

When Recorded Return To:
Joseph D Bowen, Attorney at Law P.S.
401 S. 2nd Street
Mount Vernon, WA



201611150042

Skagit County Auditor \$77.00
11/15/2016 Page 1 of 5 10:01AM

Document: **Personal Representative's Deed**
Grantor: THE ESTATE OF HELEN E. WILLIAMS
Grantee: JOHN MICHAEL WILLIAMS
Property Address: 1513 Bonnie Place, Mount Vernon WA
XrefID: 4708-000-009-0000
Parcel No: P113158

PERSONAL REPRESENTATIVE'S DEED

KNOW ALL BY THESE PRESENTS that the grantor(s) JOHN MICHAEL WILLIAMS, as
Personal Representative of the ESTATE OF HELEN E. WILLIAMS now transfers to JOHN
MICHAEL WILLIAMS, all right, title, and interest in the following described real estate by
inheritance:

BLACKBURN RIDGE, LOT 9, AND THE SOUTH 9 FEET, AS MEASURED AT RIGHT
ANGLES TO THE SOUTH LINE, OF LOT 5. AND THE SOUTH 9 FEET, AS MEASURED
AT RIGHT ANGLES TO THE SOUTH LINE, OF LOT 5

Situate in Skagit County, Washington.

WITNESS MY HAND THIS 15th day of November, 20 16.

20165152
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

J M Williams
JOHN MICHAEL WILLIAMS

NOV 15 2016

Amount Paid \$ 0
Skagit Co. Treasurer
By MF Deputy

NOTARY ACKNOWLEDGMENT

I certify that I know or have satisfactory evidence that JOHN MICHAEL WILLIAMS appeared and, as Personal Representative of the Estate of HELEN E. WILLIAMS, acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

DATED THIS 15th day of November, 20 16.



Tania L. Kahlor
NOTARY PUBLIC

State of WA

My Commission Expires 11/19/2018

**SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR SKAGIT COUNTY**

ESTATE OF: HELEN E. WILLIAMS Deceased	CASE NO. 16-4-00379-6 LETTERS TESTAMENTARY
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1.1 The last will of HELEN E. WILLIAMS late of Skagit County was duly exhibited proven and recorded in this court on OCTOBER 18, 2016.

1.2 In that will JOHN MICHAEL WILLIAMS named personal representative.

1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT JOHN MICHAEL WILLIAMS is authorized by this court to execute the will of the above decedent according to law.

DATED OCTOBER 18, 2016

MAVIS E. BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Kristen A. Denton, Deputy Clerk

III. CERTIFICATE OF COPY

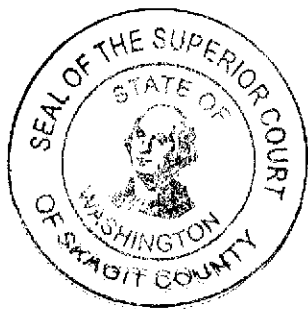
STATE OF WASHINGTON)) ss
COUNTY OF SKAGIT))

I, MAVIS E. BETZ, Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on OCTOBER 18, 2016.

I further certify that these letters are now in full force and effect.

DATED 10/18/16 MAVIS E. BETZ
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY Kristen A. Denton Deputy Clerk



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

COPY

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-026994

DATE ISSUED: 07/06/2016

FEE NUMBER: 0000000029

GIVEN NAMES: HELEN E
LAST NAME: WILLIAMS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JULY 01, 2016
HOUR OF DEATH: 06:00 A.M.
SEX: FEMALE
AGE: 79 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SEATTLE, KING CNTY, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: JOHN MICHAEL WILLIAMS

OCCUPATION: ACTIVITY DIRECTOR/SOCIAL WORK
INDUSTRY: NURSING FACILITIES
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: JOHN MICHAEL WILLIAMS
RELATIONSHIP: HUSBAND
ADDRESS: 1513 BONNIE PLACE, MOUNT VERNON, WA 98274

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1513 BONNIE PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1513 BONNIE PLACE
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER/PARENT: WILLIAM HENRY ATWOOD
MOTHER/PARENT: BEATRICE LILLIAN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JULY 05, 2016

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: RODGER L. TRUAX

CAUSE OF DEATH:
A. CEREBRAL MENINGIOMA
INTERVAL: 1 MONTH

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SEIZURES, PULMONARY EMBOLISM

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 221 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: JULY 01, 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: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JULY 05, 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 2 nd 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

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. 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

1. 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.
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 documentary proof.
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.

CERTIFIED

JUL 06 2016

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

GG00005629