



201602100048

Filed for Record at request of
and return to:
STILES LAW INC., P.S.
P.O. Box 228 925 Metcalf Street
Sedro Woolley, WA 98284

Skagit County Auditor \$75.00
2/10/2016 Page 1 of 3 1:05PM

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

Tax Parcel # 3966-002-042-0119 / P68027

FEB 10 2016
2016418

QUIT CLAIM DEED

Amount Paid \$ 0
Skagit Co. Treasurer
By *hlm* Deputy

THE GRANTOR, Margaret Lacey, as sole heir of the Estate of HOWARD LACEY, convey and quit claim to Margaret Lacey, as her separate property, in accordance with the attached Affidavit of Surviving Spouse, 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.

(TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1990 SKYLINE OAKMANOR 56X28 SERIAL NUMBER 06910328Z TRACT 1 OF SKAGIT COUNTY SHORT PLAT NUMBER 14-89 RECORDED UNDER AUDITOR'S FILE NUMBER 8906290012 BEING A PORTION OF TRACTS 38, 39, AND 42, IN TRACT 2 OF PEAVEY'S ACREAGE

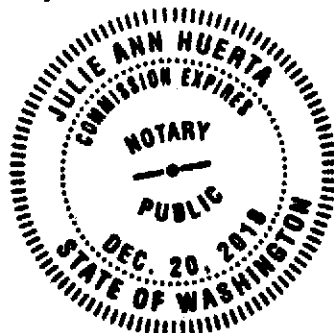
Dated February 9, 2016

Margaret Lacey
Margaret Lacey (individual)

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me Margaret Lacey, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 9th day of February, 2016.



Julie Huerta
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 12-20-18

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-027049

DATE ISSUED: 10/06/2015

FEE NUMBER: 000000029

GIVEN NAMES: HOWARD LEROY
LAST NAME: LACEY

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 23, 2015
HOUR OF DEATH: 06:05 P.M.
SEX: MALE
AGE: 74 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: NATIVE AMERICAN

BIRTHDATE: [REDACTED]
BIRTHPLACE: INDIO, RIVERSIDE CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: MARGARET E DOUD

OCCUPATION: MACHINIST
INDUSTRY: AEROSPACE
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: MARGARET LACEY
RELATIONSHIP: SPOUSE
ADDRESS: 27058 HOEHN ROAD, SEDRO WOOLLEY, WA 98284

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 1036 E VICTORIA AVE
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 982331623
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: CHER
LENGTH OF TIME AT RESIDENCE: 6 MONTHS

FATHER: GEORGE LACEY
MOTHER: KATHLEEN [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: TAHOMA NATIONAL CEMETERY
CITY, STATE: KENT, WA
DISPOSITION DATE: OCTOBER 05, 2015

FUNERAL FACILITY: AMERICAN CREMATION AND CASKET ALLIANCE
ADDRESS: 3803 132ND PLACE NE
CITY, STATE, ZIP: MARYSVILLE WA 98271
FUNERAL DIRECTOR: JUDY A. JEWELL

CAUSE OF DEATH:

- A. PENDING
INTERVAL: 11 MONTHS
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

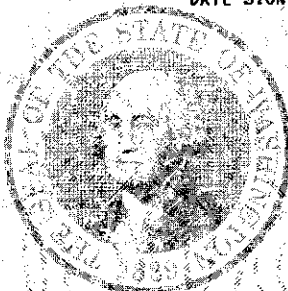
MANNER OF DEATH: NATURAL
AUTOPSY: YES
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: RICO ROMANO, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 200
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: SEPTEMBER 30, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: RACE, MILITARY, RESIDENCE, LNGLTH RES

NUMBER(S): 2015064189
DATE(S): 10/05/2015



CASE REFERRED TO ME/CORNER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: OCTOBER 01, 2015

Affidavit for Correction

Mail to: **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 OFFICE USE ONLY

Stack File Number:	Fee Number:	Initials:	Date:	Affidavit Number:
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Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)
	1. Name of Record: _____ 2. Date of Event: _____ 3. Place of Event: _____
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution): _____ 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution): _____
	6. Name of Person Requesting Correction: _____ Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____
7. Return Mailing Address: _____	
Telephone Number: _____	Email Address: _____

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

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: _____	16b. Signature of 2 nd parent (if required): _____
Printed name: _____ Date: _____	Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificate

- 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
- The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
- Documentary proof must be five or more years old or established within five years of birth

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age 18, last name can be changed once to either parents' name or combination (or the happy combination of the first, middle or last names)* • After age 18, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct gender information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical professional is required 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required
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To change the sex 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.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Non-Medical Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Informant's right to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or partner, registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- To medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015

CERTIFIED
CCT 06 2015
W. Strandberg
Skagit County Public Health Department
Howana Eickland, M.D., Health Officer

CC00228885