



Skagit County Auditor

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5 3:45PM

\$78.00

**WHEN RECORDED RETURN TO:**

Jacob H. Menashe  
Hickman Menashe, P.S.  
4211 Alderwood Mall Blvd., Ste. 202  
Lynnwood, WA 98036

Document Title:	Notice of Certificate of Trust Existence and Authority for the Joy Reed Keys Decedent's Trust, dated April 2, 1990
Grantor(s):	Jody Keys
Grantee:	The Public
Legal Description (abbreviated):	Lots 3 & 4, Plat 2 of Rancho San Juan Del Mar No. 3, V. 6. Pgs 19-22
Additional Legal on Page 2	
Tax Parcel or Account Number:	3974-000-004-0002
Ref. Nos. of Documents Released:	None
Address of Property:	3541 Biz Point Road, Anacortes, WA 98221

**NOTICE OF  
CERTIFICATE OF TRUST EXISTENCE AND AUTHORITY  
FOR THE  
JOY REED KEYS DECEDENT'S TRUST**

1. The subject of this Certificate is for the Joy Reed Keys Decedent's Trust, under agreement dated (UAD) April 2, 1990, hereinafter "the Decedent's Trust." The Decedent's Trust was created out of the James D. Keys, Jr. and Joy Reed Keys Family Trust, UAD April 2, 1990, hereinafter "the Family Trust."
2. The Family Trust was executed by James D. Keys, Jr. and Joy Reed Keys, as Trustors and Trustees.
3. Pursuant to Article II(B) of the Trust, upon the death of Joy Reed Keys, James D. Keys, Jr., the remaining original Co-Trustee, was designated to serve alone as sole Trustee.
4. Joy Reed Keys died on October 29, 1993. A copy of her death certificate is attached hereto.

NOTICE OF CERTIFICATE OF TRUST  
EXISTENCE AND AUTHORITY FOR  
THE JOY REED KEYS DECEDENT'S TRUST - 1

*ORIGINAL*

5. Pursuant to Article IV of the Family Trust, upon the death of Joy Reed Keys, the Family Trust was divided into two separate trusts, the first being the Survivor's Trust (which was a continuation of the Family Trust), and the second being the Decedent's Trust (also referred to as the Credit Trust.)

6. Pursuant to Article II (C) of the underlying Family Trust, which governs the Decedent's Trust, upon the death of both of the original Co-Trustees, or if they both cease to serve, Jody Keys is designated to serve as successor Trustee of the Decedent's Trust.

7. James D. Keys, Jr. died on September 1, 2012. A copy of his death certificate is attached hereto.

8. As a result of the death of James D. Keys, Jody Keys is now serving as successor Trustee of the Decedent's Trust.

9. The Decedent's Trust is currently in full force and effect.

10. The Decedent's Trust grants to the Trustee the continuing, absolute, discretionary power to deal with any property, real or personal, held in the trust estate as freely as the Trustors might in the handling of the Trustors' own affairs. In addition, the Trustee shall have all of the power, authority, and discretion given a Trustee under the laws of the State of Washington on this date. These include those given a Trustee under the provisions of Chapter 11.98 of the Revised Code of Washington, known as the "Washington Trust Act." Such powers may be exercised independently and without the prior approval of any court or judicial authority, and no person dealing with the Trustee shall be required to inquire into the propriety of any of the Trustee's actions. The powers of the Trustee include, but are not limited to, the power to sell, convey, grant options to purchase, exchange or alter any of the assets of the trust estate upon such terms and conditions and for such consideration as the Trustee deems advisable. The Trustee further has the right to invest and reinvest all funds from time to time available for investment or reinvestment in any kinds of property, real or personal, including stocks, bonds, interest in any amount in common trust shares, mortgages and such other property as the Trustee shall deem proper. The Trustee further has the right to engage in business with the property of the Trust as a sole proprietor, or as a general or limited partner, with all the powers customarily exercised by an individual so engaged in business, and to hold an undivided interest in any property as tenant in common or as tenant in partnership.

11. Included among the assets owned by the Decedent's Trust is the following parcel of real property located in Skagit County, Washington:

Lots 3 and 4, as shown on Plat 2 of Rancho San Juan Del Mar, Subdivision No. 3, according to the plat thereof recorded in Volume 6 of Plats, pages 19 to 22 inclusive, records of the Auditor, Skagit County, Washington.

NOTICE OF CERTIFICATE OF TRUST  
EXISTENCE AND AUTHORITY FOR  
THE JOY REED KEYS DECEDENT'S TRUST - 2



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12. This Certificate is made by the successor Trustee in order to certify that as of the date of this Certificate, the Trust is in existence and that the successor Trustee has broad powers under the Trust. This Certificate shall affirm that the successor Trustee is acting as the qualified Trustee, and shall be sufficient on its face and no person shall be put to any further inquiry concerning the right of the successor Trustee to so act.

13. Photocopies of the original Certificate shall be deemed to be an original counterpart of this Certificate.

14. The signatory to this Certificate is currently the acting successor Trustee of the Decedent's Trust and declares that the foregoing statements are true and correct, under penalty of perjury.

This Certificate was executed at the County of Thurston, Washington on December 27, 2013.

Jody Keys

Jody Keys, Trustee

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF Thurston )

I certify that I know or have satisfactory evidence that Jody Keys signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the Successor Trustee of the Joy Reed Keys Decedent's Trust, both UAD April 2, 1990, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED this 27 day of December, 2013.

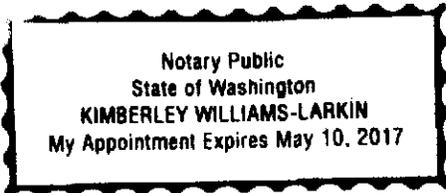
KW

Printed Name: Kimberley Williams-Larkin

Notary Public in and for the State of Washington

Residing at: 825 Capitol Ways Olympia, WA 98501

My commission expires: 5/10/17



NOTICE OF CERTIFICATE OF TRUST  
EXISTENCE AND AUTHORITY FOR  
THE JOY REED KEYS DECEDENT'S TRUST - 3



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

2465

LOCAL FILE NUMBER

OFFICE USE ONLY

DISTRICT D7

COPIES

HOSPITAL

OCCURRENCE

RESIDENCE

TRACT

OCCURRENCE

1. NAME First: JOY Middle: REED Last: KEYS				2. SEX (M./F.) Female	3. DEATH DATE (Mo., Day, Yr.) 10-29-1993		
4. AGE LAST BIRTHDAY (Yrs.) 66	5. UNDER 1 YEAR MOS. DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTHPLACE (City, State or Foreign Country) Vale, OR	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	10. COUNTY OF DEATH Snohomish	
11. CITY, TOWN OR LOCATION OF DEATH Edmonds			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. HANGOUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE 19108 Dellwood Dr.		13. SMOKING IN LAST 15 YEARS? (Yes/No) No		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) James Keys		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 5+	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) School Teacher		19. KIND OF BUSINESS OR INDUSTRY Teaching		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify) (Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 19108 Dellwood Dr.		23. CITY/TOWN, OR LOCATION Edmonds		24. INSIDE CITY LIMITS? (Yes/No) Yes	25A. COUNTY Snohomish	25B. LENGTH OF RES. IN CO. 35 yrs.	26. STATE WA
27. ZIP CODE 98026		28. FATHER'S NAME—FIRST, MIDDLE, LAST Carl Reed		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Carrie Bird			
30. INFORMANT—NAME James Keys			31. MAILING ADDRESS 19108 Dellwood Dr.		CITY OR TOWN Edmonds	STATE WA	ZIP 98026
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo., Day, Yr.) 11-4-1993	34. CEMETERY/CREMATORY—NAME Washelli Crematory		35. LOCATION—CITY/TOWN, STATE Seattle, WA		
36. FUNERAL DIRECTOR SIGNATURE <i>James Plan</i>		37. NAME OF FACILITY Evergreen-Washelli Funeral Home		38. ADDRESS OF FACILITY Seattle, WA			
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 X <i>Richard A. McGee, MD</i>				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 X			
40. DATE SIGNED (Mo., Day, Yr.) <i>11/3/93</i>		41. HOUR OF DEATH (24 Hrs.) 17:30		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) Richard McGee MD 21605 76th AVE. W. Edmonds, WA				49. ME/CORONER FILE NUMBER NJA #93-965			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <i>Carcinoma of Breast Metastatic to Liver</i>				INTERVAL BETWEEN ONSET AND DEATH 3 YRS	
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. DUE TO, OR AS A CONSEQUENCE OF:				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: <i>Malnutrition, Renal Failure, Cholelithiasis</i>				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.) DESCRIBE HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify) STREET OR RFD NO., CITY/TOWN, STATE					
81. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY REVIEWED BY DATE						83. DATE RECEIVED (Mo., Day, Yr.) NOV 10 1993	



DOH 01-003 (Rev. 7/81) (formerly DSHS 1-150)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number **9114** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Suffix **James Donald KEYS Jr.** 2. Death Date **09/01/2012**

3. Sex (M/F) **Male** 4a. Age - Last Birthday **90** 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Social Security Number **[REDACTED]** 6. County of Death **King**

7. Birthdate **[REDACTED]** 8a. Birthplace (City, Town, or County) **Portland** 8b. (State or Foreign Country) **OR** 9. Decedent's Education **Bachelor's Degree**

10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify **No** 11. Decedent's Race(s) **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5<sup>th</sup> St.) (Include Apt. No.) **525 Forsyth Lane Unit 207** 13b. City or Town **Edmonds**

13c. Residence: County **Snohomish** 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country **WA** 13f. Zip Code + 4 **98020** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence. **8 years** 15. Marital Status at Time of Death **Widowed** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) **Pharmacist** 18. Kind of Business/Industry (Do not use Company Name) **Retail**

19. Father's Name (First, Middle, Last, Suffix) **James D. Keys Sr.** 20. Mother's Name Before First Marriage (First, Middle, Last) **Marjorie A. Hobert**

21. Informant's Name **Jody Keys** 22. Relationship to Decedent **Daughter** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip **1031 Daisy Lane SW Tumwater, WA 98512**

24. Place of Death, if Death Occurred in a Hospital: **hospital inpatient** Place of Death, if Death Occurred Somewhere Other than a Hospital:

25. Facility Name (if not a facility, give number & street or location) **Northwest Hospital** 26a. City, Town, or Location of Death **Seattle** 26b. State **WA** 27. Zip Code **98133**

28. Method of Disposition **Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place) **Washelli Crematory** 30. Location-City/Town, and State **Seattle, WA**

31. Name and Complete Address of Funeral Facility **Evergreen-Washelli Funeral Homes and Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133** 32. Date of Disposition **9/13/2012**

33. Funeral Director Signature **X**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **COMPLETION OF CAUSE OF DEATH PENDING LABORATORY ANALYSIS, AND/OR INVESTIGATION.** Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above. 36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

41. Date of Injury (MM/DD/YYYY) 42. Hour of Injury (24hrs) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street Apt. No. City or Town County State Zip Code + 4

46. Describe how injury occurred 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify)

48a. Certifying Physician (To the best of my knowledge, death occurred on the date, time, date, and place, and state of the decedent and manner stated.) 48b. Medical Examiner/Coroner (On the basis of examination, investigation, or autopsy, death occurred on the date, time, date, and place, and state of the decedent and manner stated.)

49. Name and Address of Certifier - Physician, Medical Examiner/Coroner, Type of Physician **Richard C Harruff, MD PhD 325 Ninth Ave, Box 359 922** 50. Hour of Death (24hrs) **08:25**

51. Name and Title of Attending Physician if other than Certifier 52. Date Signed (MM/DD/YYYY) **09/04/2012**

53. Title of Certifier 54. License Number **MD0003089** 55. ME/Coroner File Number **2-91444** 56. Was case referred to ME/Coroner?  Yes  No

58. Date Received (MM/DD/YYYY) **SEP 11 2012**

