

WHEN RECORDED RETURN TO:

Richard Hall, Successor Trustee
3023 N. 106th Drive
Avondale, AZ 85392

Land Title & Escrow Company
File No. 01-175107-OE

Land Title and Escrow

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
Verna Adeline McClure

ABBREVIATED LEGAL DESCRIPTION:
Ptn SW ¼ SW ¼, 11-35-6 E W.M.

TAX PARCEL NUMBER(S):
P41047; P41018; & P107437

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 10/15/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-044697

FIRST AND MIDDLE NAME(S): VERNA ADELINE
LAST NAME(S): MCCLURE

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 08, 2019
HOUR OF DEATH: 06:53 AM
SEX: FEMALE AGE: 97 YEARS
SOCIAL SECURITY NUMBER:

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

BIRTH DATE:
BIRTHPLACE: ERSKINE, MN

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

INFORMANT: RICHARD HALL
RELATIONSHIP: EXECUTOR
ADDRESS: 3023 N 106TH DRIVE, AVONDALE, AZ 85392

CAUSE OF DEATH:
A: UNSPECIFIED NATURAL CAUSES
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1501 COLLINS ROAD UNIT 402
CITY, STATE, ZIP: SEDRO-WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1501 COLLINS ROAD 402
CITY, STATE, ZIP: SEDRO-WOOLLEY, WA 98284
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: HERMAN ADOLF PETERSEN
MOTHER/PARENT: HELGA I

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: OCTOBER 14, 2019

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: RICK B. LEMLEY

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

CERTIFIER NAME: ALYSSA M. SANTOS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1400 E. KINCAID
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: OCTOBER 08, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA# 19SK0329
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: OCTOBER 14, 2019



Affidavit for Correction

11/27/2019 02:30 PM Page 3 of 5

This is a legal document. Complete in ink and do not alter.

 P.O. Box 47814
 Olympia, WA 98504-7814
 360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:		2. Date of Event:	3. Place of Event:
	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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	
7. Return Mailing Address:				

Telephone Number: ()	Email Address:
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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 2nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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
- 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
- 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 using this form, 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

- 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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 January 2015

CERTIFIED

OCT 15 2019

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

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


0 3 2 6 4 5 0 8

AMENDMENT TO THE MCCLURE FAMILY TRUST

This Amendment is made to THE MCCLURE FAMILY TRUST, dated September 17, 2009, LYLE C. MCCLURE and VERNA A. MCCLURE, the Trustors, and VERNA A. MCCLURE, the Surviving Trustee of the Trust. Under ARTICLE III, which allows a Trustor to appoint a Co-Trustee, the Surviving Trustor amends the Trust as follows:

From and after this date, VERNA A. MCCLURE shall serve with RICHARD HALL as Co-Trustees of the Trust. Either of the Trustees may act alone or in concert. Only one signature shall be required on behalf of the Trust.

In all other respects, the Trust as executed on September 17, 2009, by the Trustors is hereby affirmed. Executed at Sedro Woolley, Washington, on May 7, 2019.

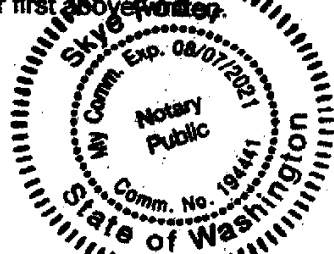
SURVIVING TRUSTOR AND CO-TRUSTEE: CO-TRUSTEE:

Verna A. McClure
VERNA A. MCCLURE Richard N. Hall
RICHARD N. HALL

STATE OF WASHINGTON)
County of Skagit) ss.

On May 7, 2019, before me, a Notary Public for the State of Washington, personally appeared VERNA A. MCCLURE, known to me, or satisfactorily proven to me to be the Surviving Trustor and Trustee of the Amendment to the Family Trust created in the above document, and to be the person whose name is subscribed to the document, and acknowledged that it was executed as Surviving Trustor and Co-Trustee.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal the day and year first above written.



[Signature]
NOTARY PUBLIC

Amendment to The McClure Family Trust


page 1 of 2

Washington
STATE OF ARIZONA)
County of Skagit) ss.

On May 7, 201⁹, before me, a Notary Public for the State of ~~Arizona~~ ^{Washington}, personally appeared RICHARD N. HALL, known to me, or satisfactorily proven to me to be the Trustee of the Amendment to the Family Trust created in the above document, and to be the person whose name is subscribed to the document, and acknowledged that it was executed as Co-Trustee.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal the day and year first above written.




NOTARY PUBLIC