



201405300043

Skagit County Auditor

\$77.00

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6 10:26AM

Return to:  
Joshua F. Grant  
Attorney at Law  
P O Box 619  
Wilbur, WA 99185

**AFFIDAVIT TO CLEAR TITLE**

**GRANTOR:** 1. HARRIS, DOUGLAS  
2. HARRIS, BETTY

**GRANTEE:** HARRIS, MICHAEL D., Successor Trustee, Harris Family Trust Dated June 4, 1992

**REFERENCE NUMBER OF RELATED DOCUMENT:**

**LEGAL DESCRIPTION:** N 100FT OF S1230 FT OF GV LT 4 LY E OF RD

**PARCEL NUMBER:** P34484

STATE OF WASHINGTON )  
 ) ss.  
County of Lincoln )

MICHAEL D. HARRIS, being first duly sworn, deposes and says:

1. Affiant is the Successor Trustee of the HARRIS FAMILY TRUST Dated June 4, 1991. Trustors, Douglas Harris (date of death March 24, 2014), and Betty Harris (date of death July 5, 2002) are both deceased. See certified copy of each death certificate which by this reference is incorporated herein and made a part hereof.

2. There are no unpaid creditors of decedent or of the former marital community nor unpaid funeral expense or expense of last illness, except as follows: \$ -0- .

3. The value of the trust estate as of the date of death, including all real and personal property, was approximately \$160,000.00 and the value of all separate property of decedent was approximately \$ -0- as of the date of death.

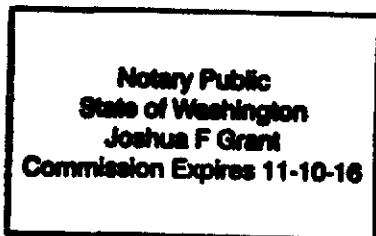
4. This affidavit is made to document Settlor's date of death and to induce all title insurance companies in Skagit County, Washington, to issue its policies of title insurance on real property passing to the trust beneficiaries (which will be conveyed by a subsequently recorded deed) in reliance upon the representations set forth above.


5. This affidavit affects title to the following described parcel:

That part of the North 100 feet of the South 1230 feet of Government Lot 4, Section 19, Township 35 North, Range 3 East, WM lying East of the County Road, Designated as Laconner-Samish Road No. LXIV, as said road existed on October 7, 1942, except therefrom that portion conveyed to Skagit County for road purposes by deed dated July 22, 1946 and filed for record July 26, 1946, under Auditor's File No. 394354.

  
MICHAEL D. HARRIS

SUBSCRIBED and SWORN to before me this 13 day of May, 2014.



  
Notary Public in and for the State  
of Washington, residing at Wilbur  
My appointment expires 11/10/16



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-006811

DATE ISSUED: 03/31/2014

FEE NUMBER: 000000029

GIVEN NAMES: DOUGLAS EVERETT  
LAST NAME: HARRIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 24, 2014  
HOUR OF DEATH: 10:40 P.M.  
SEX: MALE  
AGE: 90 YEARS

SOCIAL SECURITY NUMBER: 467-22-2002

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: JANUARY 08, 1924  
BIRTHPLACE: LULING, TEXAS

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: OPERATIONS SUPERVISOR  
INDUSTRY: OIL REFINERY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: MIKE HARRIS  
RELATIONSHIP: SON  
ADDRESS: 45661 STATE ROUTE 21 NORTH, WILBUR, WA 99185

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1810 E DIVISION STREET #504  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1810 E DIVISION STREET #504  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER: GEORGE HENRY HARRIS  
MOTHER: MARY BELLE STRUWE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: MARCH 28, 2014

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON WA 98273  
FUNERAL DIRECTOR: REX E. WATT

CAUSE OF DEATH:  
A. CHRONIC CEREBROVASCULAR ACCIDENT  
INTERVAL: YEARS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
DYSPHAGIA, ASPIRATION PNEUMONIA, WEIGHT LOSS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CORONARY ARTERY DISEASE

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE

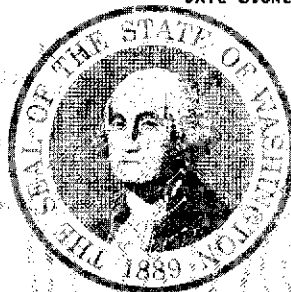


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MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: MARCH 26, 2014



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NSA-197

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MARCH 27, 2014

DOH 01-003 (1/13)

# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICIAL USE ONLY

State Health Officer	Doc Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name of person:	2. Date of Event:	3. Place of Event: (City or County)
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4. Date of Birth (For Birth); Spouse A Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth); Spouse B/Wife for Marriage or Dissolution
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The Record is Incomplete or Inconsistent as follows:

The record is inconsistent:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as:	15. Telephone Number:
<input type="checkbox"/> Self <input type="checkbox"/> Parent or Director <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Guardian <input type="checkbox"/> Informant	

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

16. Signature:	17. Title:	18. Address:
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- All vital records are registered as received. We do not accept any proof.
- Examples of acceptable proof:
    - Driver's License
    - State of Naturalization Certificate
    - Hospital/Medical Record
    - Life Insurance Policy
    - Marriage/Divorce Record
    - Birth Record
    - Passport
    - Funeral Home Report (Social Security Administration)
    - Military Record (DD-201)
    - Birth Record
    - Passport
    - School Transcripts (Official)
    - Voter's Registration Card (if it bears an effective date)
    - Alien Registration Card (front and back)

- Who can change:
- Only a parent, grandparent (provided under 18) or the adult themselves (if 18 or older) may change the birth certificate. The proof(s) must match exactly the asserted facts. 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.
  - Child under 18**
    - Only parent(s) or legal guardian can change the birth certificate.
    - Guardian must submit certified court order giving them authority to act on behalf of the child.
    - Proof must be provided to the child's birth record on a separate sheet, to the county health department, in addition to the birth certificate or any other proof of the change. Proof of legal name change is required.
    - Parent(s) must be present in person or provide a notarized consent to the change by completing this form and submitting it to the county health department.
    - Proof must be five (or more) years old or have been established within five years of birth.
  - Adult (18 years or older)**
    - Only the adult themselves can change the birth certificate.
    - If the first or middle name is absent, three pieces of documentary proof are required.
    - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
    - For correct birth date, place of birth or parent's information, one documentary proof is required.
    - Proof must be five (or more) years old or have been established within five years of birth.
  - This affidavit can only be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DD(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. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
  - 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 facts (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.

DD(CHS 023a January 2013



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# \*CERTIFIED\*

MAR 31 2014

*Howard Leibrand*

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

YY00214991

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

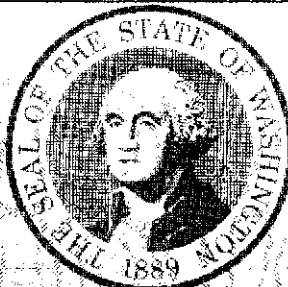
481-02  
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <b>Betty</b> Middle: <b>Delores</b> Last: <b>Harris</b>	2. SEX (M/F) <b>Female</b>	3. DEATH DATE (Mo., Day, Yr) <b>July 5, 2002</b>
4. AGE LAST BIRTHDAY <b>75</b>	5. UNDER 1 YEAR MO. DAYS HOURS MINS	6. UNDER 1 YEAR MO. DAYS HOURS MINS
7. BIRTHDATE (Mo., Day, Yr) <b>Nov. 29, 1925</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Puxico, MO</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>No</b>
10. COUNTY OF DEATH <b>Skagit</b>	11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>	12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE <b>Mira Vista Gate Center</b>
13. SMOKING IN LAST 15 YEARS? (Yes/No) <b>Yes</b>	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>	15. SURVIVING SPOUSE (If wife, give maiden name) <b>Douglas E. Harris</b>
16. SOCIAL SECURITY NO. <b>573-22-9971</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Staff Secretary</b>
19. KIND OF BUSINESS OR INDUSTRY <b>US Government</b>	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>	21. RACE (Specify) <b>Caucasian</b>
22. RESIDENCE — NUMBER AND STREET <b>15336 Barrett Rd.</b>	23. CITY/TOWN, OR LOCATION <b>Mount Vernon</b>	24. INSIDE CITY LIMITS? (Yes/No) <b>No</b>
25A. COUNTY <b>Skagit</b>	25B. LENGTH OF RES. IN CO. <b>40 yrs.</b>	26. STATE <b>Wash.</b>
27. ZIP CODE <b>98273</b>	28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>William Issac Hendrix</b>	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Flora Belle Speer</b>
30. INFORMANT — NAME <b>Douglas E. Harris</b>	31. MAILING ADDRESS <b>15336 Barrett Rd. Mount Vernon, Wash. 98273</b>	32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>
33. DATE (Mo., Day, Yr) <b>July 5, 2002</b>	34. CEMETERY/CREMATORY — NAME <b>Mount Vernon Crematory</b>	35. LOCATION — CITY/TOWN, STATE <b>Mount Vernon, Wash. 98273</b>
36. NUMERICAL DIRECTOR SIGNATURE <i>[Signature]</i>	37. NAME OF FACILITY <b>Kern Funeral Home</b>	38. ADDRESS OF FACILITY <b>Mount Vernon, Wash. 98273</b>
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>[Signature]</i> <b>William F. Stanley, M.D.</b>	40. DATE SIGNED (Mo., Day, Yr) <b>7/5/02</b>	41. HOUR OF DEATH (24 Hrs.) <b>0020</b>
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	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 <b>X</b>	44. DATE SIGNED (Mo., Day, Yr)
45. HOUR OF DEATH (24 Hrs.)	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) <b>William F. Stanley, M.D., 1400 E. Kincaid St., Mount Vernon, WA 98274</b>	49. ME/CORONER FILE NUMBER	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. A. <i>Chronic obstructive pulmonary disease</i> DUE TO, OR AS A CONSEQUENCE OF: B. <i>Tobacco abuse - smoking</i> DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. 51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. <i>Lung carcinoma</i>
52. AUTOPSY? (Yes/No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>No</b>	54. ACC. SUICIDE, HOMICIDE, 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>[Signature]</i> <b>x Dorothy Epps, deputy</b>	63. DATE RECEIVED (Mo., Day, Yr) <b>JUL - 5 2002</b>



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**AFFIDAVIT FOR CORRECTION**

**USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY**

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. **Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. 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).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

**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.

**Marriage/Dissolution (Divorce) Certificates**

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

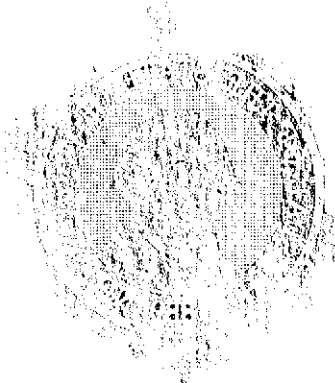
Please send the proof(s) and this form/certificate to:

Attn: Corrections  
**Center for Health Statistics**  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.



201405300043



**\*CERTIFIED\***

JUL 05 2002

*H. Schubert*  
 Skagit County Health Department  
 Howard Leibrand M.D., Health Officer

JJ00087077