

**Name & Return Address:**

David McKenzie

27116 104th Dr NW

Stanwood, WA 98292

**Washington State Recorder's Cover Sheet** (RCW 65.04) Please print legibly or type information.

<b>Document Title(s)</b>	Letters of Testamentary	GNW 21-12800
<b>Grantor(s)</b>	Superior Court of Skagit, Estate of Bernadine Brandes	
____ Additional Names on Page ____ of Document		
<b>Grantee(s)</b>	David McKenzie, personal representative	
____ Additional Names on Page ____ of Document		
<b>Legal Description</b> (Abbreviated: i.e., lot, block & subdivision name or number OR section/township/range and quarter/quarter section)	Lot 6, Chang-Gri-La	
Complete Legal Description on Page ____ of Document		
<b>Auditor's Reference Number(s)</b>		
<b>Assessor's Property Tax Parcel/Account Number(s)</b>	P116426	
<b>Non Standard Fee \$50.00</b>	By signing below, you agree to pay the \$50.00 non standard fee.	
I am requesting an emergency non standard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.		
_____ <b>Signature of Party Requesting Non Standard Recording</b>		
NOTE: Do not sign above or pay additional \$50.00 fee if document meets margin/formatting requirements.		
The Auditor/Recorder will rely on the information provided on this cover sheet. Staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.		

SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY

**FILED**  
Skagit County Clerk  
Skagit County, WA  
06/11/2021

<b>Estate of BERNADINE BRANDES:</b>	No. 21-4-00265-29
	<b>LETTERS TESTAMENTARY</b>

**I. BASIS**

- 1.1 The last will of BERNADINE BRANDES late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on June 10, 2021.
- 1.2 In that will DAVID MCKENZIE is named personal representative(s).
- 1.3 The personal representative has qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT DAVID MCKENZIE is authorized by this court to execute the will of the above decedent according to law.

DATED 06/11/2021.

MELISSA BEATON, COUNTY CLERK  
CLERK OF THE SUPERIOR COURT  
Kristen Denton, Deputy Clerk

**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON |  
COUNTY OF SKAGIT | ss

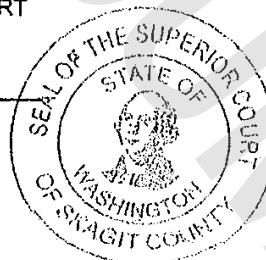
I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on June 10, 2021.

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

DATED: 06/14/2021

MELISSA BEATON, COUNTY CLERK  
CLERK OF THE SUPERIOR COURT

BY   
Deputy Clerk



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-024094

DATE ISSUED: 05/21/2021  
FEE NUMBER: 1706064FIRST AND MIDDLE NAME(S): BERNADINE JOAN  
LAST NAME(S): BRANDESCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 19, 2021  
HOUR OF DEATH: 07:00 AM  
SEX: FEMALE AGE: 63 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1730 S 7TH STREET  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 1730 S 7TH STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: SEATTLE, WAFATHER: RALPH L LODER  
MOTHER: FRANCES J [REDACTED]MARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYOCCUPATION: CUSTODIAN  
INDUSTRY: SCHOOL DISTRICT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOCITY, STATE: SEATTLE, WASHINGTON  
DISPOSITION DATE: MAY 22, 2021INFORMANT: DAVID MCKENZIE  
RELATIONSHIP: SON  
ADDRESS: 27116 104TH DRIVE NW STANWOOD, WA 98292

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: MANUELA A. BARBER

## CAUSE OF DEATH:

- A: CHRONIC RESPIRATORY FAILURE  
INTERVAL: YEARS
- B: CHRONIC OBSTRUCTIVE PULMONARY DISEASE  
INTERVAL: YEARS
- C:  
INTERVAL:
- D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CONGESTIVE HEART FAILURE

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 RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: MAY 19, 2021

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: BELEN MARTINEZ  
DATE RECEIVED: MAY 21, 2021



# Affidavit for Correction

Mail to: Center for 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

<b>Required</b>	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 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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:		14b. 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

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Record
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

**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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

**Child under 18**

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

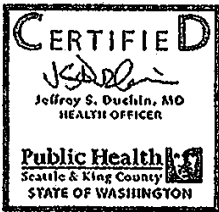
\*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**Death Certificates**

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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



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