



## ABSTRACT OF TRUST

The undersigned hereby certify that on June 13, 2006, they created a revocable Living Trust. This Trust is known as **The Schanzenbach Family Trust, dated June 13, 2006, Dean G. Schanzenbach and Rosalie A. Schanzenbach, Trustor(s) and/or Trustee(s)**, for the benefit of the Schanzenbach family.

### IT IS AGREED BETWEEN PARTIES HERETO AS FOLLOWS:

#### Description of Trust

The parties hereto desire to confirm the establishment of a revocable Trust on June 13, 2006, and amendments thereto, for the benefit of the Trustors (as husband and wife) and containing inter alia the following provisions:

1. Dean G. Schanzenbach and Rosalie A. Schanzenbach are designated as the Trustee(s) to serve until the death, resignation or incompetence of both Dean G. Schanzenbach and Rosalie A. Schanzenbach. If more than one, the original Trustees are authorized to serve jointly and severally and either shall have full authority for the Trust without the consent of the other, to act independently in performing transactions on behalf of the Trust, except as to transactions involving real property.
2. Upon the removal of Rosalie A. Schanzenbach, an original Trustee, Dean G. Schanzenbach shall act as Co-Trustee with Jane McMillian. Upon the removal of Dean G. Schanzenbach, an original Trustee, Rosalie A. Schanzenbach may act alone. Upon the removal of both original Trustees, the Successor Trustee is designated as Jane Schanzenbach McMillian.
3. Upon the death of either Trustor, the Trust property becomes allocated into three (3) trusts designated as Trust A (the Survivor's Trust) and Trust B (the Decedent's Trust), and Trust C (the Qualified Terminal Interest Trust). At that time Trusts B and C become irrevocable.
4. The surviving spouse retains the unlimited right to withdraw income and principal from Trust A. The surviving spouse also retains a general power of appointment which can be exercised by Will, or by lifetime transfer, over the Trust A property. It is specifically intended that Trust A shall qualify for the marital deduction under Internal Revenue Code Section 2056.
5. The surviving spouse is vested with a life income from Trusts B and C, and the Trustee may invade principal for the benefit of the surviving spouse as determined by an ascertainable standard. It is intended that Trust C qualify for the marital deduction under Internal Revenue Code Section 2056.

- UNWITNESSED SIGNATURE
6. Any Trustee/Trustor has the power and authority to manage and control, buy, sell and transfer the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause includability of an irrevocable Trust in the estate of a Trustee.
  7. Following the death of both husband and wife, the Trust continues or is distributed in whole or in part for the benefit of other named Beneficiaries according to the terms of the Trust.
  8. While both Trustors are living and competent, except when there shall be a Corporate Trustee, either Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust without the approval of the Trustee or other Trustor, provided, however, that the ownership of funds received and deposited, whether community property or non-community property shall remain the same and the Trustor removing or adding funds shall gain no additional ownership interest therein than was present prior to the withdrawal from or addition to the Trust account.
  9. All property transferred into the Trust is intended to be the commonly owned property of the Trustors, unless the Trustors have provided otherwise by a Separate Property Addendum to the Trust, or by a separate agreement of the parties.
  10. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.
  11. Unless otherwise indicated to a prospective transferee, the Trustee has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers providing the chain of title is not otherwise deficient.
  12. The situs of the Trust is the State of Washington.
  13. Nothing precludes the useability of the Trust even if one or both Trustees live outside of the State of Washington.
- SIGNATURE

14. This Trust contains a spendthrift provision.
15. The use of this Abstract of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the parties have hereto executed this Abstract of Trust this date: June 13, 2006.

TRUSTORS:

TRUSTEES:

Dean G. Schanzenbach Dean G. Schanzenbach  
Dean G. Schanzenbach Dean G. Schanzenbach

Rosalie A. Schanzenbach Rosalie A. Schanzenbach  
Rosalie A. Schanzenbach Rosalie A. Schanzenbach

( STATE OF WASHINGTON  
ss. (   
( COUNTY OF PIERCE

On June 13, 2006, before me, the undersigned, a Notary Public in and for said State, personally appeared Dean Gerald Schanzenbach and Rosalie Ann Schanzenbach, known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledge that they executed the same.

WITNESS my hand and official seal.

Francis G. Clegg  
NOTARY PUBLIC in and for the  
State of Washington residing at:

PORT ORCHARD, WA  
My Commission Expires: 8-29-08.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2011-001916

DATE ISSUED: 02/25/2011

FEE NUMBER: 0000002781

GIVEN NAMES: DEAN GERALD  
LAST NAME: SCHANZENBACH

COUNTY OF DEATH: PIERCE  
DATE OF DEATH: FEBRUARY 21, 2011  
HOUR OF DEATH: 04:31 P.M.  
SEX: MALE  
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: RUSTON, PIERCE CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: ROSALIE ANN SCHEEL

OCCUPATION: CARPENTER  
INDUSTRY: RESIDENTIAL CONSTRUCTION  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YES

INFORMANT: ROSALIE SCHANZENBACH  
RELATIONSHIP: WIFE  
ADDRESS: PO BOX 117, FOX ISLAND, WASHINGTON, 98333

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 1257 PILCHUCK DR  
CITY, STATE, ZIP: FOX ISLAND, WASHINGTON 98333

RESIDENCE STREET: 1257 PILCHUCK DR  
CITY, STATE, ZIP: FOX ISLAND, WASHINGTON 98333  
INSIDE CITY LIMITS? NO  
COUNTY: PIERCE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 7 YEARS

FATHER: CHARLES SCHANZENBACH  
MOTHER: MARY [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: ODD FELLOWS MEMORIAL PARK  
CITY, STATE: TUMWATER, WA  
DISPOSITION DATE: MARCH 01, 2011

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER  
ADDRESS: 3005 BRIDGEPORT WAY W.  
CITY, STATE, ZIP: UNIVERSITY PLACE WA 98466  
FUNERAL DIRECTOR: DEREK M EDWARDS

CAUSE OF DEATH:

- A. ALZHEIMER'S DEMENTIA  
INTERVAL: NOT REPORTED
- B. INTERVAL:
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:  
CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: STEPHEN KRAMP MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 4545 PT FOSDICK DR NW  
CITY, STATE, ZIP: GIG HARBOR WA 98335  
DATE SIGNED: FEBRUARY 22, 2011

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
JEAN A YEAGER  
DATE RECEIVED: FEBRUARY 24, 2011

**Affidavit for Correction**

Washington State Department of Health  
P.O. Box 47700  
Olympia, WA 98512-4770  
360-320-4300

Print name and Event type. Write date in ink and do not abbreviate.

**STATE OF WASHINGTON**

State File Number	Event Number	Initials	Date	Affidavit Number
-------------------	--------------	----------	------	------------------

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): \_\_\_\_\_

4. Father's Full Name (For Birth or Dissolution): \_\_\_\_\_ 5. Mother's Full Name (For Birth, Wife for Marriage or Dissolution): \_\_\_\_\_

If record is incorrect or incomplete as follows:

6. The fact is:	7. The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I declare under penalty of perjury that the foregoing is true and correct.

15. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Address: \_\_\_\_\_

All vital records are registered or indexed. An affidavit may be changed only once. Subsequent changes must be made by court order. All changes must be substantiated by acceptable proof submitted with the affidavit.

Examples of acceptable proof:

Birth certificate	Marriage Record	School transcripts
Divorce decree	Wife's record (CD-900)	Wife's Registration Card (it bears an effective date)
Death certificate	Funeral record	Two registration cards (front and back)
Police report	Police report	Wife's original driver's license, Social Security card or a hospital record or other birth certificate

**Birth Certificates:**

- Only a parent, grandparent, or other adult, themselves (if 18 or older) may change the birth certificate.
- The parent must have custody of the child (not foster). For example, if the father says the name is Mary Ann Doe, then the previous show the name to be Mary Ann Doe, then the mother says the name is Mary Ann Doe, she does not prove the name is Mary Ann Doe.
- Proof must be two (2) years, unless it has been established within five years of birth.
- Up to age one, the parent(s) and/or grandparent may change the child's last name with an affidavit for correction, provided:
  - This is done before the child's name is registered on the birth record.
  - The new last name must be the same as the last name of one or both parents or the grandparent for any combination of the two.
  - After age one, the name change will be a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documented 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 amend a birth certificate. (Use the paternity affidavit form DOH CHS 021)

**Death Certificates:**

- Only the person who reported the death, or a close family member with evidence confirming such person's position, may change the non medical information.
- The medical information on the death certificate is the property of the physician or hospital and is not subject to change.
- If the death certificate is changed, the medical information will be replaced with the information on the original certificate.

**Marriage Dissolution:**

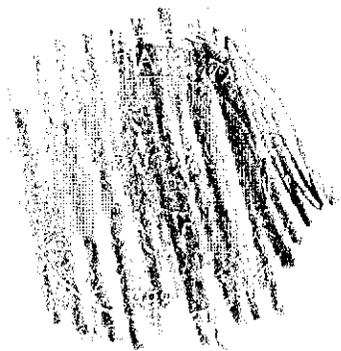
- Factors affecting the validity of a marriage or dissolution may be of public policy. The court may, in its discretion, require the person to file an affidavit.
- The marriage or dissolution must be a legal marriage or dissolution as defined in the official marriage or dissolution records. The person must sign the affidavit.

DOH CHS 0233-5-01-10

**CERTIFIED**  
*Attestation*  
**Anthony L-Chen, MD, MPH**  
 DIRECTOR  
 TACOMA-PIERCE COUNTY  
 DEPARTMENT OF HEALTH



STATE OF WASHINGTON  
 DO NOT DESTROY



UU00214253

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-032990

DATE ISSUED: 08/18/2016

FEE NUMBER: 000002781

GIVEN NAMES: ROSALIE ANN  
LAST NAME: SCHANZENBACH

COUNTY OF DEATH: PIERCE  
DATE OF DEATH: AUGUST 13, 2016  
HOUR OF DEATH: 12:20 P.M.  
SEX: FEMALE  
AGE: 83 YEARS

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 3512 38TH AVE NW  
CITY, STATE, ZIP: GIG HARBOR, WASHINGTON 98335

SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 3512 38TH AVE NW  
CITY, STATE, ZIP: GIG HARBOR, WASHINGTON 98335  
INSIDE CITY LIMITS? YES  
COUNTY: PIERCE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 MONTHS

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

FATHER/PARENT: HANS PETER SCHEEL  
MOTHER/PARENT: DORIS MAE [REDACTED]

BIRTHDATE: [REDACTED]  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: WIDOWED  
SPOUSE:

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: EDWARDS CREMATORY LLC  
CITY, STATE: LAKEWOOD, WA  
DISPOSITION DATE: AUGUST 17, 2016

OCCUPATION: NURSE  
INDUSTRY: HEALTHCARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER  
ADDRESS: 3005 BRIDGEPORT WAY W.  
CITY, STATE, ZIP: UNIVERSITY PLACE WA 98466  
FUNERAL DIRECTOR: JAIME N. MARTEN

INFORMANT: MARY JANE MCMILLIAN  
RELATIONSHIP: DAUGHTER  
ADDRESS: 1216 PILCHUCK DR, FOX ISLAND, WA 98333

- CAUSE OF DEATH:
- A. CONGESTIVE HEART FAILURE WITH RETAINED LEFT VENTRICULAR EJECTION FRACTION  
INTERVAL: 15 YEARS
  - B. HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY  
INTERVAL: 25 YEARS
  - C.  
INTERVAL:
  - D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
SEVERE OSTEOPOROSIS WITH MULTIPLE COMPRESSION FRACTURES; ATRIAL FIBRILLATION;

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: STEPHEN KRAMP, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 4545 POINT FOSDICK DRIVE NW  
CITY, STATE, ZIP: GIG HARBOR WA 98335  
DATE SIGNED: AUGUST 15, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 16-1451

ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: DATE DISP

LOCAL DEPUTY REGISTRAR:  
CHARA RIM  
DATE RECEIVED: AUGUST 16, 2016

NUMBER(S): 2016065340  
DATE(S): 08/17/2016





# Affidavit for Correction

Mail to: Center for Health Statistics  
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
-------------------	------------	----------	------	------------------

**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  Dissolution (Divorce)

1. Name on Record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: \_\_\_\_\_

4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: \_\_\_\_\_ Relationship to Person on Record:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify) \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: \_\_\_\_\_ 16b. Signature of 2<sup>nd</sup> parent (if required): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS - go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

#### Birth Certificates

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. Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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.

#### Marriage/Dissolution (Divorce) Certificates

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 documentary proof.
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.

DOH 422-034 October 2015

**CERTIFIED**

*Anthony L. Chen*

Anthony L. Chen, MD, MPH  
DIRECTOR  
85312

**Health Department**  
Economic - Pierce County  
Healthcare - Puget Sound Health Services  
www.wa.gov

**STATE OF WASHINGTON**  
**DO NOT DESTROY**

EE00085312