



Skagit County Auditor
3/13/2017 Page 1 of 4 9:59AM \$76.00

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 WASHINGTON
REAL ESTATE EXCISE TAX
2017932
MAR 13 2017

Amount Paid \$
Skagit Co. Treasurer
By *[Signature]* Deputy

Legal : CAPE HORN ON THE SKAGIT SUB-DIV 2 LT 6 BLK M
Tax Parcel # 3869-013-006-0001 / P63408

QUIT CLAIM DEED

The Grantor, Lisa A. DeRyke, as the surviving spouse of Jack E. DeRyke, and sole heir of the estate of Jack E. DeRyke, in accordance with the Community Property Agreement, recorded on January 25, 2012 under Skagit County Auditor's File No. 201201250127 and the Affidavit in Support of Community Property Agreement, recorded on February 16, 2012 under Skagit County Auditor's File No. 201202160047, conveys and quit claims to Lisa A. DeRyke, 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 6, Block M, "Cape Horn on the Skagit Division No. 2." As per plat recorded in Volume 9 of Plats, pages 14 through 19, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

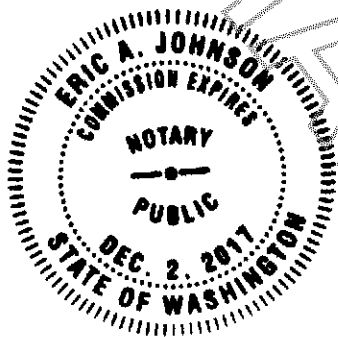
Date: 3-7-2017

Lisa A. DeRyke
Lisa A. DeRyke

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me Lisa A. DeRyke, 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 7th day of March, 2017



Eric A. Johnson
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro-Woolley
Commission Expires: 12/2/17

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number

1071-11

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Jack Edward DeRyke				2. Death Date 12/2/2011	
3. Sex (M/F) Male	4a. Age - Last Birthday 66	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skagit
7. Birthdate	8a. Birthplace (City, Town, or County) Seattle	8b. (State or Foreign Country) Washington		9. Decedent's Education Some College Credit, But No Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) White		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.) 42110 Cedar Street				13b. City or Town Concrete	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington	13f. Zip Code + 4 98237
14. Estimated length of time at residence 4-1/2 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Lisa Allison Darden	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Maintenance Worker			18. Kind of Business/Industry (Do not use Company Name) Federal Way School District		
19. Father's Name (First, Middle, Last, Suffix) Jack W. DeRyke			20. Mother's Name (Before First Marriage) (First, Middle, Last) Evelyn		
21. Informant's Name Lisa A. DeRyke		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 42110 Cedar Street Concrete WA 98237	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: Other: River					
25. Facility Name (If not a facility, give number & street or location) Skagit River				26a. City, Town, or Location of Death Sedro Woolley	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Bonney-Watson Crematory		30. Location-City/Town, and State Seattle, WA	
31. Name and Complete Address of Funeral Facility Bonney-Watson Federal Way 1535 SW Dash Pt Rd, Federal Way, WA 98023				32. Date of Disposition 12/8/2011	
33. Funeral Director Signature X <i>Camille</i>					

Part 1 completed by Funeral Director

Part 2 completed by Certifier

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. Fresh water drowning			Interval between Onset & Death minutes		
Due to (or as a consequence of):			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			Interval between Onset & Death		
Due to (or as a consequence of):			Interval between Onset & Death		
Due to (or as a consequence of):			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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 11/30/2011	42. Hour of Injury (24hrs) UNKNOWN	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Rockport area		44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: Apt. No. City or Town: Rockport County: SKAGIT State: WA Zip Code + 4: 98283					
46. Describe how injury occurred fell into River & Drowned					
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 X		
48b. Medical Examiner/Coroner - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated X			49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Daniel Demaree 700 S. 2nd Rm 100 Millersburg, WA 98275		
50. Hour of Death (24hrs) UNKNOWN				51. Name and Title of Attending Physician (if other than Certifier) (Type or Print) 1813 PULL	
52. Date signed (mm/dd/yyyy)		53. Title of Certifier Coroner		54. License Number RN00082706	
55. ME/Coroner File Number 190-11		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>Dandy R...</i>	
58. Date Received (mm/dd/yyyy) DEC 12 2011				59. Amendments	



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/10)



Affidavit for Correction

Center for Health Statistics
P.O. Box 47614
Olympia, WA 98504-7614
360.236.4300

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

STATE OFFICE USE ONLY

State ID Number	Title 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): _____

4. Father's Full Name (For Birth) (Wife for Marriage or Dissolution): _____ 5. Mother's Full Name (For Birth) (Wife for Marriage or Dissolution): _____

The record is incorrect or incomplete as follows:

9. The Name(s) was/were: _____ 10. The True fact is: _____

6. _____ 7. _____

8. _____ 9. _____

10. _____ 11. _____

12. _____ 13. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____

Funeral Director Other (Specify): _____

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: _____ / Address: _____

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.
All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
 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 We do not accept: Driver's License, Social Security card or a hospital issued cooperative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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 (5) 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 or correction provided:
 - This is a one time only change. Subsequent changes will require 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 DSH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming each profession 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 023a 6/11/10

CERTIFIED*

DEC 12 2011

Howard Leibrand

UU00449722

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