



200102200006
Skagit County Auditor
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WHEN RECORDED RETURN TO

Name

Address

City, State, Zip



FILED FOR RECORD AT REQUEST OF

360407-0-018-0015 (P49023) 360407-0-018-0205 (P49025)

Quit Claim Deed

THE GRANTOR Kenneth Vaughn, a single man

for and in consideration of Gift from Grandfather to Grandson
conveys and quit claims to Nathan Vaughn, a single man
the following described real estate, situated in the County of Skagit State of Washington,
together with all after acquired title of the grantor(s) therein.

SEE ATTACHED EXHIBIT "A" FOR LEGAL DESCRIPTION

SE SW 7-36-4
SW SE 7-36-4

The grantor herein reserves a life estate in said premises.

39490
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

Dated January 31, 2001

FEB 20 2001

Kenneth Vaughn
(Individual)
Kenneth Vaughn
(Individual)

Amount Paid \$
By: *Man* Skagit County Treasurer Deputy
(President)
(Secretary)

STATE OF WASHINGTON }
COUNTY OF Skagit } ss.

STATE OF WASHINGTON }
COUNTY OF } ss.

On this day personally appeared before me
Kenneth Vaughn
to me known to be the individual described and who
executed the within and foregoing instrument, and acknowledged that he signed the same as
free and voluntary act and deed, for the uses and purposes therein mentioned.

On this day of _____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ known to be the _____ President and _____ Secretary, respectively of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

GIVEN under my hand and official seal this _____ day of February 2001

Sharon R. Anthony
Notary Public in and for the State of Washington,
residing at Mount Vernon
My appointment expires: 9-6-2001

Witness my hand and official seal hereto affixed the day and year first above written.
Notary Public in and for the State of Washington,
residing at _____
My appointment expires: _____

EXHIBIT "A"

PARCEL "A":

That portion of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 7, Township 36 North, Range 4 E.W.M., lying Southerly of the Northerly right of way line of a vacated portion of the former Alger Lake Samish Road and lying Easterly of Friday Creek as the same existed on January 6, 1988; EXCEPT that portion thereof lying within the right of way of the existing Alger Lake Samish Road across the Northeast corner thereof; ALSO EXCEPT that portion thereof lying both Easterly of the centerline of Friday Creek as it existed on October 2, 1979 and Southerly of the centerline of the vacated County road commonly known as Old Colony Road.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

That portion of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 7, Township 36 North, Range 4 E.W.M., lying Southerly of county road commonly known as Alger Lake Samish Road and Westerly of the center line of County Road now vacated, commonly known as Old Colony Road.

Situate in the County of Skagit, State of Washington.



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**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**



482

146

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First: Dorothy Middle: Allen Last: Vaughn			2. SEX (M / F) Female		3. DEATH DATE (Mo. Day, Yr) 07/01/1999		
4. AGE LAST BIRTHDAY (Yrs) 76		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) Cincinnati, OH			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit		
11. CITY, TOWN OR LOCATION OF DEATH Bellingham			12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 1668 Lake Samish 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 Dwight Vaughn		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Family Home		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 1668 Lake Samish Road		23. CITY/TOWN, OR LOCATION Bellingham		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skagit	
25B. LENGTH OF RES. IN CO. 54 Years		26. STATE WA		27. ZIP CODE 98226			
28. FATHER'S NAME—FIRST, MIDDLE, LAST William Allen			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Jennie [REDACTED]				
30. INFORMANT—NAME Kenneth Vaughn		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1668 Lake Samish Road, Bellingham, WA 98226					
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) 07/02/1999		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 THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>x Richard J. Abbott M.D.</i>				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 [REDACTED]</i>			
40. DATE SIGNED (Mo., Day, Yr) 7/2/99		41. HOUR OF DEATH (24 Hrs.) 2025		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Richard J. Abbott M.D., 2116 East Section, Mount Vernon, WA 98273						49. ME/CORONER FILE NUMBER NJA 082	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death).		A. Respiratory Failure				INTERVAL BETWEEN ONSET AND DEATH Days	
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. Primary Lung Cancer				INTERVAL BETWEEN ONSET AND DEATH 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 GIVEN ABOVE.						52. AUTOPSY? 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 REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>x Sandra Berlits, Deputy</i>			63. DATE RECEIVED (Mo., Day, Yr) 7-12-99	



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Date July 12, 1999



Howard Leibrand M.D.
Health Officer

Signed *Sandra Berlits*
(Skagit County Deputy Registrar)