



199907290024

Kathy Hill, Skagit County Auditor

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AFTER RECORDING MAIL TO:

W. Bailey Smith, Attorney At Law
4041 MacArthur Blvd., Suite 255
Newport Beach, CA 92660

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE ONLY

QUIT CLAIM DEED

THE GRANTOR, LUVENA WILDER HAYTON, Surviving Trustee* of The Hayton Family Trust dated March 3, 1980 by DONALD WILLIAM HAYTON and LUVENA WILDER HAYTON, Trustors,

for and in consideration of (FOR NO CONSIDERATION),

conveys and quitclaims to LUVENA WILDER HAYTON, Trustee of Trust A Created Under the Hayton Family Trust, Originally Established March 3, 1980, as Amended, as to an undivided 50% interest; LUVENA WILDER HAYTON, Trustee of Trust B Created Under the Hayton Family Trust, Originally Established March 3, 1980, as Amended, as to an undivided 9.0135% interest; and LUVENA WILDER HAYTON, Trustee of Trust C Created Under the Hayton Family Trust, Originally Established March 3, 1980, as Amended, as to an undivided 40.9865% interest,

the following described real estate situated in the City of Mt. Vernon, County of Skagit, State of Washington, together with all after acquired title of the grantor therein:

Lot 72 of "First Addition to Alverson's Camping Tracts on Guemes Island," according to the plat recorded in Volume 4 of Plats, page 40, records of Skagit County, Washington, EXCEPT any portion thereof lying outside the meander line.

ALSO, an undivided 1/44th interest in and to tidelands of the second class situated in front of, adjacent to, or abutting upon Government Lot 1, Section 36, Township 36, North of Range 1, East of W.M.

Lot 32 and the easterly 15 feet of Lot "A," measured parallel to the Easterly line of said Lot "A," "Alverson's Camping Tracts on Guemes Island," according to the plat recorded in Volume 4 of Plats, page 28, records of Skagit County, Washington.

Tax Parcel Numbers: 360136-0-039-0000, 3855-000-001-0009,
3856-000-072-0002, & 3855-000-032-0002

*A CERTIFIED COPY OF THE CERTIFICATE OF DEATH OF DONALD WILLIAM HAYTON IS ATTACHED HERETO MARKED EXHIBIT "A" AND INCORPORATED HEREIN BY THIS REFERENCE.

Dated 7/26/, 1999

Luvana Wilder Hayton
LUVENA WILDER HAYTON, Surviving Trustee
Trustee Of The Hayton Family Trust,
dated March 3, 1980

STATE OF CALIFORNIA
COUNTY OF ORANGE

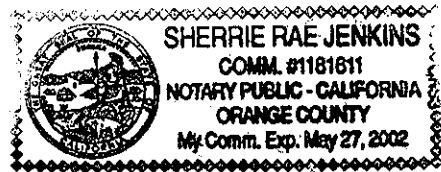
SS.

On April 26, 1999, before me, Sherrie Rae Jenkins, personally appeared LUVENA WILDER HAYTON, Surviving Trustee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Sherrie Rae Jenkins



30610
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

JUL 28 1999

Amount Paid \$ 0
By: [Signature] Skagit County Treasurer Deputy



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STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

810
LOCAL FILE NUMBER

146

6 40664
STATE FILE NUMBER

1. NAME First: DONALD Middle: WILLIAM Last: HAYTON			2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) 12/28/1996	
4. AGE LAST BIRTHDAY (Yrs) 80		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) 05/14/1916
8. BIRTHPLACE (City, State or Foreign Country) LaConner, WA			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/VOLUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE San Juan Care Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Luvena (nmi) Wilder		16. SOCIAL SECURITY NO. 532-16-4078		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner-Manager		19. KIND OF BUSINESS OR INDUSTRY Retail Store		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White
22. RESIDENCE—NUMBER AND STREET 411-C Guemes Island Rd		23. CITY/TOWN, OR LOCATION Anacortes		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skagit
26. STATE WA		27. ZIP CODE 98221		28. LENGTH OF RES. IN CO. 6 mo.		
28. FATHER'S NAME—FIRST, MIDDLE, LAST Raymond (unk) Vaughan			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nellie Johanna Vike			
30. INFORMANT—NAME Luvena W. Hayton			31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 411 C Guemes Island Rd, Anacortes, WA 98221			
32. BURIAL CREMATION REMOVAL OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) 1/3/1997		34. CEMETERY/CREMATORY—NAME Pacific View Memorial Park		35. LOCATION—CITY/TOWN, STATE Newport Beach, CA
36. FUNERAL DIRECTOR SIGNATURE Joanne B. Evans		37. NAME OF FACILITY Evans Funeral Chapel		38. ADDRESS OF FACILITY 1105 32nd St., Anacortes, WA, 98221		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i> E. C. Gordon			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr) 12/30/1996		41. HOUR OF DEATH (24 Hrs.) 0250		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Gavin Gordon, M.D.			46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) John R. Mathis MD, 1213 24th Street, Anacortes, WA 98221			49. ME/CORONER FILE NUMBER NJA 401			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH <i>Days</i> INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <i>Serious Disorder</i>		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		59. DESCRIBE HOW INJURY OCCURRED:		
60. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE		61. REGISTRAR SIGNATURE X <i>[Signature]</i>		62. DATE RECEIVED (Mo., Day, Yr) 12/30/96		

