WAHAMAKI

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 15, 2019  
HOUR OF DEATH: 03:00 AM FOUND  
SEX: FEMALE AGE: 60 YEARS  
SOCIAL SECURITY NUMBER: 563-41-6958

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

BIRTH DATE: DECEMBER 14, 1958  
BIRTHPLACE: HAYWARD, CA

MARITAL STATUS: MARRIED  
SURVIVING SPOUSE: FRANCIS PAUL NIEMAN

OCCUPATION: PROFESSOR  
INDUSTRY: UNIVERSITY EDUCATION  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES: NO

INFORMANT: FRANCIS PAUL NIEMAN  
RELATIONSHIP: HUSBAND  
ADDRESS: 3008 BERNARD AVENUE, SAN RAMON, CA, 94583

CAUSE OF DEATH:  
A: METASTATIC BREAST CANCER  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: EMPHYSEMA, PLEURAL  
EFFUSION, SEVERE KYPHOSIS

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: OTHER PLACE  
FACILITY OR ADDRESS: 5703 ROSARIO WAY  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3008 BERNARD AVENUE  
CITY, STATE, ZIP: SAN RAMON, CA 94583  
INSIDE CITY LIMITS: YES COUNTY: CONTRA COSTA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 27 YEARS

FATHER/PARENT: LEO WAHAMAKI  
MOTHER/PARENT: GABRIELE STREIL

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON  
DISPOSITION DATE: JULY 16, 2019

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

ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

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: H EDWIN STICKLE, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1400 E. KINCAID  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: JULY 15, 2019

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 19SK0243  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: JULY 16, 2019



Affidavit for Correction

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Washington State Department of Health  
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: 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/Initial      First Middle Last/Middle  
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:

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 foregoing is true and correct

16a. Signature:      16b. Signature of 2nd parent (if required):  
Printed name:      Date:      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 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

- 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). 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 January 2015



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

\*CERTIFIED\*

JUL 30 2019

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



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