



200908270036
Skagit County Auditor

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DOCUMENT TITLE(S): Affidavit of Death of Joint Tenant
AUDITOR FILE NUMBER & VOL. & PG. NUMBERS OF DOCUMENT(S) BEING ASSIGNED OR RELEASED: Additional reference numbers can be found on page _____ of document.
GRANTOR(S): Janice Anderson Additional grantor(s) can be found on page _____ of document.
GRANTEE(S): Wesley Dean Anderson Additional grantee(s) can be found on page _____ of document.
ABBREVIATED LEGAL DESCRIPTION: (Lot, block, plat name OR; qtr/qtr, section, township and range OR; unit, building and condo name.) Lot 32, Plat of Bakerview West Additional legal(s) can be found on page _____ of document.
ASSESSOR'S 16-DIGIT PARCEL NUMBER: P113646 Additional numbers can be found on page _____ of document.

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.

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Recording Requested By & Return To: 3
Chicago Title ServiceLink Division
4000 Industrial Blvd
Aliquippa, PA 15001 1924285

Affidavit of Death of Joint Tenant

State of WA
County of SKAGIT

JANICE ANDERSON, of legal age, being first duly sworn, deposes and says: That WESLEY DEAN ANDERSON the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WESLEY DEAN ANDERSON named as one of the parties in the certain Deed of Trust dated 9/13/2007 executed by Skagit State Bank to Wesley D. Anderson and Janice C. Anderson, as joint tenants, recorded as Instrument No.200709140132, on 09/14/2007, records of SKAGIT, WA, covering the following described real property situated in the City of MOUNT VERNON, County of SKAGIT, State of WA.

See Exhibit "A" attached hereto and made a part hereof

Tax ID: P113646

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not exceed the sum of \$ _____.

Dated 6-18-09

Janice Anderson
JANICE ANDERSON

SWORN AND SUBSCRIBED TO before me this 18 day of June, 2009.

Jan Willis
Notary Public
My Commission expires: 10-1-10

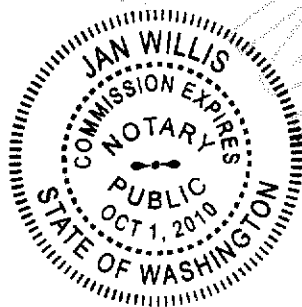


Exhibit "A"
Legal Description

All that certain parcel of land situate in the County of Skagit, State of Washington, being known and designated as follows:

Lot 32, Plat of Bakerview West, according to the plat thereof recorded in Volume 17 of Plats, Pages 13 through 16, records of Skagit County, Washington.

Being the same property as described in Deed Instrument No. 200703010084, Dated 2/26/2007 and Recorded 3/1/2007 in Skagit County Records.

Tax/Parcel ID: P113646

1924285



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200903100078
Skagit County Auditor

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Document Title: Death Certificate

Reference Number:

Grantor(s): additional grantor names on page ___

- 1. Wash. State of.
- 2.

Grantee(s): additional grantee names on page ___

- 1. Anderson, Wesley D.
- 2.

Abbreviated legal description: full legal on page(s) ___

Assessor Parcel / Tax ID Number: additional tax parcel number(s) on page ___

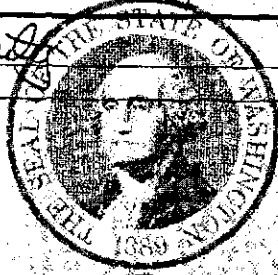


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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <u>180-09</u>		Washington State Certificate of Death				State File Number
1. Legal Name (include MA, if any) First Middle LAST		2. Death Date				
Wesley Dean Anderson		02/27/2009				
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death	
M	69	Months Days	Hours Minutes	536-36-3813	Skagit	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education		
01/19/1940	Red Oak	Iowa		High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No		
No		Caucasian				
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town		
2915 Timothy Pl.				Mount Vernon		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Skagit				Washington	98273	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Spouse's or Domestic Partner's Name (Give name prior to first marriage)		
2 Years		Divorced				
17. Usual Occupation (indicate type of work done during most of working yrs. (do not use RETIRED).				18. Kind of Business/Industry (Do not use Company Name)		
Sales				Skagit River Steel		
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)		
Russell C Anderson				Grace Maxine Holm		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Janice Anderson		Personal Rep	2915 Timothy Pl. Mount Vernon WA 98273			
24. Place of Death, if Death Occurred in a Hospital: <u>Inpatient</u>						
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code
Skagit Valley Hospital				Mount Vernon	WA	98274
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		
Burial		Hawthorne Memorial Park		Mount Vernon, WA		
31. Name and Complete Address of Funeral Facility				32. Date of Disposition		
Hawthorne Funeral Home 1825 S. College Way Mount Vernon WA 98273-0398				03/05/2009		
33. Funeral Director Signature X <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. <u>Chronic lymphocytic leukemia</u>				Interval between Onset & Death
		Due to (or as a consequence of):				Years
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		b. <u>massive splenomegaly</u>				Interval between Onset & Death
		Due to (or as a consequence of):				Years
		c.				Interval between Onset & Death
		Due to (or as a consequence of):				Years
		d.				Interval between Onset & Death
		Due to (or as a consequence of):				Years
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?	37. Were autopsy findings available to complete the Cause of Death?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street				46. Describe how injury occurred		
				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input 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 cause(s) and manner stated				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 cause(s) and manner stated		
X <u>Deborah North</u> 3-3-09				X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		
Deborah North, D-1400 E. Kinross Mount Vernon, WA 98274				1217		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)		
				03/03/2009		
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy)		
				MAR - 4 2009		
59. Amendments						



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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 | 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:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

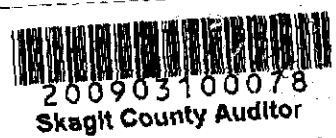
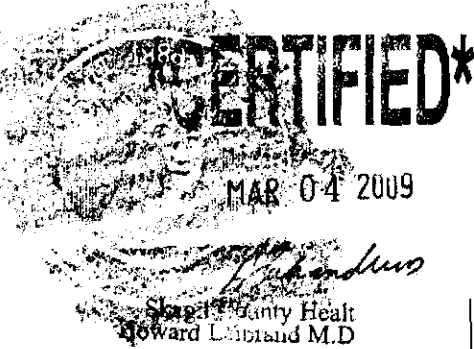
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:

- 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.
- 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)



UNOFFICIAL DOCUMENT

STATE OF WASHINGTON)
COUNTY OF SKAGIT)

I, Auditor of Skagit County, State of Washington, do hereby
certify that the foregoing instrument is a true and correct copy
of the original now on file in my office.
IN WITNESS WHEREOF, I hereunto set my hand and seal of
my office this _____ day of _____, 2009

Jamne [Signature]
Auditor by *[Signature]* Deputy



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