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04/03/2024 01:00 PM Pages: 1 of 5 Fees: \$325.50
Skagit County Auditor

When recorded return to:
Jayne Marsh Gilbert
Gilbert & Gilbert Lawyers, Inc.
314 Pine Street, Suite 211
Mount Vernon, WA 98273

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

Reference No.: 200901260092
Assessor's Tax Parcel No.: P53918

WHEREAS, JOHN G. CLAYTON and JEANETTE B. CLAYTON, husband and wife, are the original Grantors, CHICAGO TITLE COMPANY – Island Division is the original Trustee, and DOLORES CLAYTON is the original Beneficiary, under a certain Deed of Trust dated January 22, 2009 and recorded January 26, 2009 under Auditor's File No. 200901260092, records of Skagit County, State of Washington; and

WHEREAS, Dolores Clayton, the original Beneficiary, died on December 25, 2022 and James Joseph Graffy was appointed Personal Representative to administer her estate under Skagit County Superior Court Case No. 23-4-00282-29; and

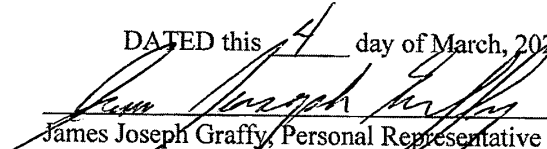
WHEREAS, the undersigned Beneficiary desires to substitute a new Trustee under said Deed of Trust in place of Chicago Title Company – Island Division; now therefore,


THE UNDERSIGNED, Beneficiary substitutes Jayne Marsh Gilbert of Gilbert & Gilbert Lawyers, Inc., as Trustee.

WHEREAS, James Joseph Graffy, Personal Representative of the Estate of Dolores Clayton is the undersigned Beneficiary and Jayne Marsh Gilbert is the substituted Trustee, under said Deed of Trust.

NOW THEREFORE, Jayne Marsh Gilbert, the undersigned Trustee, does hereby certify and declare that the obligations secured by the Deed of Trust have been fully satisfied and does hereby reconvey, without warranty, to the person entitled thereto, all of the right, title, and interest derived by or through the said Deed of Trust.

DATED this 4 day of March, 2024.

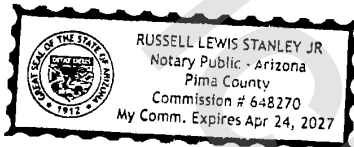

James Joseph Graffy, Personal Representative
Estate of Dolores Clayton, Beneficiary


Jayne Marsh Gilbert, Trustee

STATE OF ARIZONA)
COUNTY OF Pima) ss.

On this day personally appeared before me JAMES JOSEPH GRAFFY as Personal Representative of the Estate of Dolores Clayton, to me known to be the person described in and who executed the foregoing instrument, and acknowledged to me that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4 day of March, 2024.

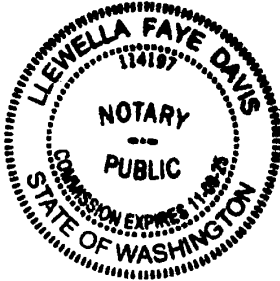


Russell Lewis Stanley Jr.
Notary Public in and for the State of Arizona
Residing at: 4555 E. Mission Rd, Tucson, AZ
My Commission Expires: April 24, 2027

STATE OF WASHINGTON)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me JAYNE MARSH GILBERT, as Trustee, to me known to be the person described in and who executed the foregoing instrument, and acknowledged to me 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 29th day of March, 2024.



Llewella Faye Davis
Notary Public in and for the State of Washington
Residing at: Mount Vernon WA
My Commission Expires: 11-09-2025

SUPERIOR COURT OF THE STATE OF
WASHINGTON FOR SKAGIT COUNTY**FILED**Skagit County Clerk
Skagit County, WA
05/17/2023

Estate of DOLORES JANE CLAYTON:

No. 23-4-00282-29

LETTERS TESTAMENTARY

I. BASIS

- 1.1 The last will of DOLORES JANE CLAYTON late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on May 17, 2023.
- 1.2 In that will JAMES JOSEPH GRAFFY is named personal representative(s).
- 1.3 The personal representative has qualified.

II. CERTIFICATION

THIS IS TO CERTIFY THAT JAMES JOSEPH GRAFFY is authorized by this court to execute the will of the above decedent according to law.

DATED 05/17/2023.

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT
Kenneth Pemberton, Deputy Clerk**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON

ss

COUNTY OF SKAGIT

I, MELISSA BEATON, COUNTY CLERK of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case, which was entered of record on May 17, 2023.

I further certify that these letters are now in full force and effect.

DATED: 05/17/2023

MELISSA BEATON, COUNTY CLERK
CLERK OF THE SUPERIOR COURT

BY



Deputy Clerk



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-069132

DATE ISSUED: 02/16/2023

FEE NUMBER: 310223

FIRST AND MIDDLE NAME(S): DOLORES JANE

LAST NAME(S): CLAYTON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 25, 2022

HOUR OF DEATH: 02:56 PM

SEX: FEMALE AGE: 96 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SAN MATEO, CA

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: PERSONEL AND CONTACTING CLERK

INDUSTRY: US FEDERAL GOVERNMENT

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: NO

INFORMANT: RANDI MILLER-GRAFFY

RELATIONSHIP: DAUGHTER

ADDRESS: 6713 NE 129TH ST, VANCOUVER, WA 98686

CAUSE OF DEATH:

A: COMPLETE HEART BLOCK WITH SICK SINUS SYNDROME

INTERVAL: DAYS

B: NEW PAROXYSMAL ATRIAL FIBRILLATION

INTERVAL: DAYS TO MONTHS

C: ACUTE HYPOXIC RESPIRATORY FAILURE DUE TO RSV INFECTION

INTERVAL: DAYS

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: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1810 E DIVISION ST APT 543

CITY, STATE, ZIP: MOUNT VERNON, WA 98274-6731

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: LEWIS MILTON HAWK

MOTHER: MARGARET HELEN [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: SEATTLE, WASHINGTON

DISPOSITION DATE: FEBRUARY 10, 2023

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: ASHLEIGH TAYLOR

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: MALIK FUIMAONO, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: DECEMBER 28, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO

DATE RECEIVED: FEBRUARY 09, 2023

Affidavit for Correction

04/03/2024 01:00 PM Page 5 of 5
Mail to: Center for Health 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**

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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____			

7. Return Mailing Address: P.O. Box or Street Address City State Zip			
Telephone Number: ()		Email Address:	

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

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

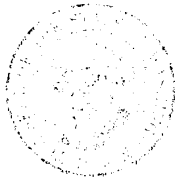
*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Death Certificates

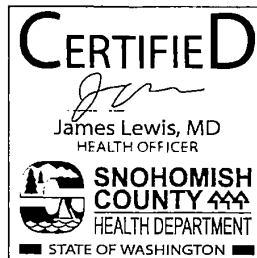
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.



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



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