



202209060056

09/06/2022 12:05 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

WHEN RECORDED RETURN TO:

Douglas S. Dunham
CRANE DUNHAM PLLC
3600 15th Ave W, Suite 200
Seattle, WA 98119-1330

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022-3676
SEP 06 2022

Amount Paid \$ 8
Skagit Co. Treasurer
By JLB Deputy

PERSONAL REPRESENTATIVE QUIT CLAIM DEED

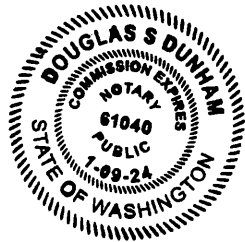
The undersigned Grantor, **ANDREA S. GILES**, as the duly appointed, qualified and acting PERSONAL REPRESENTATIVE of the Estate of **JAMES GREGORY BAILIEY, Deceased** in Probate Cause No. 21-4-02484-3 SEA, in King County Superior Court of Washington and as authorized by Order of Solvency entered in the probate cause number on April 7, 202 to settle the estate of **JAMES GREGORY BAILEY** without the intervention of any court, does grant, bargain, sell, convey and confirm to **JOSEPH G. BAILEY** as his sole property, located at 409 North 18th Street, Mt. Vernon, WA 98273, more particularly described as follows:

Lot 11, Plat of Highland Glen Div. No.1, as per plat recorded in Volume 11 of plats, page 52, records of Skagit County, Washington. Situate in the City of Mount Vernon, County of Skagit, State of Washington.

TOGETHER WITH all easements, covenants, conditions, and restrictions of record.

Tax Account Number: P79682 / 4348-000-011-0000 DATED: August 9, 2022.

Andrea S. Giles, Personal Representative for the Estate of James Gregory Bailey



STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

I certify that I know or have satisfactory evidence that **ANDREA S. GILES** is the person who appeared before me and on behalf of herself and as PERSONAL REPRESENTATIVE for the Estate of **JAMES GREGORY BAILEY**, 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.
DATED: August 9th, 2022

Printed Name: Douglas S. Dunham
Notary Public in and for the State of Washington,
residing in: Seattle, King County Washington
My appointment expires: January 9, 2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 09/06/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2021-016782

FIRST AND MIDDLE NAME(S): JAMES GREGORY
LAST NAME(S): BAILEY

COUNTY OF DEATH: KING
DATE OF DEATH: MARCH 27, 2021
HOUR OF DEATH: 11:06 AM
SEX: MALE AGE: 70 YEARS
SOCIAL SECURITY NUMBER: 536-52-3172

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

BIRTH DATE: APRIL 04, 1950
BIRTHPLACE: COTTAGE GROVE, OR

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: MANAGER
INDUSTRY: MACHINERY RENTALS
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: ANDREA GILES
RELATIONSHIP: DAUGHTER
ADDRESS: 21826 31ST DR SE BOTHELL WA 98021

CAUSE OF DEATH:
A: SEPTIC SHOCK BACTEREMIA DUE TO STREPTOCOCCUS ANGINOSUS, E COLI, KLEBSIELLA
INTERVAL: 48 HOURS
B: GASTROESOPHAGEAL ANASTOMOTIC LEAK
INTERVAL: 4 DAYS
C: ESOPHAGECTOMY
INTERVAL: 10 DAYS
D: ESOPHAGEAL CANCER
INTERVAL: MONTHS

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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: EVERGREEN HOSPITAL MEDICAL CENTER
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034

RESIDENCE STREET: 409 N 18TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: JOSEPH HOMER BAILEY
MOTHER: JOAN MARION ANDERSEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN WASHELLI CREMATORY

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: APRIL 10, 2021

FUNERAL FACILITY: LIFETIME CELEBRATIONS BY WASHELLI

ADDRESS: 18224 - 103RD AVE NE
CITY, STATE, ZIP: BOTHELL, WASHINGTON 98011
FUNERAL DIRECTOR: AMANDA CORNELIUS

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SACHA THOMAS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12040 NE 128TH STREET
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
DATE SIGNED: APRIL 06, 2021

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

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: APRIL 09, 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

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)
6. Name of Person Requesting Correction: Relationship to Person on Record: Self, Guardian, Informant, Hospital, 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:

Table with 2 columns: The record currently shows: (8, 10, 12) and The true fact is: (9, 11, 13)

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

14a. Signature: Printed name: Date:
14b. Signature of 2nd parent (if required): 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:
• 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:
• 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):
• 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.

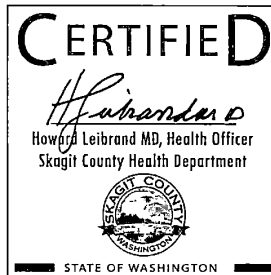
Death Certificates

- 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.



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2021-04-07

Page 1 of 1

CERTIFIED COPY

FILED
KING COUNTY, WASHINGTON
APR 07 2021
SUPERIOR COURT CLERK

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR THE COUNTY OF KING


IN RE THE ESTATE OF JAMES GREGORY BAILEY DECEASED	NO: 21-4-02484-3 SEA LETTERS TESTAMENTARY (LTRTS)
------------------------------------------------------------------------	--------------------------------------------------------------------

The last will of the above named decedent was duly exhibited, proven and filed on April 7, 2021.
It appears in and by said will that **ANDREA S. GILES** is/are named Executor(s) and by order of
this court is/are authorized to execute said will according to law.

WITNESS my hand and seal of said Court: April 7, 2021.

BARBARA MINER
King County Superior Court Clerk



By:  Deputy Clerk
T. BROWN

• NOT OFFICIAL WITHOUT SEAL •

I BARBARA MINER, Clerk of the Superior Court of the State of Washington for King County, do hereby certify that this copy is a true and perfect transcript of said original as it appears on file and of record in my office and of the whole thereof. IN TESTIMONY WHEREOF, I have affixed this Seal of said Superior Court at my office at Seattle. Barbara Miner
By Deputy Clerk: T. Brown

