

When recorded return to:

Deborah F Yoder
Granite Logan, LLC
1717 N Downing St
Denver, CO 80208

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Lena Thompson
DATE 05/06/2025

Filed for record at the request of:



CHICAGO TITLE
COMPANY OF WASHINGTON

425 Commercial St
Mount Vernon, WA 98273

Escrow No.: 620057777

DOCUMENT TITLE(S)

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____

Additional reference numbers on page _____ of document

GRANTOR(S)

State of Washington

Additional names on page _____ of document

Additional names on page _____ of document

GRANTEE(S)

Thomas A Prater

Additional names on page _____ of document

Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION

PTN NE 1/4 SEC 21-34-3E, W.M.

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)

P126658 / 340321-1-003-0100 and P22224 / 340321-1-003-0007

Additional Tax Accounts are on page _____ of document

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death. Local File Number 242 07. State File Number. Legal Name Thomas A. Prater. Death Date Mar 28, 2007. Sex Male. Age 78. Birthplace Priest River, Idaho. Decedent's Education Some college credit, but no degree. Usual Occupation Driver/Salesman. Marital Status Married. Surviving Spouse's Name Ruth "Ellen" Steele. Relationship to Decedent Wife. Mailing Address 15244 Bradshaw Road, Mount Vernon, WA 98273. Place of Death Decedent's home. Cause of Death Congestive Heart Failure. Certifying Physician Robert R. Jacobsen, MD. Registrar Signature Conrice Anderson, Deputy Registrar.



DOH/CHS 003 Rev.2/06/2004

DOH-01-003 (5/99)



Affidavit for Correction

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: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
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:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:	Certificate of Naturalization	Medical Record
	Hospital Records	Military Record (DD-214)
	Insurance Records	Birth Record
	Marriage/Divorce Records	Passport
		School Record
		Voter's Registration Card (if it bears an effective date)
		Alien Registration Card (front and back)

- Birth Certificates:**
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (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. Proof must be five (or more) years old or have been established within five years of birth.
 4. Up to age one, the parent(s) or legal guardian may change the child's last name 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 last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
 5. 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).
 6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

- 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.
 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- 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/CHS 023 (Rev. 9/2002)

* CERTIFIED *

MAR 30 2007

Howard Leibrand 0000267698

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