

When recorded return to:
4 Via Madera
Rancho Santa Margarita, CA 92688



200811250062
Skagit County Auditor

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QUIT CLAIM DEED

WILD

ACCOMMODATION RECORDING ONLY

THE GRANTOR(S)

The estate of Richard A. Hubbard (Deceased)

for and in consideration of

WAC 458-61A-202

in hand paid, conveys and quit claims to

Stephen R. Hubbard, as his separate estate, and Brian J. Hubbard,
as his separate estate.

the following described real estate, situated in the County of Skagit, State of Washington:

Lot 15, "FIDALGO COMMONS PUD", as per plat recorded May 30, 2003 under Auditor's File No. 200305300211, records of Skagit County, Washington.

Abbreviated Legal: (Required if full legal not inserted above.)

Lot 15, "FIDALGO COMMONS PUD"

Tax Parcel Number(s):

P120463, 4817-000-015-0000

Dated:

11-18-08

3843

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

NOV 25 2008

Amount Paid \$
Skagit Co. Treasurer
By *Nelson* Deputy

STATE OF California
COUNTY OF Orange

ss.

I certify that I know or have satisfactory evidence that Stephen R. Hubbard

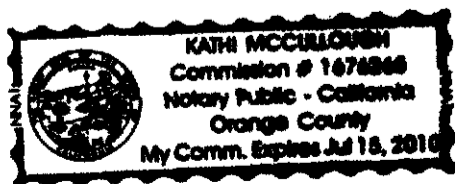
(is/~~are~~) the person(s) who appeared before me, and said person(s) acknowledged that he signed
this instrument, on oath stated that he authorized to execute the instrument and acknowledge it as
the heir of
The estate of Richard A. Hubbard to be
the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 11-18-08

KATHI McCULLOUGH

Notary name printed or typed:
Notary Public in and for the State of California
Residing at Orange County, California
My appointment expires:

7-15-10



Return To:

Name: Stephen R. Hubbard

Address: 4 Via Madera

City/St: Rancho Santa Margarita, CA

Zip Code: 92688

LACK OF PROBATE AFFIDAVIT

The affiant is the Son of Richard A. Hubbard
(relationship to decedent) (decedent)

who died August 7th, 2008 at Sedro-Walley
(date of death) (city)

State of Washington. On said date, the decedent's legal residence was

1268 Fidalgo Pl., in Sedro-Walley, Skagit,
(address) (city) (county)

Washington, 98284.
(state) (zip code)

ATTACHED HERETO IS A COPY OF THE DECEDENT'S DEATH CERTIFICATE.

THE DECEDENT LEFT:

- No will and No Community Property Agreement; OR
- A Community Property Agreement recorded in _____ County as Auditor's File Number _____ in favor of the surviving spouse or an unrecorded agreement which has been attached hereto; OR
- An unprobated and unrevoked will, a copy of will is attached hereto; OR
- A will which is being/was probated in _____ County, State of _____ as Superior Court Cause No. _____

The Affiant declares that on the date of death the total value of the decedent's entire Estate was approximately \$ 166,500 of which approximately \$ 166,500 was the separate property of the decedent.



The Affiant further declares that all obligations and creditor's claims of the decedent's Estate, including all expenses of the last illness, funeral and burial have been fully paid EXCEPT for none () OR those shown on an attachment hereto .

The Affiant further declares that the decedent had () OR had never received from the State of Washington assistance consisting of nursing facility services, home and community-based service, related hospital and prescription drug services, or any of type of medical assistance.

The Affiant declares that the following are all the heirs of the decedent (heirs being Surviving spouse, children, adopted children, issue of predeceased child or adopted child, Parents, brothers, sisters of the decedent, including those not inheriting part of the decedent's estate):

LEGAL NAME	AGE	RELATIONSHIP	ADDRESS
<u>Stephen R. Hubbard</u>	<u>25</u>	<u>Son</u>	<u>4 Via Madera Rancho Santa Margarita, CA 92688</u>
<u>Brian J. Hubbard</u>	<u>27</u>	<u>Son</u>	<u>25682 Skybird Ln. Lake Forest, CA 92636</u>
_____	_____	_____	_____
_____	_____	_____	_____

(attach additional sheets if necessary)

The Affiant makes this affidavit to induce First American Title Insurance Company to issue its policies of title insurance upon properties owned, in whole or part by the decedent in reliance upon the representations set forth hereinabove. The Affiant agrees to indemnify and hold First American Title Insurance Company harmless from all loss or damage, including attorney fees, which it may suffer as a result of said reliance.

Stephen R. Hubbard
(Affiant's legal name)

11-18-08
(Date of Affidavit)

4 Via Madera Rancho Santa Margarita, CA 92688
(Affiant's legal address)

[Signature]
(Affiant's signature)

(See Notary Acknowledgment On Next Page)



California
STATE OF WASHINGTON

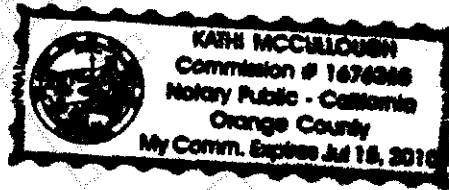
COUNTY OF Orange

On this day personally appeared and sworn before me Kathi McCullough,
to me known to be the individual described in and who executed the within and
foregoing instrument, and acknowledged that he/she signed the same as his/her free and
voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under hand and seal this 18th day of November, 2008.

Kathi McCullough
Notary Public in and for the State of Washington California
Residing at Orange County, California
My appointment expires on 7-15-10.

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Skagit County Auditor

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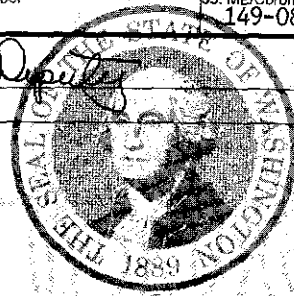
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: 670-08 Washington State Certificate of Death State File Number

1. Legal Name (Exclude AKAs - 1 only) First Middle LAST RICHARD ARNOLD HUBBARD			2. Death Date Aug 7, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 56	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Long Beach	8b. (State or Foreign Country) California		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 1258 Fidalgo Place			13b. City or Town Sedro-Woolley		
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98284
14. Estimated length of time at residence. 5 months		15. Marital Status at Time of Death Divorced		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Supervisor			18. Kind of Business/Industry (Do not use Company Name) Casino Industry		
19. Father's Name (First, Middle, Last, Suffix) Dell Hubbard			20. Mother's Name (First, Middle, Last) Aletha [REDACTED]		
21. Informant's Name Stephen R. Hubbard		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 4 Via Madera Rancho Santo Margarita, CA 92688	
24. Place of Death, if Death Occurred in a Hospital:			25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence		
25. Facility Name (if not a facility, give number & street or location) 1258 Fidalgo Place			26a. City, Town, or Location of Death Sedro-Woolley		26b. State WA
27. Zip Code 98284			28. Method of Disposition Cremation		
29. Place of Final Disposition (Name of cemetery, crematory, other place) Mount Vernon Cemetery Crematory			30. Location: City/Town, and State Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility Lemley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284					32. Date of Disposition Aug 11, 2008
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. ACUTE PROPOXYPHENE & ACETAMINOPHEN INTOXICATION			Interval between Onset & Death HOURS
Due to (or as a consequence of):		b.			Interval between Onset & Death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		c.			Interval between Onset & Death
Due to (or as a consequence of):		d.			Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town County State Zip Code + 4: Apt. No.					
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place (and due to the causes) as indicated on this certificate.			48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes, in the manner stated.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Arthur Dick, Dep. Coroner Skagit Co Coroner Office PO Box 1306 Mount Vernon, WA			50. Hour of Death (24hrs) Early AM hrs		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY) 8/9/2008		
53. Title of Certifier Deputy Coroner		54. License Number		55. ME/Coroner File Number 149-08	
57. Registrar Signature <i>[Signature]</i>				56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
59. Amendments				58. Date Received (MM/DD/YYYY) AUG 11 2008	

Part 1 completed by Funeral Director

Part 2 completed by Certifier



200811250062
Skagit County Auditor

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)
--------------------------------------------------------------------------	-----------------------------------------------------------------------

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 School Record
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport

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)



200811250062
Skagit County Auditor



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

QQ00157080