

WHEN RECORDED RETURN TO:

Sheila M. Gifford
2303 Cascade Ct.
Anacortes, WA 98221

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Marissa Guerrero
Affidavit No. 2020-2274
Date 06/24/2020

TRUSTEE'S DEED

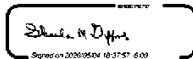
Abbreviated legal description: UNIT 1 AMENDED FOREST RIDGE PUD PHASE 1APN: P117320

The Grantor, **Sheila M. Gifford, trustee of The Gifford Living Trust**, under Agreement dated July 3, 1991, residing in Anacortes, Washington, in consideration of inheritance, bargains, sells, and conveys to the Grantee, **Sheila M. Gifford, as trustee of the Sheila M. Gifford Fund** described in Article 5 under such agreement dated July 3, 1991, the following real estate—

UNIT 1, "AMENDED FOREST RIDGE PUD PHASE 1," AS PER PLAT RECORDED ON NOVEMBER 8, 2000, UNDER AUDITOR'S FILE NO. 200011080122, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

--together with any interests pertaining to the described real estate but subject to any encumbrances recorded during The Gifford Living Trust's ownership.

Dated 05/04/2020


Signed on 2020/05/04 10:37:57 -0000

**Sheila M. Gifford, trustee of The Gifford
Living Trust**, under Agreement dated July 3, 1991

(Notary acknowledgement follows.)



[illegible]

I certify that I know or have satisfactory evidence that Sheila M. Gifford as trustee of The Gifford Living Trust under Agreement dated July 3, 1991 is the remotely located individual who appeared before me using electronic communication technology as authorized in and pursuant to the requirements of RCW 42.45.280, and she acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument. I further certify that I am an electronic records notary public as defined in RCW 42.45.010(5), having an electronic notary endorsement on April 14, 2020 with the Washington State Department of Licensing.

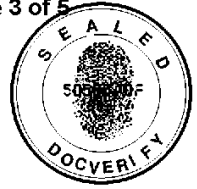
Dated this 4th day of May 2020

216190166
Frederic T. Kuhn
 Signed on 2026/05/21 12:37:57 -8:29
 ry Public

FREDERIC T. KUTSCHER
Printed name of Notary Public

My appointment expires: October 29, 2023



**Deed 2020 RLT to Survivors Fund Cascade Ct. RON notarization.pdf**

DocVerify ID: 50566A0F-CF39-4DFC-A960-C62DCAF87A1D
Created: May 04, 2020 18:12:24 -8:00
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E-Signature Summary**E-Signature 1: Sheila M. Gifford (smg)**

May 04, 2020 18:37:57 -8:00 [699607F92797] [67.183.69.162]
sygifford@comcast.net (Principal) (Personally Known)

E-Signature Notary: Frederic T. Kutscher (FTK)

May 04, 2020 18:37:57 -8:00 [2735610FD5D8] [24.19.150.70]
tedkutscher@comcast.net
I, Frederic T. Kutscher, did witness the participants named above electronically sign this document.



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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-056012

DATE ISSUED: 01/09/2020
FEE NUMBER:FIRST AND MIDDLE NAME(S): YALE WESLEY
LAST NAME(S): GIFFORDCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 17, 2019
HOUR OF DEATH: 02:09 PM
SEX: MALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: WICHITA, KSMARITAL STATUS: MARRIED
SURVIVING SPOUSE: SHEILA MCKEAGOCCUPATION: TRUST ATTORNEY
INDUSTRY: BANKING
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YESINFORMANT: SHEILA GIFFORD
RELATIONSHIP: SPOUSE
ADDRESS: 2303 CASCADE COURT, ANACORTES WA 98221CAUSE OF DEATH:
A: ACUTE PANCREATITIS
INTERVAL: 1 DAYB:
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: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221RESIDENCE STREET: 2303 CASCADE CT
CITY, STATE, ZIP: ANACORTES, WA 98221-7401
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: NOBLE CHARLES GIFFORD
MOTHER: HARRIET ESTHE [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: DECEMBER 23, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: BRENT J. GLENNMANNER 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 RESPONSECERTIFIER NAME: GEORGIA LEAKE, DO
TITLE: DO
CERTIFIER ADDRESS: 1211 24TH STREET
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: DECEMBER 20, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: DECEMBER 23, 2019



Affidavit for Correction

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

06/24/2020 01:10 PM
 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 information must match current information on record

Required	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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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
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- *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

JAN 09 2020

Howard Leibrand

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



0 3 2 6 7 3 8 8

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