



202508270020

08/27/2025 09:19 AM Pages: 1 of 4 Fees: \$306.50  
Skagit County Auditor

When recorded return to:

1909 N. 32<sup>ND</sup> PLACE  
MT. VERMONT, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2025-2754  
AUG 26 2025

Amount Paid \$ 0  
Skagit Co. Treasurer  
By CC Deputy

QUIT CLAIM DEED

THE GRANTOR(S)

TONCICA FRANKLONIC AS SOLE TRUSTEE  
OF THE FRANKLONIC LIVING TRUST  
for and in consideration of Adding DAUGHTER  
FOR CO-SIGN Mrg. Loan,  
in hand paid, conveys and quit claims to TONCICA FRANKLONIC AND  
DALLIA K. FRANKLONIC

the following described real estate, situated in the County of SKAGIT, State of Washington  
together with all after acquired title of the grantor(s) herein:

LOT 42, "PLAT of EASTWIND" AS PER PLAT  
Recorded in VOLUME 12 of PLATS, PAGE 31 + 32  
records of SKAGIT COUNTY, WASHINGTON  
SITUATED IN THE City of Mt. Vermont, COUNTY OF SKAGIT  
Abbreviated Legal: (Required if full legal not inserted above.) STATE OF WASHINGTON

Tax Parcel Number(s):

080988

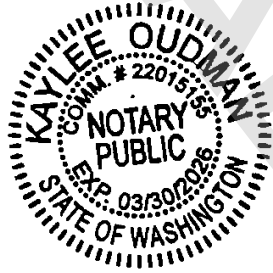
Dated: 8-25-25

Tonica FCi  
\_\_\_\_\_

State of Washington

County of Skagit

This record was acknowledged before me on August 25, 2025 by \_\_\_\_\_  
Tonica Franulovic



Kaylee Oudman  
(Signature of notary public)

Notary Public in and for the State of: WA

My appointment expires: 3/30/2026

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-016379

DATE ISSUED: 04/08/2021  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): JERRY DOMAGOJ

LAST NAME(S): FRANULOVIC

AKA: JERKO DOMAGOJ FRANULOVIC

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 05, 2021

HOUR OF DEATH: 07:05 PM

SEX: MALE

AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1909 N 32ND PL

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 33 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: VELA LUKA CROATIA

FATHER: SEVERIN FRANULOVIC

MOTHER: KATARINA [REDACTED]

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: TONCICA GREGO

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

OCCUPATION: MACHINIST

INDUSTRY: NAUTICAL

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: APRIL 07, 2021

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

INFORMANT: TONCICA FRANULOVIC

RELATIONSHIP: WIFE

ADDRESS: 1909 N 32ND PL MOUNT VERNON, WA 98273

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:

A: ACUTE HYPOXIC RESPIRATORY FAILURE

INTERVAL: DAYS

B: CEREBRAL VASCULAR ACCIDENT

INTERVAL: DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: RYAN TRINH, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

DATE SIGNED: APRIL 07, 2021

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: RYAN TRINH, PHYSICIAN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BELEN MARTINEZ

DATE RECEIVED: APRIL 07, 2021



# Affidavit for Correction

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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

<b>Required</b>	<b>Required information must match current information on record</b>			
	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 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: PO 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 <sup>nd</sup> parent (if required):
Printed name:	Printed name:
Date:	Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://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**

- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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**

- 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.
- 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 proof documentation.
- 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.

# \*CERTIFIED\*

APR 08 2021

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



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