

Filed for Record at request of
and return to:

STILES & STILES INC. P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro Woolley, WA 98284



200902100059
Skagit County Auditor

2/10/2009 Page

1 of

6 11:44AM

ACCOMMODATION RECORDING

LAND TITLE OF SKAGIT COUNTY

m-17822

Legal : BEL-AIR AD TO MT VERNON LOT 17
Tax Parcel # 3704-000-017-0004 / P52299

QUIT CLAIM DEED

THE GRANTOR, STACY LYNN CLAYBO, as sole heir of the Estate of Sharolyn Lee Groves, convey and quit claim to STACY LYNN CLAYBO, as her separate property, in accordance with the attached Affidavit of Lack of Probate, 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:

Lot 17, "BEL-AIR ADDITION", as per plat recorded in Volume 7 of Plats, page 53, records of Skagit County, Washington.

Situate in the City of Mount Vernon, Courty of Skagit, State of Washington

Dated 2/9, 2009

Stacy Lynn Claybo (individual)

STATE OF WASHINGTON)
COUNTY OF Skagit) ss.

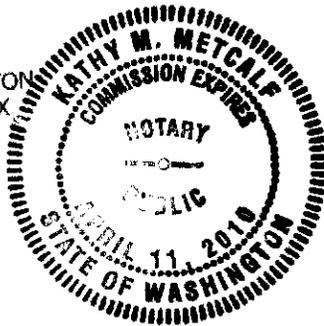
On this day personally appeared before me Stacy Lynn Claybo, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 9 day of February, 2009

352
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

FEB 10 2009

Amount Paid \$
Skagit Co. Treasurer
By UNM Deputy



Kathy Metcalf
NOTARY PUBLIC in and for the
State of Washington, residing at
Sedro Woolley
Commission Expires: 4-11-2010

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THAT the heirs at law of decedent are (list all of the heirs at law using the reverse side if necessary):

<u>Full Name</u>	<u>Age</u>	<u>Relationship to Decedent</u>
Stacy Lynn Claybo 502 Newhalem #317 Rockport, WA 98282	Legal	daughter

THAT affiant knows of her own knowledge, and so states, that each and all of the obligations against the estate of said decedent (including but not limited to: all the debts of decedent; all of the expenses of decedent's last illness, funeral and burial; promissory notes, installment contracts and mortgages; and state and federal succession taxes upon decedent's estate, if applicable) have been paid in full.

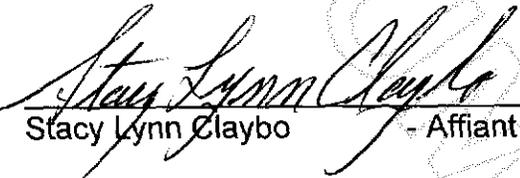
THAT affiant states that the total value of the decedent's estate at the date of death including all real and personal property, was approximately \$ 100,000.00.

CHECK WHICH APPLIES:

- THAT the decedent left no Will.
- THAT the decedent left a Will, a copy of which is attached hereto.
- THAT the decedent's estate is not being probated.
- THAT State and/or federal succession or inheritance taxes are not payable.
- THAT State and/or federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge is attached hereto.
- THAT State and/or federal succession or inheritance taxes are due, but have not paid.

THAT this affidavit is made solely to induce any title insurance company to insure title to real property in full reliance upon the herein representations.

DATED: February, 2009


Stacy Lynn Claybo - Affiant

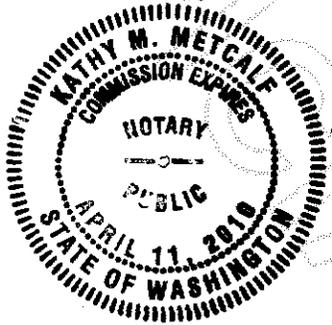


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Skagit County Auditor

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

On this day personally appeared before me Stacy Lynn Claybo to me known to be the individual(s) 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, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9 day of February, 2009.



Kathy Metcalf
Notary Public in and for the State of Washington,
residing at Sedro Woolley
My appointment expires 4-11-2010



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Skagit County Auditor

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1105-08** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix SHAROLYN LEE GROVES				2. Death Date Dec 13, 2008	
3. Sex (M/F) Female		4a. Age - Last Birthday 68	4b. Under 1 Year Months	4c. Under 1 Day Hours	4d. Under 1 Day Minutes
7. Birthdate March 24, 1940		8a. Birthplace (City, Town, or County) Bassett		8b. (State or Foreign Country) Nebraska	5. Social Security Number 3447
10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. No			11. Decedent's Race(s) Caucasian		6. County of Death Skagit
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 418 North 21st Street					13b. City or Town Mount Vernon
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington		13f. Zip Code + 4 98273
14. Estimated length of time at residence 5 years		15. Marital Status at Time of Death Divorced	16. Surviving Spouse's or Domestic Partner'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)) Billing Clerk			18. Kind of Business/Industry (Do not use Company Name) Medical - Health Care		
19. Father's Name (First, Middle, Last, Suffix) Vern Louis Grenier			20. Mother's Name Before First Marriage (First, Middle, Last) Loretta R. Lanman		
21. Informant's Name Stacy Claybo		22. Relationship to Decedent Daughter	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 502 Newhalem #317 Rockport, WA 98283		
24. Place of Death, if Death Occurred in a Hospital Place of Death, if Death Occurred Somewhere Other than a Hospital: Other place - Daughter's residence					
25. Facility Name (if not a facility, give number & street or location) 502 Newhalem #317			26a. City, Town, or Location of Death Rockport	26b. State WA	27. Zip Code 98283
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Union Cemetery		30. Location-City/Town, and State Sedro-Woolley, Washington	
31. Name and Complete Address of Funeral Facility Lemley Chapel, Inc. 1008 Third Street Sedro-Woolley, WA 98284					32. Date of Disposition December 22, 2008
33. Funeral Director Signature <i>[Signature]</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)	Interval between Onset & Death
a. Metastatic oral squamous cell carcinoma	Months
Due to (or as a consequence of):	
b. _____	Interval between Onset & Death
Due to (or as a consequence of):	
c. _____	Interval between Onset & Death
Due to (or as a consequence of):	
d. _____	Interval between Onset & Death

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

36. Autopsy? Yes No

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

38. Manner of Death

Natural Homicide Undetermined Pending

Accident Suicide

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/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? 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 causes, and manner stated.
[Signature]

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)
Henning Pforte, MD 1400 E Kincaid Mount Vernon, WA 98274

50. Hour of Death (24hrs)
1736 hrs

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)

52. Date Signed (mm/dd/yyyy)
December 15, 2008

53. Title of Certifier
Physician

54. License Number

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature
[Signature]

58. Date Received (mm/dd/yyyy)
DEC 16 2008

59. Amendments



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Affidavit for Correction

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
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)			5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)	
The Record is Incorrect 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: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
15. Signature:		16. Date:	17. Address:	

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

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|--------------------------------|--|--|--|
| Examples of documentary proof: | Certificate of Naturalization
Hospital Records
Insurance Records
Marriage/Divorce Records | Medical Record
Military Record (DD-214)
Birth Record
Passport | School Record
Voter's Registration Card (if it bears an effective date)
Alien Registration Card (front and back) |
|--------------------------------|--|--|--|

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

DEC 16 2008

Howard Leibrant

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



200902100059
Skagit County Auditor

QQ00317393