



199911090075

Kathy Hill, Skagit County Auditor
11/9/1999 Page 1 of 7 3:54:45PM

RETURN TO:

JOHN W. HICKS
SCHACHT & HICKS
PO BOX 1165
MOUNT VERNON WA 98273

DOCUMENT TITLE: DECLARATION

GRANTOR: HICKS, JOHN W.

GRANTEE: The Public

P86765
LAND TITLE COMPANY OF SKAGIT COUNTY

Other names: Estate of NELLIE TAYLOR-STUART FLYNN, Deceased
on page 1 of document
Swensson, Zenith Flynn, page 1
Swensson, Arne, page 1
Swensson, Heli, page 2
Swensson-Cooper, Sari, page 3
Swensson, David, page 3

ABBREVIATED LEGAL DESCRIPTION: Ptn Lot B, Short Plat No. 57-75,
being ptn of Gov Lot 1, Sec. 26, Township 36 N, R 2 E W>M.,
together with tidelands and easement

ADDITIONAL LEGAL DESCRIPTION ON EXHIBIT A OF DOCUMENT.

ASSESSOR'S TAX PARCEL NUMBER: 360226-0-033-0007
360226-0-049-0009

DECLARATION

JOHN W. HICKS declares under penalty of perjury as follows:

I am the attorney for the Estate of NELLIE TAYLOR-STUART
FLYNN, who died on November 15, 1989, leaving real property in
Skagit County, Washington, described on EXHIBIT "A" attached hereto
and by reference made a part hereof.

The Last Will of NELLIE TAYLOR STUART FLYNN was probated in Skagit County Probate Cause No. 90-4-00060-5 and bequeathed real property as follows:

3. A. I hereby give my real property located on Samish Island, Skagit County, Washington, to my sister ZENITH FLYNN SWENSSON, and my nephew, THEODORE ARNE SWENSSON, to use during their lifetimes as tenants in common, remainder to the children of THEODORE ARNE SWENSSON, according to the terms of the trust set forth in Paraph 3 B. of this Will.

3. B. Should both said life beneficiaries predecease me, I then give said real property to HELI SWENSSON, wife of THEODORE ARNE SWENSSON, as trustee for the benefit of my grandniece and nephew, SARI SWENSSON, and DAVID SWENSSON, and any other children born to my nephew, THEODORE ARNE SWENSSON, or adopted by him, living at my death, share and share alike. Said real property shall be held in Trust for my said grandniece(s) and nephew(s) until such time as the youngest of them reaches age the of 25 years. At this time the property shall be distributed among them equally, in a fashion mutually agreed upon by the beneficiaries. If no agreement is reached, then the method of distribution shall be chosen by the Trustee or her successor.



ZENITH FLYNN SWENSSON died April 8, 1999, in Los Angeles County, California, and a copy of her death certificate is attached, marked EXHIBIT "B".


ARNE T. SWENSSON died August 1, 1998, in Los Angeles County, California, and a copy of his death certificate is attached, marked EXHIBIT "C".

SARI SWENSSON COOPER, born November 9, 1973, and DAVID SWENSSON, born April 12, 1979, are the only children of ARNE T. SWENSSON.

This Declaration is made to clear title to the real estate described on EXHIBIT "A".

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED: October 26, 1999.


JOHN W. HICKS, WSBA 6691



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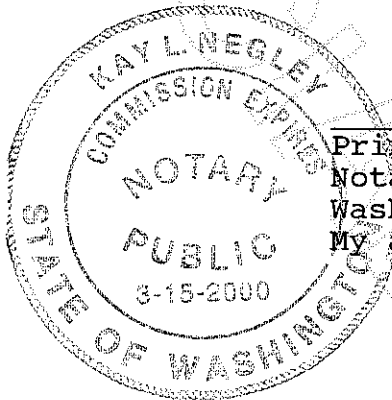
STATE OF WASHINGTON)

) SS.

COUNTY OF SKAGIT)

On this day personally appeared before me JOHN W. HICKS, to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged 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 26th day of October, 1999.



Kay L. Negley

Printed name: KAY L. NEGLEY
Notary Public in and for the state of
Washington, residing at Mount Vernon.
My appointment expires: 3-15-2000



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The following described real property:

Lot B, Short Plat No. 57-75, approved January 15, 1976, recorded January 16, 1976 in Book 1 of Short Plats, page 87, under Auditor's File No. 828754 and being a portion of Government Lot 1, Section 26, Township 36 North, Range 2 East, W.M.,

EXCEPT that portion described as follows:

Beginning at a point of the most Westerly line of said Lot B, 155.5 feet South of the Northwest corner thereof;
thence North along said Westerly line 155.5 feet;
thence East along the North line of said Lot B a distance of 60.00 feet;
thence South $01^{\circ}42'41''$ West a distance of 155.5 feet;
thence Westerly to the point of beginning.

TOGETHER WITH that portion of the tidelands of the second class in front of, adjacent to, and abutting on the above described tract, lying Westerly of the Northerly extension of the West line of Lot "A" of said short plat above described, and lying Easterly of the West line of the East 150 feet of the West 817.67 feet of Government Lot 1 of Section 26, Township 36 North, Range 2 East, W.M.; EXCEPT any portion thereof lying within a tract conveyed October 15, 1901, by the State of Washington to Jno. Earls by Bush Act Oyster Lands deed recorded November 9, 1942, in Volume 187 of Deeds, page 427;

TOGETHER WITH that certain non-exclusive easement for ingress and egress over and across a 10 foot existing road, which road runs in a Westerly direction from the North line of the H.R. Roney Road No. 295 to the base of a hill;
thence in an Easterly direction to the East line of that certain tract conveyed to Terry Knutzen, etux, by deed recorded March 20, 1995 under Skagit County Auditor's File No. 9503200009, and as more fully set forth in that certain "Stipulation and Decree" entered April 14, 1965, in Skagit County Superior Court Cause No., 26747.

Situate in the County of Skagit, State of Washington



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COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/87)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST (GIVEN) ZENITH		2. MIDDLE FLYNN		3. LAST (FAMILY) SWENSSON	
4. DATE OF BIRTH MM/DD/CCYY 04/08/1958		5. AGE YRS. 85		6. SEX F	
7. DATE OF DEATH MM/DD/CCYY 04/08/1998		8. HOUR End.		9. MINUTE 1417	
10. STATE OF BIRTH OREGON		11. SOCIAL SECURITY NO. [REDACTED]		12. MARITAL STATUS WIDOW	
13. CAUCASIAN		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		15. USUAL EMPLOYER VARIOUS	
16. OCCUPATION OFFICE WORKER		17. KIND OF BUSINESS VARIOUS		18. YEARS IN OCCUPATION 40	
19. RESIDENCE—(STREET AND NUMBER OR LOCATION) 913 LAKE LOWER					
20. CITY VENICE		21. COUNTY LOS ANGELES		22. ZIP CODE 90291	
23. YRS IN COUNTY 30		24. STATE OR FOREIGN COUNTRY CALIFORNIA			
25. NAME, RELATIONSHIP TEDD SWENSSON, SON					
26. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 913 LAKE LOWER, VENICE, CA 90291					
27. NAME OF SURVIVING SPOUSE—FIRST -		28. MIDDLE -		29. LAST (MAIDEN NAME) -	
30. NAME OF FATHER—FIRST UNKNOWN		31. MIDDLE -		32. LAST FLYNN	
33. NAME OF MOTHER—FIRST KATE		34. MIDDLE -		35. LAST (MAIDEN) UNKNOWN	
36. DATE MM/DD/CCYY 04/24/1998		37. PLACE OF FINAL DISPOSITION AT SEA OFF COAST OF SAN DIEGO COUNTY, CALIFORNIA			
38. TYPE OF DISPOSITION CR/SEA		39. SIGNATURE OF EMBALMER NOT EMBALMED		40. LICENSE NO. -	
41. NAME OF FUNERAL DIRECTOR CREMATIN SOCIETY OF AMERICA		42. LICENSE NO. FD 1471		43. SIGNATURE OF LOCAL REGISTRAR [Signature]	
44. DATE MM/DD/CCYY 04/16/1998					
101. PLACE OF DEATH Residence		102. IF HOSPITAL SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 913 Lake Lower		105. CITY Venice		106. COUNTY Los Angeles	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) Deferred		108. TIME INTERVAL BETWEEN ONSET AND DEATH 98-02600		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. DUE TO (B) -		111. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		112. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. DUE TO (C) -		114. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
115. DUE TO (D) -					
116. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 -					
117. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. -					
118. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE MM/DD/CCYY MM/DD/CCYY		119. SIGNATURE AND TITLE OF CERTIFIER [Signature]		120. LICENSE NO. -	
121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP -					
122. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENTAL <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		123. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		124. INJURY DATE MM/DD/CCYY 04/15/1998	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) -		126. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) -		127. PLACE OF INJURY -	
128. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		129. DATE MM/DD/CCYY 04/15/1998		130. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Juana Garcia/Deputy Coroner	
131. STATE REGISTRAR A		132. B -		133. C -	
134. D -		135. E -		136. F -	
137. G -		138. H -		139. FAX AUTH. # -	
140. CENSUS TRACT 60007587					

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

EXHIBIT "B"

DATE ISSUED

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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60007587



COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) ARNE		2. MIDDLE T.		3. LAST (FAMILY) SWENSSON			
4. DATE OF BIRTH M/M/DD/CCYY 09/25/1948		5. AGE YRS. 49		6. SEX M		7. DATE OF DEATH M/M/DD/CCYY 08/01/1998	
8. HOUR 2350		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 558-86-0920		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS DIVORCED		13. EDUCATION—YEARS COMPLETED 16		14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER SELF EMPLOYED		17. OCCUPATION ATTORNEY		18. KIND OF BUSINESS LAW		19. YEARS IN OCCUPATION 15	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 913 LAKE ST. UPPER		21. CITY VENICE		22. COUNTY LOS ANGELES		23. ZIP CODE 90291	
24. YRS IN COUNTY 50		25. STATE OR FOREIGN COUNTRY CALIFORNIA		26. NAME, RELATIONSHIP SARI THEODORA SWENSSON, DAUGHTER			
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 27980 S. WESTERN AVE. #201, SAN PEDRO, CA 90732				28. NAME OF SURVIVING SPOUSE—FIRST -			
29. MIDDLE -		30. LAST (MAIDEN NAME) -		31. NAME OF FATHER—FIRST ARNE		32. MIDDLE -	
33. LAST SWENSSON		34. BIRTH STATE SWED		35. NAME OF MOTHER—FIRST ZENITH		36. MIDDLE -	
37. LAST (MAIDEN) FLYNN		38. BIRTH STATE OR		39. DATE M/M/DD/CCYY 08/12/1998			
40. PLACE OF FINAL DISPOSITION RES SARI SWENSSON, 27980 S. WESTERN AVE. #201, SAN PEDRO, CA 90732				41. TYPE OF DISPOSITION(S) CR/RES			
42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -			
44. NAME OF FUNERAL DIRECTOR CREMATION SOCIETY OF AMERICA				45. LICENSE NO. FD 1471			
46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>				47. DATE M/M/DD/CCYY 08/11/1998			
101. PLACE OF DEATH SUNRISE CARE CENTER		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY LOS ANGELES	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1330 17TH ST.		106. CITY SANTA MONICA		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) METASTATIC LUNG CANCER			
108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. 06/16/1998 THORACOTOMY		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 06/11/1997			
115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G20643		117. DATE M/M/DD/CCYY 08/10/1998			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP PETER BOASBERG, M.D., 2001 SANTA MONICA BL., SANTA MONICA, CA 90404		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
129. STATE REGISTRAR		130. DATE M/M/DD/CCYY		131. TYPED NAME, TITLE OF REGISTRAR		132. CENSUS TRACT	

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Kathy Hill, Skagit County Auditor
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060015488

EXHIBIT "C"

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED

Director of Health Service and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.