



201605130094

Skagit County Auditor

\$76.00

5/13/2016 Page

1 of

4

3:04PM

**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

Grantor: Loretta M. Cardenelli-Halvorson, surviving spouse and sole heir of
the estate of Germain M. Cormier
Grantee: Loretta M. Cardenelli-Halvorson
Tax Parcel # 6019-000-000-0029 / P131981

QUIT CLAIM DEED

The Grantor, Loretta M. Cardenelli-Halvorson, as the surviving spouse of Germain M. Cormier and sole heir of the Estate of Germain M. Cormier, conveys and quit claims to Loretta M. Cardenelli-Halvorson, 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 therein:

Lot 29, "PLAT OF BIG FIR SOUTH, P.U.D.", No. LU-06-089, recorded May 29, 2014, under Auditor's File No. 201405290037, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016 1895
MAY 18 2016

Amount Paid \$76
Skagit Co. Treasurer
By *Memo* Deputy

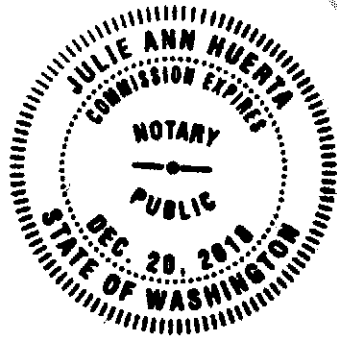
DATED 5-13-16

Loretta M. Cardenelli-Halvorson
Loretta M. Cardenelli-Halvorson

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

On this day personally appeared before me **Loretta M. Cardenelli-Halvorson**, 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 13th day of May, 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: 2016-015464

DATE ISSUED: 04/15/2016

FEE NUMBER: 000000029

GIVEN NAMES: GERMAIN MAXINE
LAST NAME: CORMIER

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 09, 2016
HOUR OF DEATH: 07:15 P.M.
SEX: MALE
AGE: 92 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: EDMUNDSTON, NEW BRUNSWICK, CANADA

MARITAL STATUS: MARRIED
SPOUSE: LORETTA M. JONES

OCCUPATION: TOOL DESIGN ENGINEER
INDUSTRY: AEROSPACE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: LORETTA M. HALVORSON
RELATIONSHIP: WIFE
ADDRESS: 1966 FRASER AVE., MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1966 FRASER AVENUE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1966 FRASER AVENUE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 MONTHS

FATHER/PARENT: OLIVER CORMIER
MOTHER/PARENT: DELIA [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: APRIL 15, 2016

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

CAUSE OF DEATH:
A. UNSPECIFIED NATURAL CAUSES
INTERVAL: YEARS
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
DIABETES TYPE 2,

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK? NO
PLACE OF INJURY:

LOCATION OF INJURY:

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

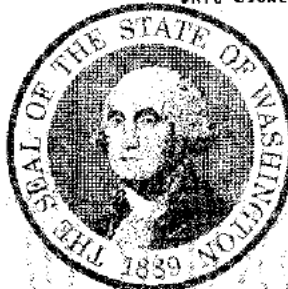
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

ME/CORONER: ORLAND D. FREEMAN
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: APRIL 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 073-16

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 14, 2016



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

State File Number	Fee Number	Initials	Date	Affidavit Number
-------------------	------------	----------	------	------------------

Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 2nd 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/Marriage/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 Certificates

- 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.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- 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

*To change any part of the name of a child, **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)

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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. 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.

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 October 2015

CERTIFIED

APR 15 2016

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

EE00087466