



202107120056

07/12/2021 10:04 AM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

When recorded, return to:

Marisa E. Broggel
McCune, Godfrey, Emerick & Broggel, Inc. PS
4500 9th Ave. NE Suite 300
Seattle, WA 98105-4697SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUL 09 2021

Amount Paid \$0
Skagit Co. Treasurer
By *ME* DeputyQUIT CLAIM DEED

The GRANTOR, JAMES R. HANCOCK, SR., Deceased, for and in consideration of estate distribution, grants and conveys to the GRANTEE, ESTATE OF KATHLEEN ANN HANCOCK, the following described real estate, situated in the County of Skagit, State of Washington:

Lot 66, "CEDARGROVE ON THE SKAGIT," AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. YEAR: 1983 MAKE: FLEETWOOD MODEL VOGUE SERIAL #: IDFL1AD28043406.

PARCEL NUMBER: 3877-000-066-0005

This deed is intended to transfer to THE ESTATE OF KATHLEEN ANN HANCOCK, all interest in which JAMES R. HANCOCK, SR. might now or have ever come to have in the realty described in the deed. The entire possible fee to the property should now show in the name of THE ESTATE OF KATHLEEN ANN HANCOCK.

DATED: 5-21-21

James Hancock, Jr.
JAMES HANCOCK, JR. as Personal Representative for the Estate of KATHLEEN ANN HANCOCK,
Deceased.

State of Washington)
County of Skagit) ss

On this day personally appeared before me the Grantor, JAMES HANCOCK, JR., as Personal Representative for the Estate of KATHLEEN ANN HANCOCK, Deceased. to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that she signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 21st day of May, 2021.

Tammy Weilmuenster
Notary Public for the State of Washington
Residing in: Wentworth
My commission expires: Sep 8, 2021
Print Name: Tammy Weilmuenster

TAMMY WEILMUNSTER
Notary Public
State of Washington
My Appointment Expires
Sep 8, 2021

Return Address:

McCune Godfrey Emerick Broggel

4500 9th Ave. NE Ste 300

Seattle, WA 98105

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee, James R Hancock Sr. by James Hancock Jr., administrator for the estate of Kathleen A. Hancock, being first duly sworn

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 SON*Relationship to decedent*of JAMES RALPH HANCOCK SR*Decedent/Grantor*, who died on 2/19/2014*Date*at MOUNT VERNON*City*SKAGIT*County*WA*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 66, " CEDARGROVE ON THE SKAGIT, " AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON, SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON. YEAR: 1983 MAKE: FLEETWOOD MODEL VOGUE SERIAL #: IDFL1AD28043406.

Assessor's Property Tax Parcel/Account Number: 3877-000-066-0005

(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 _____)

JAMES HANCOCK JR., SON (OVER AGE 18)

46451 BAKER LOOP, CONCRETE, WA 9823

Full name, age, relationship, address

TRACY SISK, DAUGHTER (OVER AGE 18)

1100 CURLEW ROAD LOT 194, DUNEDIN, F

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 : 5/21/21

JAMES R. HANCOCK

Affiant's full name

(360)610-0798

Telephone number

46451 BAKER LOOP

CONCRETE

City

Street
WA

State

98237

Zip Code


Signature5-21-21

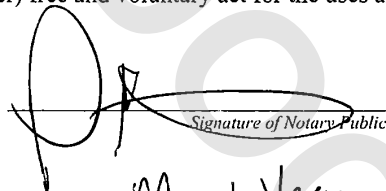
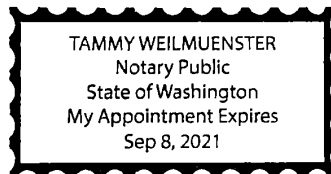
Date

State of WASHINGTONCounty of Skagit

I know or have satisfactory evidence that

James R Hancock
(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: 05 / 21 / 2021(SEAL OR
STAMP)
Signature of Notary PublicResiding at: Mount VernonNotary Public in and for the State of WashingtonMy appointment expires: Sept. 8, 2021

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-006246

DATE ISSUED: 02/12/2020
FEE NUMBER:

FIRST AND MIDDLE NAME(S): KATHLEEN ANN
LAST NAME(S): HANCOCK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 07, 2020
HOUR OF DEATH: 06:29 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEDRO WOOLLEY, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: CONSULTANT
INDUSTRY: WATER SYSTEMS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: JAMES R HANCOCK JR
RELATIONSHIP: SON
ADDRESS: 46451 BAKER LOOP ROAD CONCRETE, WA 98237

CAUSE OF DEATH:
A: RIGHT LUNG CANCER
INTERVAL: 3 YEARS
B: SMOKING TOBACCO
INTERVAL: 30 + YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE

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: IN TRANSPORT
FACILITY OR ADDRESS:
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 46451 BAKER LOOP ROAD
CITY, STATE, ZIP: CONCRETE, WA 98237
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: FRANK OLIVER
MOTHER: HELEN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: FEBRUARY 12, 2020

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEY

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: DANIEL H. GARCIA, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 7438 SOUTH D AVENUE
CITY, STATE, ZIP: CONCRETE, WA 98237
DATE SIGNED: FEBRUARY 12, 2020

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

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: FEBRUARY 12, 2020



Affidavit for Correction

07/12/2021 10:04 AM Page 1 of 3
 Printed on Recycled Paper
 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
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Required	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 Last Middle Initial		2. Date of Event: MM/DD/YYYY	3. Place of Event: City and County
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Last Middle Initial		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Last Middle Initial	
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 and house number City State Zip
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Telephone Number: ()	Email Address:
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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: Printed name: Date:	16b. Signature of 2nd parent (if required): Printed name: Date:
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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

Child under 18 <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 	Adult (18 years or older) <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

CERTIFIED

FEB 12 2020

Howard Leibrand

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



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



0 3 8 0 1 5 9 2

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-003942

DATE ISSUED: 02/24/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JAMES RALPH
LAST NAME: HANCOCK

SUFFIX: SR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 19, 2014
HOUR OF DEATH: 10:55 P.M.
SEX: MALE
AGE: 70 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: [REDACTED]
BIRTHPLACE: SAN DIEGO, SAN DIEGO CNTY, CALIFORNIAMARITAL STATUS: MARRIED
SPOUSE: KATHLEEN ANN OLIVEROCCUPATION: MEAT CUTTER
INDUSTRY: RETAIL GROCERY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NOINFORMANT: KATHLEEN ANN HANCOCK
RELATIONSHIP: WIFE
ADDRESS: 46451 BAKER LOOP ROAD, CONCRETE, WA 98237PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274RESIDENCE STREET: 46451 BAKER LOOP ROAD
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 12 YEARSFATHER: MAYNARD CLIFFORD HANCOCK
MOTHER: LILLIAN MAXINE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: FEBRUARY 24, 2014FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTERCAUSE OF DEATH:
A. CARDIAC ARREST WITH CARDIOGENIC SHOCK IN DAYS PRECEDING
INTERVAL: HOURS
B. RESPIRATORY FAILURE
INTERVAL: DAYS
C. PNEUMONIA
INTERVAL: DAYS
D. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS

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:MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? UNKNOWN
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: MALIK FUIMAONO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1400 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: FEBRUARY 24, 2014STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONECASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 115
ATTENDING PHYSICIAN:
MALIK FUIMAONO MDLOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 24, 2014



Affidavit for Correction

07/12/2021 10:04 AM

State of Washington Department of Health Statistics
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
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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Birth Name _____ 5. Mother/Parent Full Birth Name _____

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) _____ Telephone Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ 16. Date: _____ 17. Address: _____
(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit.**
We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.
Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
Passport	Hospital/Medical Record	

- Birth Certificates:**
- Only a parent, 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 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.
 - Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
4. **This affidavit cannot be used to add a father to a birth certificate. (Use the 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 someone other than the informant listed on the certificate. 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 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.

DOH 422-034 August 2013

CERTIFIED

FEB 24 2014

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

ZZ00024890