



202204010040

04/01/2022 10:44 AM Pages: 1 of 5 Fees: \$207.50
Skagit County Auditor

Recorded at the Request of:

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

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2022 1321
APR 01 2022

Amount Paid \$ *5*
Skagit Co. Treasurer
By *LT* Deputy

STATUTORY WARRANTY DEED

GRANTOR: IRIS JOY MUIA, as Trustee of the FRANCIS RIZZO MUIA AND IRIS JOY MUIA REVOCABLE TRUST, dated September 27, 2011

GRANTEE: IRIS JOY MUIA, a married woman as her separate property

Legal Description:
Abbreviated Form: Lot 2, West Trumpeter

Additional on Page: Page 1

Assessor's Tax Parcel No.: 4527-000-002-0004 / P83796

THE GRANTOR, **IRIS JOY MUIA**, as Trustee of the **FRANCIS RIZZO MUIA AND IRIS JOY MUIA REVOCABLE TRUST**, dated **September 27, 2011**, for and in consideration of mere change in form of ownership, and for no monetary consideration, conveys and warrants to Grantee, **IRIS JOY MUIA**, a married woman as her separate property, any and all interest of Grantor in and to that certain real property, together with all after-acquired title of the Grantor therein, situated in the County of Skagit, State of Washington, and legally described as follows:

PARCEL "A":

Lot 2, "WEST TRUMPETER," as per plat recorded in Volume 14 of Plats, pages 106 and 107, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

PARCEL "B":

A non-exclusive easement for ingress and egress over and across the Northerly 30 feet of that portion of Lot 1, "West Trumpeter" adjacent to said Lot 2 on the West.

SUBJECT TO: Easements, restrictions and reservations of record.

Situated in Skagit County Washington.

DATED: 3 - 26 - 22, 2022.

**FRANCIS RIZZO MUIA AND IRIS JOY MUIA
REVOCABLE TRUST, dated September 27, 2011**


By: IRIS JOY MUIA, Trustee

(Acknowledgment follows.)

STATE OF WASHINGTON }
COUNTY OF Chelan } ss.

I certify that I know or have satisfactory evidence that **IRIS JOY MUIA** is the person who appeared before me as the Trustee of the **FRANCIS RIZZO MUIA AND IRIS JOY MUIA REVOCABLE TRUST, dated September 27, 2011**, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 20th day of March, 2022.



Printed Name Kendra Helmerson
NOTARY PUBLIC in and for the State of Washington
My Commission Expires June 12, 2023



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-005700

DATE ISSUED: 02/27/2015

FEE NUMBER: 000000029

GIVEN NAMES: FRANCIS
LAST NAME: MUTA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: FEBRUARY 24, 2015
HOUR OF DEATH: 02:50 P.M.

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3410 MARTIN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

SEX: MALE
AGE: 76 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3410 MARTIN RD
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 MONTHS

BIRTHDATE: [REDACTED]
BIRTHPLACE: NORTH CHARLEROI, WASHINGTON CNTY, PENNSYLVANIA

FATHER: FRANCIS NICHOLAS MUTA
MOTHER: SUSAN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: IRIS VAN WAGNER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: MARCH 02, 2015

OCCUPATION: MISSIONARY
INDUSTRY: MINISTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: IRIS MUTA
RELATIONSHIP: WIFE
ADDRESS: 3410 MARTIN RD, MOUNT VERNON, WA 98273

- CAUSE OF DEATH:
- A. ANEMIA
INTERVAL: UNKNOWN
- B. MALIGNANT MELANOMA
INTERVAL: UNKNOWN
- C.
INTERVAL:
- D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: FEBRUARY 25, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-134
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: FEBRUARY 26, 2015





Affidavit for Correction

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P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

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
Use the section below for requesting any changes on the record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event:
First	Middle	Last	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)	
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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant				Telephone Number:
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				
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	Full Numident Report (Social Security Administration)	School Transcripts (Official)	
	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)	
	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record	
	Passport			
Birth Certificates				
1. Only a parent, 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 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.				
3. <u>Child under 18</u>				
<ul style="list-style-type: none"> 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. To correct the sex of the child, submit one proof from a medical provider. 				
<ul style="list-style-type: none"> Adult (18 years or older) <ul style="list-style-type: none"> 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, 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. 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				
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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. 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 June 2014

CERTIFIED

FEB 27 2015

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

BB00183108