



201812110001

12/11/2018 09:22 AM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

After recording return to:

Alan R. Souders
Souders Law Group
913 Seventh Street
Anacortes, WA 98221

DOCUMENT TITLE: **AFFIDAVIT**
GRANTOR: **Steven J. McDermott, surviving son of Colleen Leta Sands, deceased**
GRANTEE: **THE PUBLIC**
LEGAL DESCRIPTION: **Tract 51, Skyline Division No. 5, as recorded in Volume of Plats, pages 56-58, records of Skagit County, Washington.**
RELATED DOCUMENT: **201505220004**
TAX ID/PARCEL NUMBER: **3821-000-051-0009/P59364**

AFFIDAVIT

STATE OF WASHINGTON)
 : ss.
COUNTY OF SKAGIT)

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20185387
DEC 11 2018
Amount Paid \$6
Skagit Co. Treasurer
By *MAM* Deputy

Steven J. McDermott, being first duly sworn, upon oath, deposes and says:

That I am the surviving son and the co-owner of real property in Skagit County, Washington as a joint tenant with right of survivorship, together with my late mother, Colleen Leta Sands, who died on August 15, 2018, in Anacortes, Washington. A certified copy of the death certificate is attached. At that time, the Decedent and I were both Skagit County residents.

That this Affidavit is for the purpose of supplying information pertaining to the Estate of Colleen Leta Sands, and particularly as to the real property noted herein, and it is intended that the statements set forth herein shall be considered representations of fact which may be relied upon by all persons dealing with that real property.

That my late mother and I acquired the real property with which this affidavit is concerned in May of 2015, by Quit Claim Deed, recorded under Skagit County Auditor's file number 201505220004, with the following legal description:

Tract 51, Skyline Division No. 5, as recorded in Volume of Plats, pages 56-58, records of Skagit County, Washington.

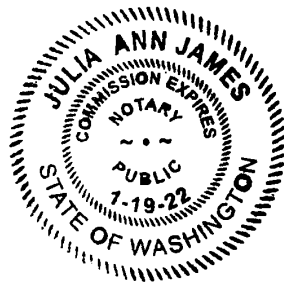
Situate in the City of Anacortes, County of Skagit, State of Washington.

As clearly recited on the face of that Deed, we acquired the property as joint tenants with the right of survivorship, and executed and signed a statement thereon to acquire the property as joint tenants with right of survivorship, and not as community property or as tenants in common.

Dated this 10 day of December, 2018.

Steven J. McDermott
Steven J. McDermott

SUBSCRIBED AND SWORN to before me this 10th day of December, 2018.



Julia Ann James
Julia Ann James
Notary Public in and for the State of Washington, residing at Mount Vernon.
My appointment expires January 19, 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-036003

DATE ISSUED: 08/20/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): COLLEEN LETA
LAST NAME(S): SANDS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 15, 2018
HOUR OF DEATH: 03:00 PM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 4817 YORKSHIRE DRIVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 4817 YORKSHIRE DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER/PARENT: JOHN ARTHUR MCDERMOTT
MOTHER/PARENT: ELLA MAE [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: ACCOUNTANT
INDUSTRY: FINANCE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: AUGUST 17, 2018

INFORMANT: STEVE MCDERMOTT
RELATIONSHIP: SON
ADDRESS: 2399 SKYLINE WAY #101, ANACORTES, WA 98221

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS

CAUSE OF DEATH:
A: DEMENTIA, LIKELY MIXED TYPE
INTERVAL: YEARS
B: PRESUMED CEREBROVASCULAR DISEASE, KNOWN PERIPHERAL VASCULAR DISEASE
INTERVAL: YEARS
C: HYPERTENSION
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBELLAR ATAXIA,
ALCOHOLISM

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: AUGUST 17, 2018

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: AUGUST 17, 2018



Affidavit for Correction 201812110001

Center for Health Statistics
P.O. Box 4794
Olympia, WA 98504-7814
360-236-4300

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

12/11/2018 09:22 AM Page 1 of 4

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <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 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.
- | | |
|--|--|
| <p>Child under 18</p> <ul style="list-style-type: none"> • 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 | <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 |
|--|--|

*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

AUG 20 2018

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



0 2 0 1 9 6 3 8

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.