


202111230006
11/23/2021 09:21 AM Pages: 1 of 6 Fees: \$208.50
Skagit County Auditor

After Recording Return To:

Skagit Law Group, PLLC
P.O. Box 336
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-5351
NOV 23 2021

Amount Paid \$ 0
Skagit Co. Treasurer
By  Deputy

SPECIAL WARRANTY DEED

GRANTOR: **SHARON M. PHILLIPS**, Trustee of the **BROWN FAMILY TRUST, u/t/d 10/3/94**

GRANTEE: **SANDRA L. EASTWOOD**, a married woman as her separate estate

Abbreviated Legal: PTN SE ¼ SW 1/4, SEC 6, TWP 34 N, R 4 E, W.M., AKA TR B S/P 53-88

Additional Legal on: Page 1

Assessor's Tax Parcel No: 340406-3-007-0900; P99818

THE GRANTOR, **SHARON M. PHILLIPS**, in her capacity as the Trustee of the **BROWN FAMILY TRUST, u/t/d 10/3/94**, in distribution of said trust, hereby grants, bargains, conveys, and confirms to **SANDRA L. EASTWOOD**, a married woman as her separate estate, as GRANTEE, all of Grantor's interest, together with all after-acquired title, in that certain real property situated in the County of Skagit, State of Washington, legally described as follows:

That portion of the Southeast quarter of the Southwest quarter of Section 6, Township 34 North, Range 4 East of W.M., known as Tract B of Short Plat 53-88, recorded under Skagit County Auditor's File No. 9007120004; also known as a portion of Lot 4 of Short Plat 57-81, recorded under Skagit County Auditor's File No. 8202110011.

SUBJECT TO: Easements, restrictions, and reservations of record.

The Grantor, for herself and for her successors in interest, does by these presents expressly limit the covenants of this deed to those herein expressed and excludes all covenants arising or to arise by statutory or other implication, and does hereby covenant to warrant and defend said real estate against all persons whomsoever lawfully claiming or to claim by, through, or under said Grantor, and not otherwise.

DATED: November 18, 2021.

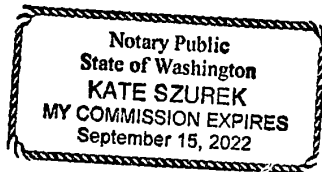
BROWN FAMILY TRUST, u/t/d 10/3/94

By: Sharon M. Phillips
SHARON M. PHILLIPS
Trustee

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **SHARON M. PHILLIPS** is the person who appeared before me, and said person acknowledged that she was authorized to execute this instrument and acknowledged it as the Trustee of the **Brown Family Trust, u/t/d 10/3/94**, to be her free and voluntary act, for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 18th day of November, 2021.



Kate Szurek
Printed Name KATE SZUREK
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 9/15/2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-036951

DATE ISSUED: 08/12/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): KENNETH WILLIAM
LAST NAME(S): BROWN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 24, 2021

HOUR OF DEATH: 07:23 PM

SEX: MALE

AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: MARCOLA, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: PAINTER

INDUSTRY: AUTO BODY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: SHARON PHILLIPS

RELATIONSHIP: DAUGHTER

ADDRESS: 20544 PRAIRIE RD SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:

A: EXACERBATION OF HYPERTENSIVE HEART DISEASE AND CONGESTIVE HEART FAILURE

INTERVAL: YEARS

B: FREQUENT FALLS WITH SKIN TEARS AND EXCESSIVE BLEEDING

INTERVAL: DAYS TO WEEKS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ANTICOAGULATION THERAPY

PLACE OF DEATH: HOME

FACILITY OR ADDRESS: 12753 MARKWOOD ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 12753 MARKWOOD ROAD

CITY, STATE, ZIP: BURLINGTON, WA 98233

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 62 YEARS

FATHER: WILLIAM DENVER BROWN

MOTHER: MILDRED [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: AUGUST 03, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: ACCIDENT

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: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: AUGUST 02, 2021

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 210725-87

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON

DATE RECEIVED: AUGUST 02, 2021

DATE OF INJURY: JULY 24, 2021

HOUR OF INJURY: UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: DECEDENT S RESIDENCE

LOCATION OF INJURY: 12753 MARKWOOD ROAD

CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

COUNTY: SKAGIT

DESCRIBE HOW INJURY OCCURRED: UNWITNESSED GROUND LEVEL FALL
ON STAIRS

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE



Affidavit for Correction

11/23/2021 09:21 AM Page 1 of 6
 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
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 foregoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd parent (if required):		
Printed name:		Date:		Printed name:
				Date:
INSTRUCTIONS – go to 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:				
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • 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				
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. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
Child under 18				
<ul style="list-style-type: none"> • 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. 				
*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.				
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 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. 				
Death Certificates				
1. 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.				
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 proof documentation.				
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.				



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

CERTIFIED

AUG 12 2021

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



0 5 1 6 2 2 5 6

STATE OF WASHINGTON DEPARTMENT OF HEALTH

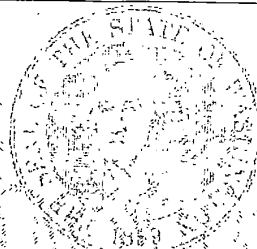
457
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last Phyllis Marie Brown			2 SEX (M / F) Female		3 DEATH DATE (Mo, Day, Yr) 06/17/2000	
4 AGE LAST BIRTHDAY (Yrs) 71		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo, Day, Yr) [REDACTED]
8 BIRTHPLACE (City, State or Foreign Country) Deer Park, WA			9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH Skagit	
11 CITY, TOWN OR LOCATION OF DEATH Burlington			12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME, <input type="checkbox"/> IN TRANSPORT, <input type="checkbox"/> EMERG RMOUT PTN, <input type="checkbox"/> HOSP, <input type="checkbox"/> NUR HOME, <input type="checkbox"/> OTHER PLACE 12753 Markwood Road			13 SMOKING IN LAST 15 YEARS? (Yes / No) No
14 MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Kenneth W. Brown		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Clerk		19 KIND OF BUSINESS OR INDUSTRY Retail Lumber		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21 RACE (Specify) White
22 RESIDENCE — NUMBER AND STREET 12753 Markwood Road		23 CITY/TOWN, OR LOCATION Burlington		24 INSIDE CITY LIMITS? (Yes / No) No	25A COUNTY Skagit	25B LENGTH OF RES. IN CO. 55 Years
26 STATE WA		27 ZIP CODE 98233				
28 FATHER'S NAME — FIRST, MIDDLE, LAST Philip C. James			29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Rose Marie [REDACTED]			
30 INFORMANT — NAME Kenneth W. Brown			31 MAILING ADDRESS STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 12753 Markwood Road, Burlington, WA 98233			
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33 DATE (Mo, Day, Yr) 06/21/2000		34 CEMETERY/CREMATORY — NAME Mount Vernon Crematory		
35 LOCATION — CITY/TOWN, STATE Mount Vernon, WA		36 FUNERAL DIRECTOR SIGNATURE <i>x Roger W. Hulbush</i>				
37 NAME OF FACILITY Hulbush Funeral Home		38 ADDRESS OF FACILITY 281 S. Burlington Blvd., Burlington, WA, 98233				
39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE <i>Houshang Shetabi M.D.</i> 40 DATE SIGNED (Mo, Day, Yr) 06-20-00			41 HOUR OF DEATH (24 Hrs.) 1800			
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) D. Robert Raish			43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>x</i>			
44 DATE SIGNED (Mo, Day, Yr) 06-20-00			45 HOUR OF DEATH (24 Hrs.) 1800		46 PRONOUNCED DEAD (Mo, Day, Yr)	
47 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Houshang Shetabi M.D., 1971 Hospital Drive, Sedro-Woolley, WA 98284			48 ME/CORONER FILE NUMBER NJA 132			
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A <i>Progressive Pulmonary metastases</i>		INTERVAL BETWEEN ONSET AND DEATH 3 years		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		B <i>Renal cell carcinoma</i>		INTERVAL BETWEEN ONSET AND DEATH 4 years + 2 months		
		C		INTERVAL BETWEEN ONSET AND DEATH !!!		
		D		INTERVAL BETWEEN ONSET AND DEATH !!!		
51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE.						
52 AUTOPSY? (Yes / No) No		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes				
54 ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hrs)		
57 DESCRIBE HOW INJURY OCCURRED						
58 INJURY AT WORK? (Yes / No)		59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60 LOCATION — STREET OR RFD NO., CITY/TOWN, STATE		
61 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE		62 REGISTRAR SIGNATURE <i>x Dorothy Epps, deputy</i>		63 DATE RECEIVED (Mo, Day, Yr) 6-20-00		



Howard Leibbrand
Howard Leibbrand M.D.
Health Officer

Signed *Dorothy Epps*
(Skagit County Deputy Registrar)

Date **JUN 26 2000**

AFFIDAVIT FOR CORRECTION 202111230006

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USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY		15.		
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

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

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- 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 established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname 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 110-001)

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 attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

HH491256