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03/04/2026 03:50 PM Pages: 1 of 3 Fees: \$20.00
Skagit County Auditor

RETURN DOCUMENT TO:

Shayla Lynn Francis
17563 Ervine Lane
Mount Vernon, WA 98274

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026-0629
MAR 04 2026

Amount Paid \$ 0
Skagit Co. Treasurer
By *[Signature]* Deputy

Use dark black ink and print legibly. Documents not legible will be rejected per RCW 65.04.045 & 65.04.047

<p>DOCUMENT TITLE(S): DEATH CERTIFICATE (redacted, and in support of already recorded Community Property Agreement, recorded under AF # <u>2026 03 04 00 34</u>)</p>
<p>AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED:</p> <p>Additional reference numbers can be found on page _____ of document.</p>
<p>GRANTOR(S) Sue Carol Wheeler, <i>Deceased</i></p> <p>Additional grantor(s) can be found on page _____ of document.</p>
<p>GRANTEE(S): James Brooks Wheeler</p> <p>Additional grantee(s) can be found on page _____ of document.</p>
<p>ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.) LOTS 10 AND 11, BLOCK 907, NORTHERN PACIFIC ADDITON TO ANACORTES, RECORDED IN VOLUME 2 OF PLATS, PAGES 9 TO 11, RECORDS OF SKAGIT COUNTY, WASHINGTON. Lots 10 and 11, Block 907, "NORTHERN PACIFIC ADDITION TO ANACORTES", according to the plat thereof recorded in Volume 2 of Plats, page 9, records of Skagit County Washington</p> <p>Additional legal(s) can be found on page _____ of document.</p>
<p>ASSESSOR'S 16-DIGIT GEO-PARCEL NUMBER: P58563</p> <p>Additional numbers can be found on page _____</p>

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is that of the document preparer.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-038720

DATE ISSUED: 08/02/2022
FEE NUMBER: 310822

FIRST AND MIDDLE NAME(S): SUE CAROL
LAST NAME(S): WHEELER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 20, 2022
HOUR OF DEATH: 01:15 PM
SEX: FEMALE AGE: 82 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 3412 W 4TH ST
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: MOUNT CARMEL, IL

FATHER: OLIVER OWEN COSHOW
MOTHER: WILAM [REDACTED]

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JAMES BROOKS WHEELER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

OCCUPATION: BARTENDER
INDUSTRY: FOOD SERVICE
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE
US ARMED FORCES: NO

CITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: AUGUST 02, 2022

INFORMANT: JAMES BROOKS WHEELER
RELATIONSHIP: SPOUSE
ADDRESS: 3412 W 4TH ST, ANACORTES, WA 98221

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

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

CAUSE OF DEATH:
A: METASTATIC LUNG CANCER
INTERVAL: 7 DAYS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: MATTHEW BOYLE, DO
TITLE: DO
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: JULY 28, 2022

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: MARIA VIVANCO
DATE RECEIVED: AUGUST 01, 2022



Affidavit for Correction

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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

Form fields for State Office Use Only including State File Number, Fee Number, Initials, Date, Affidavit Number, and Required information sections (Record Type, Name on Record, Date of Event, Place of Event, etc.)

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

Table for recording discrepancies between the current record and the true fact, with columns for 'The record currently shows:' and 'The true fact is:'.

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

Signature fields for 14a. Signature and 14b. Signature of 2nd parent (if required), including printed name and 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). 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. 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: 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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