

When Recorded Please Return To:  
Lawrence A. Pirkle  
321 West Washington, Suite 300  
Mount Vernon, WA 98273  
360-336-6587



200405190052

Skagit County Auditor

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This Space For Recorder's Use Only

**QUIT CLAIM DEED +  
DEATH CERTIFICATE**

**THE GRANTOR**, DOROTHY L. HOLIDAY, Successor Trustee of the ROBERT and DOROTHY HOLIDAY TRUST, dated September 26, 2001, for and in consideration of distribution to Beneficiary of Trust, conveys and quit claims to **GRANTEE**, DOROTHY L. HOLIDAY, a single person, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

**Assessor's Parcel No:** 3822-000-008-0002

Lot 8, Skyline No. 6, according to the Plat thereof recorded in Volume 9 of Plats, Page 64 through 67A, inclusive, Records of Skagit County, Washington; Situate in Skagit County, Washington. Including 1976 Hemner 60/24 OSO389UX manufactured home.

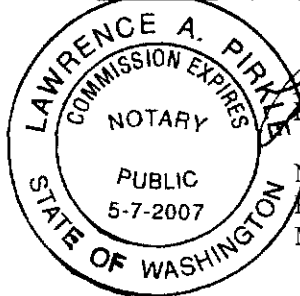
Dated this 13 day of May, 2004

Dorothy L. Holiday  
Dorothy L. Holiday, Successor Trustee  
of the Robert & Dorothy Holiday Trust

State of Washington)  
)ss.  
County of Skagit )

On this day personally appeared before me DOROTHY L. HOLIDAY to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged 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 13 day of May, 2004



Lawrence A. Pirkle  
LAWRENCE A. PIRKLE  
Notary Public in and for the State of Washington  
Residing at: Mt. Vernon  
My Commission Expires: 5/7/07

2455  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

MAY 19 2004

Amount Paid \$  
Skagit Co. Treasurer  
By [Signature] Deputy

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

215-02  
LOCAL FILE NUMBER

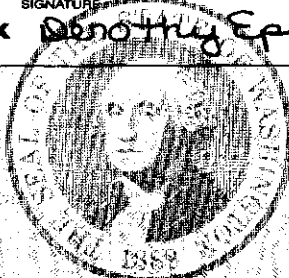
## Health CERTIFICATE OF DEATH

146 2-11058  
STATE FILE NUMBER

1. NAME First Middle Last <b>Robert Deaver Holiday</b>				2. SEX (M / F) <b>Male</b>		3. DEATH DATE (Mo, Day, Yr) <b>Mar. 19, 2002</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>76yrs</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. BIRTHDATE (Mo, Day, Yr) [REDACTED]		7. BIRTHPLACE (City, State or Foreign Country) <b>Lake City, SD</b>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>Yes</b>				9. COUNTY OF DEATH <b>Skagit</b>			
10. CITY, TOWN OR LOCATION OF DEATH <b>Anacortes</b>				11. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE <b>2203 Dublin</b>			
12. MARITAL STATUS — Married, never married, Widowed, Divorced (Specify) <b>Married</b>		13. SURVIVING SPOUSE (If wife, give maiden name) <b>Dorothy L. Arnold</b>		14. SOCIAL SECURITY NO. [REDACTED]		15. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>4</b>	
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Administrator</b>		17. KIND OF BUSINESS OR INDUSTRY <b>U.S. Navy</b>		18. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		19. RACE (Specify) <b>White</b>	
20. RESIDENCE — NUMBER AND STREET <b>2203 Dublin</b>		21. CITY/TOWN, OR LOCATION <b>Anacortes</b>		22. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>		23. COUNTY <b>Skagit</b>	
24. LENGTH OF RES. IN CO. <b>6yrs.</b>		25. STATE <b>WA</b>		26. ZIP CODE <b>98221</b>			
27. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Edward Payson Holiday</b>				28. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Minnie Belya</b>			
29. INFORMANT — NAME <b>Dorothy L. Holiday</b>				30. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>2203 Dublin Anacortes, WA 98221</b>			
31. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		32. DATE (Mo, Day, Yr) <b>Mar. 21, 2002</b>		33. CEMETERY/CREMATORY — NAME <b>Mt. Vernon Cemetery</b>		34. LOCATION — CITY/TOWN, STATE <b>Mt. Vernon, WA</b>	
35. FUNERAL DIRECTOR SIGNATURE <i>Steve [Signature]</i>		36. NAME OF FACILITY <b>Valley Funeral &amp; Cremation Service 112 S. 6th St. #E Lynden, WA</b>					
37. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>				38. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>			
40. DATE SIGNED (Mo, Day, Yr) <b>3/20/02</b>		41. HOUR OF DEATH (24 Hrs) <b>0300</b>		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Shawna Laursen M.D. 1213 24th Anacortes, WA 98221</b>				49. ME/CORONER FILE NUMBER <b>NJA-075</b>			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>A. Lung Cancer</b>		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B.		INTERVAL BETWEEN ONSET AND DEATH			
C.		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
D.		DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) <b>No</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>YES</b>	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>X Dorothy Epps, deputy</b>				63. DATE RECEIVED (Mo, Day, Yr) <b>MAR 20 2002</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)



200405190052  
Skagit County Auditor

# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)

### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

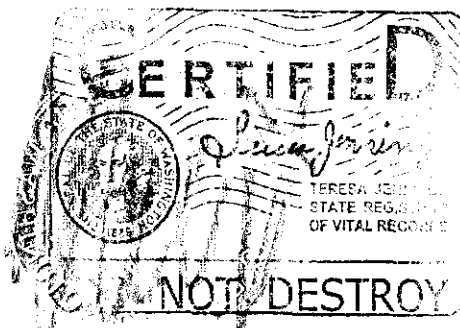
### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



200405190052  
Skagit County Auditor



LL00084015

**CERTIFICATE OF TRUST**

**STATE OF WASHINGTON**

)

) SS:

**COUNTY OF SNOHOMISH**

)

The undersigned Grantor hereby certifies the following:

1. This Certificate of Trust relates to the **ROBERT AND DOROTHY HOLIDAY TRUST DATED SEPTEMBER 26, 2001** (the "Trust") created by trust agreement (the "Trust Agreement") executed by **ROBERT AND DOROTHY HOLIDAY**.
2. The name of the Grantor is **ROBERT AND DOROTHY HOLIDAY**.
3. The name of the original trustee is **ROBERT AND DOROTHY HOLIDAY**.
4. The name of each trustee empowered to act under the Trust Agreement at the time of the execution of this Certificate of Trust is:

Primary: **ROBERT AND DOROTHY HOLIDAY,**  
2203 Dublin Pl.  
Anacortes, WA 98221-3110

Successor: The Surviving spouse, **ROBERT D. HOLIDAY OR**  
**DOROTHY L. HOLIDAY**

Alternate Successor: **CHARLENE N. GRIFFIN**

Alternate Successor II: **PRESTON P. ROBERT**

5. The trustee(s) are authorized by the Trust Agreement to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property, and to sell upon deferred payments, except as limited by the following (if none, so indicate):  
**NONE**
6. The undersigned conveyed to the Trust the following described real estate:

Anacortes home, Snohomish County, Washington -2203 Dublin Pl., Anacortes, WA 98221-3110

**LOT 8, SKYLINE NO. 6, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 9 OF PLATS, PAGE 64, RECORDS OF SKAGIT COUNTY, WASHINGTON; SITUATE IN SKAGIT COUNTY, WASHINGTON**  
Parcel number: 3822-000-008-0002

7. The Trust Agreement has not been revoked.
8. The undersigned hereby represents that the statements contained in this Certificate of Trust are true and correct, and that there are no other provisions in the Trust Agreement or amendments to it that limit the powers of the Trustee to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert, allot or sell upon deferred payments trust property, including real and personal property. This trust has not been revoked, modified, or amended in any manner which would cause the representations in this certification of trust to be incorrect. This certificate is being signed by all the currently acting trustees of the trust.



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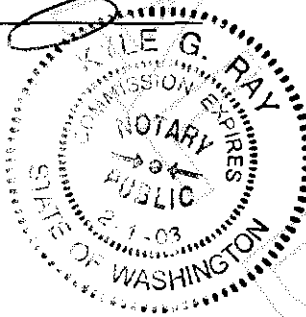
Skagit County Auditor

Robert D. Holiday  
ROBERT D. HOLIDAY

Dorothy L. Holiday  
DOROTHY L. HOLIDAY

Subscribed and sworn to before me this 26th day of SEPTEMBER, 2001

Kyle G. Ray  
Kyle G. Ray, Notary Public  
My commission expires 02-01-03



This instrument was drafted by  
Kyle G. Ray, Attorney-at-Law  
320 Dayton, Suite 225, Edmonds, WA



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Skagit County Auditor

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