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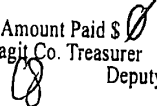
02/08/2021 08:42 AM Pages: 1 of 3 Fees: \$41.00
Skagit County Auditor

After recording return to:

Randy M Boyer
Attorney at Law
7017 196th ST SW
Lynnwood, WA 98036

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-453
FEB 02 2021

Amount Paid \$ 0
By  Skagit Co. Treasurer Deputy

Title of Document: Death Certificate

Reference Number(s) of Document assigned or released: Not Applicable

Grantor(s) (Last name first, then first name and initials): Life Estate of Mildred A Jedlicka

Grantee(s) (Last name first, then first name and initials): Jedlicka, Brian and The Estate of Parks,
Lorraine, Tenants in Common

Legal Description (abbreviated: i.e., lot, block, plat or section, township, range):

Additional legal on page ___ of document(s)

Lots 12, 13, 14 and 15, City of Anacortes, V. 2, Pg 4,

Situate in Skagit County, Washington.

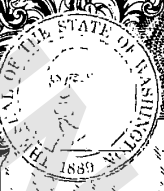
Assessor's Property Tax Parcel/Account Number(s): P55122

The Auditor/Recorder will rely on the information provided on this form. The responsibility for the accuracy of the indexing information is of the document's preparer.

Note to Recorder: The document attached was executed before the requirements under the RCW Ch. 36.18 and 65.04. and is therefore exempt from the formatting requirements.

Removing a Life Estate.

STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number 908-07 Washington State Certificate of Death State File Number 7 74310

1. Legal Name (Include AKA's if any) First Middle LAST Mildred A. JEDLICKA 2. Death Date Nov 18, 2007

3. Sex (M/F) F 4a. Age - Last Birthday 93 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 6. County of Death Skagit

8a. Birthplace (City, Town, or County) Francis Washington 8b. (State or Foreign Country) Washington 9. Decedent's Education Bachelor's 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 5th St.) (Include Apt. No.) 400 Gilkey Rd. #102 13b. City or Town Burlington

13c. Residence: County Skagit 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country Washington 13f. Zip Code + 4 98233- 13g. Inside City Limits? Yes No Unk

14. Estimated length of time at residence. 3y 15. Marital Status at Time of Death Widowed 16. Surviving Spouse's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Registered Nurse 18. Kind of Business/Industry (Do not use Company Name) Health Care

19. Father's Name (First, Middle, Last, Suffix) Milton Walker 20. Mother's Name Before First Marriage (First, Middle, Last) Florence Gordon

21. Informant's Name Brian Jedlicka 22. Relationship to Decedent Son 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 12454 Gwen Drive, Condo 15 Burlington WA 98233-

24. Place of Death, if Death Occurred in a Hospital: _____ Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence

25. Facility Name (If not a facility, give number & street or location) Creekside Retirement Community 26a. City, Town, or Location of Death Burlington 26b. State WA 27. Zip Code 98233-

28. Method of Disposition Entombment 29. Place of Final Disposition (Name of cemetery, crematory, other place) Hawthorne Memorial Park 30. Location-City/Town, and State Mount Vernon, Washington

31. Name and Complete Address of Funeral Facility. Hawthorne Funeral Home 1825 E. College Way Mount Vernon, WA 98273-0398 32. Date of Disposition Nov 23, 2007

33. Funeral Director Signature X [Signature]

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. Esophageal obstruction inability to eat Interval between Onset & Death 3 weeks

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. most likely esophageal cancer Interval between Onset & Death months

c. _____ Interval between Onset & Death _____

d. _____ Interval between Onset & Death _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Hypertension hypothyroidism supraventricular tachycardia

36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death Natural Homicide Accident Undetermined Suicide Pending 39. If female Not pregnant within past year Not pregnant, but pregnant within 42 days before death Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year

40. Did tobacco use contribute to death? Yes Probably No Unknown

41. Date of Injury (mm/yyyy) _____ 42. Hour of Injury (24hrs) _____ 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) _____ 44. Injury at Work? Yes No Unk

45. Location of Injury: Number & Street: _____ Apt. No. _____ City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how injury occurred _____ 47. If transportation injury, specify: Driver/Operator Pedestrian Passenger 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. Jennifer McCoy DO 48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, 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) Jennifer McCoy DO 1400 East Kincaid, Mount Vernon 98274 50. Hour of Death (24hrs) 1715

51. Name and Title of Attending Physician if other than Certifier (Type or Print) John Erbstoesz, MD 52. Date Signed (mm/yyyy) Nov 20, 2007

53. Title of Certifier DO 54. License Number _____ 55. ME/Coroner File Number NJA# 410 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature X Cassie Anderson, Deputy 58. Date Received (mm/yyyy) NOV 20 2007

59. Amendments _____



Affidavit for Correction

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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: First, Middle, Last
2. Date of Event: MM/DD/YYYY
3. Place of Event: (City or County)
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: Self, Guardian, Informant, Hospital, Parent(s), Funeral Director, Other (specify)
7. Return Mailing Address: PO Box or Street Address, Telephone Number, City, State, Zip, Email Address

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

The record currently shows: 8, 9, 10, 11, 12, 13. The true fact is:

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

14a. Signature: Printed name: Date: 14b. Signature of 2nd parent (if required): Printed name: Date:

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

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include: Birth/Marriage/Divorce record, Military record (DD-214), School transcripts, Social Security Numident Report, Certificate of Naturalization, Hospital/medical record, Copy of Passport / Enhanced ID, Green/Permanent Resident card (I-551). You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates
1. 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.
2. 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.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage from DOH 422-159).

Child under 18
- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.
*To change any part 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.
Adult (18 years or older)
- Only the adult can change their own birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates
1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

NOV 25 2020



0 4 0 2 9 2 9 9

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