



201906180051

06/18/2019 02:22 PM Pages: 1 of 4 Fees: \$102.00
Skagit County Auditor

AFTER RECORDING RETURN TO:

Douglas S. Lloyd
SMITH & ZUCCARINI, P.S.
2155 - 112th Avenue NE
Bellevue, WA 98004

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20192405
JUN 18 2019

Amount Paid \$0
Skagit Co. Treasurer
By *nam* Deputy

DOCUMENT TITLE(S): Special Warranty Deed
(Trustee's Deed)

GRANTOR: HOLLY MATCHETT GILES, sole Trustee of that
certain Revocable Trust Agreement dated
December 14, 1989, as amended

GRANTEE: HOLLY MATCHETT GILES, Trustee of the Paul
Giles Jr. GST Exempt Marital Trust

ABBREVIATED LEGAL: LOT 10, POINTE AT VISTA SAN JUAN DIV 1
RECORDED UNDER AF#8701260004

ASSESSOR'S TAX PARCEL NO.: 4489-000-010-0000

**SPECIAL WARRANTY DEED
(Trustee's Deed)**

The Grantor, HOLLY MATCHETT GILES, sole Trustee of that certain Revocable Trust Agreement dated December 14, 1989, as amended, for no monetary consideration and in partial distribution of the Trust assets, conveys and warrants to HOLLY MATCHETT GILES, Trustee of the Paul Giles Jr. GST Exempt Marital Trust, the following described real estate, situated in the County of Skagit, State of Washington:

Lot 10, PLAT OF THE POINTE AT VISTA SAN JUAN DIV. NO. 1,
according to the plat thereof recorded in Volume 14 of Plats, pages 32
through 34, records of Skagit County, Washington.

SUBJECT TO all conditions, covenants, restrictions, reservations, easements and agreements of record.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-004605

DATE ISSUED: 02/01/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): PAUL JACKSON
LAST NAME(S): GILES JR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JANUARY 30, 2018 FOUND
HOUR OF DEATH: 02:00 AM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 11632 POINTE PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

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

RESIDENCE STREET: 11632 POINTE PLACE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 21 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: NORFOLK, VA

FATHER/PARENT: PAUL JACKSON GILES SR
MOTHER/PARENT: MARION ANN [REDACTED]

MARITAL STATUS: MARRIED
SPOUSE: HOLLY MATCHETT

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

OCCUPATION: INVESTOR
INDUSTRY: FINANCE
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: YES

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: FEBRUARY 01, 2018

INFORMANT: HOLLY GILES
RELATIONSHIP: WIFE
ADDRESS: 11632 POINTE PLACE, 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: HUNTINGTON'S DISEASE
INTERVAL: 11 YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOMYELITIS, CACHEXIA

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: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: JANUARY 30, 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: JANUARY 31, 2018



Affidavit for Correction

06/18/2019 02:23 PM Page 4 of 4 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

Form fields for State File Number, Fee Number, Initials, Date, Affidavit Number, and Required Information (Record Type, Name on Record, Date of Event, etc.)

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

Table with 2 columns: The record now shows: and The true fact is: for items 8-15.

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

Signature fields for 16a. Signature and 16b. Signature of 2nd parent (if required); Printed name and 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.

DOH 422-034 October 2015



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

CERTIFIED

FEB 01 2018

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



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