



201803260123

Skagit County Auditor

\$79.00

3/26/2018 Page

1 of

6 11:27AM

Filed for Record at Request of:

Mimi M. Wagner, Attorney at Law

When recorded return to:

Wagner Law Offices P.C.

P.O. Box 3019

Friday Harbor, WA 98250

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20181154
MAR 26 2018

Amount Paid \$ 1631.96

Skagit Co Treasurer

By *Mmm* Deputy

Trust Transfer Deed

(transferring property out of trust to the beneficiary)

Grantor: Janet Champlin, Successor Trustee of the David H. and Mary G. Champlin Trust

Grantee: Richard H. Champlin, an unmarried man

Abbreviated Legal Description: Lots 11 and 12, Block 164, "City of Anacortes," Vol. 2 of Plats, p 4

Assessor's Tax Parcel Number: 4634500333772-164-012-0000 P56039

Reference Auditor File Numbers of Documents assigned, released or amended:

THE GRANTOR Janet Champlin, Successor Trustee of the David H. and Mary G. Champlin Trust, for and in consideration of **inheritance or devise, non pro rata distribution, WAC 458-61A-202(4)**, and other good and valuable consideration, conveys and quit claims to Richard H. Champlin, an unmarried man, 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:

Lots 11 and 12, Block 164, "CITY OF ANACORTES", according to the plat recorded in Volume 2 of Plats, page 4, records of Skagit County, Washington.

SUBJECT TO AND TOGETHER WITH easements, restrictions, reservations, covenants and conditions of record, if any.

IN WITNESS WHEREOF Grantor has set her hand and seal this 22nd day of March, 2018.

Janet Champlin

Janet Champlin, Successor Trustee of the David H. and Mary G. Champlin Trust

STATE OF WASHINGTON

SS

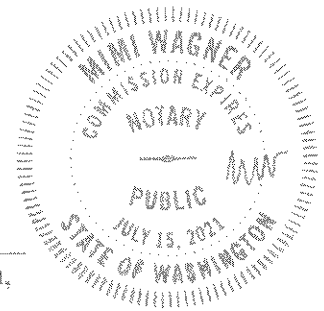
COUNTY OF SAN JUAN

On this day personally appeared before me *Janet Champlin*, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, in her capacity as *Successor Trustee of The David H. and Mary G. Champlin Trust*, for the purposes therein mentioned.

GIVEN under my hand and official seal on the 22nd day of March, 2018.

Mimi Wagner

Notary Printed Name: *Mimi Wagner*
NOTARY PUBLIC in and for the State of Washington,
residing at Friday Harbor, Washington.
My appointment expires on 7/15/2021



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2012-006848

LOCAL FILE NUMBER: 41

DATE ISSUED: 06/14/2012

FEE NUMBER: 0614201228

GIVEN NAMES: DAVID HASKIN
LAST NAME: CHAMPLIN

COUNTY OF DEATH: SAN JUAN
DATE OF DEATH: JUNE 11, 2012
HOUR OF DEATH: 02:00 P.M.
SEX: MALE
AGE: 101 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: EVANSTON, ILLINOIS

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SALESMAN
INDUSTRY: HOBBY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JANET CHAMPLIN
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 320Z, FRIDAY HARBOR, WA 98250

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIFE CARE CENTER OF THE SAN JUANS
CITY, STATE, ZIP: FRIDAY HARBOR, WASHINGTON 98250

RESIDENCE STREET: 543 SPRING STREET
CITY, STATE, ZIP: FRIDAY HARBOR, WASHINGTON 98250
INSIDE CITY LIMITS? YES
COUNTY: SAN JUAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: HARRY CLAY CHAMPLIN
MOTHER: LESLEY MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: JUNE 14, 2012

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:

- A. PNEUMONIA
INTERVAL: DAYS
- B. ASPIRATION
INTERVAL: DAYS
- C. ALZHEIMERS
INTERVAL: YEARS
- 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:

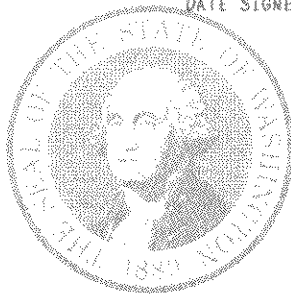
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: J BURK GOSSOM, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 1550
CITY, STATE, ZIP: FRIDAY HARBOR WA 98250
DATE SIGNED: JUNE 12, 2012

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: 12-SJ0041
ATTENDING PHYSICIAN:
JOHN GOSSOM MD

LOCAL DEPUTY REGISTRAR:
WAYNE TOTTEN
DATE RECEIVED: JUNE 13, 2012

Affidavit for Correction

Center for Health Statistics
1100 1st Avenue
Seattle, WA 98101
206-467-3000

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

STATE OFFICE USE ONLY

State Case Number	File 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	4. Error Code

4. Father's Full Name (if Birth)	5. Mother's Full Maiden Name (if Birth)
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The Record is Incomplete 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	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	17. Address
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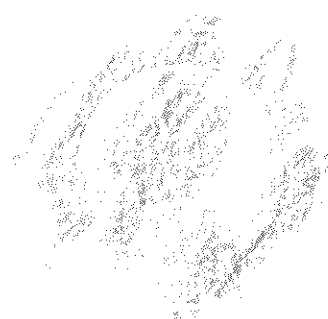
All other records are registered as corrected.

Most changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof:	Certificate of Naturalization	Naturalization Report (State of Washington)	Naturalization Certificate
	Hospital/Mental Record	Military Record (if applicable)	Armed Forces Registration Card (if records are after Feb. 1960)
	Life Insurance Policy	Birth Record	Armed Forces Registration Card (issued before Feb. 1960)
	Marriage/Divorce Record	Passport	Waiver of Armed Forces/Armed Forces Security Council Registration Card (if issued with certificate)

- Birth Certificates**
- Only a parent, legal guardian of the child is under 18, or the Adult Member(s) of the tribe may change the birth certificate.
 - The parent, legal guardian or the Adult Member(s) of the tribe must provide the name of the child. Example: If the child's name is Mary Ann Doe, Mary A. Doe or M. A. Doe must appear on the birth certificate. An affidavit is required.
 - Child (under 18)**
 - Only parents or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of children.
 - Up to age one, the last name of the child can be changed once in the mother's maiden name. Father's name is present on the certificate, a court determination of the law. After age one a court order and supporting proof is required.
 - Parents may change the child's last or middle name by submitting this affidavit of preference. No court is needed.
 - To correct birth date, place of birth or parent's information, one of the following proofs is required:
 - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOHCHS 021)**

- Death Certificates**
- Only the informant, the funeral director, or executor of an estate is authorized to change a death certificate through the vital records administrator.
 - The official information (cause of death) may be changed only by the certifying physician or the coroner.
 - If it is less than sixty days from date of death, private death certificate may be filed in the department where the death occurred and change on Marriage License (if correct) and Burial.
- Marriage Licenses**
- Personal facts (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit with supporting proof.
 - To change the date or place of marriage or dissolution, the official marriage or divorce record must be filed with the affidavit.



SAN JUAN COUNTY HEALTH & COMMUNITY SERVICES
FRANK JAMES, M.D., HEALTH OFFICER

Frank James M.D.
DATE ISSUED: 06-14-2012

WW00466435

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **921** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Mary Gavin Champlin				2. Death Date Aug 23, 2010	
3. Sex (M/F) F	4a. Age - Last Birthday 92	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number 325-09-9589	6. County of Death Whatcom
7. Birthdate Apr 19, 1918	8a. Birthplace (City, Town, or County) Chicago		8b. (State or Foreign Country) Illinois		9. Decedent's Education Some college credit, no degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		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.) 543 Spring Street				13b. City or Town Friday Harbor	
13c. Residence: County San Juan		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98250
14. Estimated length of time at residence. 2.5 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) David Haskin Champlin	
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)) Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home	
19. Father's Name (First, Middle, Last, Suffix) Thomas (unk) Gavin			20. Mother's Name Before First Marriage (First, Middle, Last) Josephine (unk) Gleason		
21. Informant's Name Janet K. Champlin		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 3202 Friday Harbor WA 98250	
24. Place of Death, if Death Occurred in a Hospital: Inpatient				25. Facility Name (if not a facility, give number & street or location) St. Joseph Hospital	
26a. City, Town, or Location of Death Bellingham		26b. State WA		27. Zip Code 98225	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Northwest Crematory		30. Location-City/Town, and State Anacortes, Washington	
31. Name and Complete Address of Funeral Facility Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221				32. Date of Disposition Aug 26, 2010	
33. Funeral Director Signature X <i>Julie Lane</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. Pneumonia, community acquired			Interval between Onset & Death days
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. _____ Due to (or as a consequence of):			Interval between Onset & Death
		c. _____ Due to (or as a consequence of):			Interval between Onset & Death
		d. _____ 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 Congestive Heart Failure 2^o after stroke.				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
38. Manner of 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		39. If female <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" 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: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				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 it was due to the cause(s) and manner stated			48b. Medical Examiner/Coroner - On the basis of investigation, autopsy, and/or other information, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Song Y Hong MD 2901 Squalicum Parkway, Suite 2104, Bellingham, WA 98225				50. Hour of Death (24hrs) 1055 AM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) 08/23/2010	
53. Title of Certifier Dr.		54. License Number MD 00048934		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
57. Registrar Signature <i>Greg Stein MD</i>				58. Date Received (mm/dd/yyyy) AUG 24 2010	
59. Amendments					

