

**Return Address:**

Land Title and Escrow Company  
3010 Commercial Avenue  
Anacortes, WA 98221  
400537-LT

REVIEWED BY  
 SKAGIT COUNTY TREASURER  
 DEPUTY Lena Thompson  
 DATE 09/30/2025

**AFFIDAVIT (LACK OF PROBATE)**

The undersigned affiant/grantee Katherine Ann Rathvon, being first duly sworn deposes and states as follows:

*Name of Affiant*

That they are a rightful heir as listed on heirs at law, to the real property described below, and is

Surviving Spouse of  
Clay Russell Wallace,  
*Relationship to decedent* *Decedent/Grantor Name*

who died on 10/27/2024 at  
*Date*

Edmonds Snohomish Washington  
*City* *County* *State*

**REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description: Lots 2 & 3, Blk 3, Holiday Hideaway No. 1

Assessor's Property Tax Parcel/Account Number: 3926-003-003-0006/P65835, 3926-003-002-0007/P65834  
 (Attach full legal description of the property)

- ☐ Decedent left no Last Will and Testament.
- ☒ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

Katherine Anne Rathvon, Age: 64, Surviving Spouse

1267 View Street, Camano Island WA 98282

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 9/29/2025

Katherine Ann Rathvon

Affiant's full name

(425) 830-6783

Telephone number

1267 View Street

Street

Camano Island

WA

98282

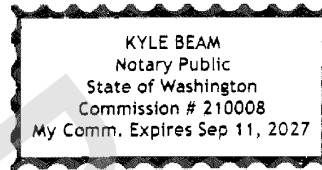
City

State

Zip Code

Katherine Ann Rathvon  
Signature9/29/2025  
Date

STATE OF WASHINGTON

COUNTY OF IslandSigned and sworn to (or affirmed) before me on this 29 day of Sept., 2025 by Katherine Anne Rathvon.[Signature]  
SignatureNotary  
TitleMy appointment expires: 9-11, 2027

**Legal Description**

Lots 2 and 3, Block 3, "HOLIDAY HIDEAWAY NO. 1," as per plat recorded in Volume 8 of Plats, pages 36 through 42, inclusive, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2024-052225

LOCAL FILE NUMBER: 4879

DATE ISSUED: 10/29/2024  
FEE NUMBER:FIRST AND MIDDLE NAME(S): CLAY RUSSELL  
LAST NAME(S): WALLACECOUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: OCTOBER 27, 2024  
HOUR OF DEATH: 01:36 PM  
SEX: MALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: OKLAHOMA CITY, OKMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: KATHERINE RATHVONOCCUPATION: ARCHITECT  
INDUSTRY: ARCHITECTURAL  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NOINFORMANT: KATHERINE RATHVON  
RELATIONSHIP: WIFE  
ADDRESS: 1267 VIEW ST CAMANO ISLAND, WA 98282CAUSE OF DEATH:  
A: HYPOXIA SECONDARY TO RESPIRATORY MUSCLE FAILURE  
INTERVAL: WEEKS  
B: MYASTHENIA GRAVIS SECONDARY TO IMMUNOTHERAPY ADVERSE REACTION  
INTERVAL: WEEKS  
C: METASTATIC PAPILLARY RENAL CELL CARCINOMA  
INTERVAL: MONTHS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: COMFORT CARE, MYOCARDITIS

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: SWEDISH EDMONDS HOSPITAL  
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98020-3702RESIDENCE STREET: 1267 VIEW ST  
CITY, STATE, ZIP: CAMANO ISLAND, WA 98282-7509  
INSIDE CITY LIMITS: NO COUNTY: ISLAND  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARSFATHER: EDWARD ROSS WALLACE  
MOTHER:METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: OCTOBER 29, 2024

FUNERAL FACILITY: GILBERTSON FUNERAL HOME

ADDRESS: 27001 88TH AVE NW/PO BOX 1569  
CITY, STATE, ZIP: STANWOOD, WASHINGTON 98292  
FUNERAL DIRECTOR: MICHAEL W. RYANMANNER 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: NOT APPLICABLECERTIFIER NAME: JOSH YI, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 21601 76TH AVE WEST  
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026  
DATE SIGNED: OCTOBER 29, 2024CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: STEPHANIE ANDERSON  
DATE RECEIVED: OCTOBER 29, 2024



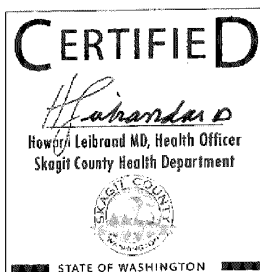
## Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
<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:		2. Date of Event:		3. Place of Event:
Last:		MM/DD/YYYY		(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden		First		
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:		City State Zip		
PO Box or Street Address		Email Address:		
Telephone Number:				
( )				
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:		Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
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).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
*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.				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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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