



When recorded return to:
Myers Harbor Law, PLLC
3208 50th St. Cl. NW
Suite 205A
Gig Harbor, WA 98335

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016 #724
OCT 17 2016

Amount Paid \$
Skagit Co. Treasurer
By *mdm* Deputy

QUIT CLAIM DEED

THE GRANTOR, MARY JANE SCHANZENBACH MCMILLIAN, Trustee for the Schanzenbach Family Trust, dated 13 June, 2006, as directed by the terms of said Trust, conveys and Quitclaims to THE GRANTEE, DORIE LEE SCHANZENBACH MOSES, all interest in the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor(s) therein (legal description):

The West 1/4 of the East 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 23, Township 35, Range 04 East of the W.M., LESS the East 10 feet and Road and the East 175.25 feet; ALSO EXCEPT ROAD RIGHT OF WAY TO COUNTY per Auditor's File Number 199912020054. Situate in the County of Skagit, State of Washington.

Tax Parcel Number(s): 350423-3-008-0004 P37322

Commonly known as 22128 Cook Road, Sedro-Woolley, WA

Mary Jane McMillian Trustee
Mary Jane Schanzenbach McMillian
Grantor

Sept 20 2016
Date

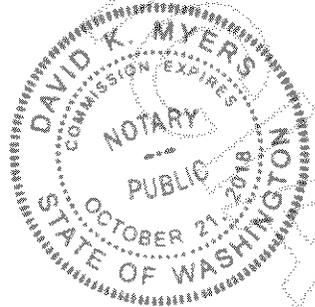
STATE OF WASHINGTON)
) ss.
COUNTY OF PIERCE)

I certify that I know or have satisfactory evidence that MARY JANE SCHANZENBACH MCMILLIAN, Trustee for the Schanzenbach Family Trust, dated 13 June, 2006, Grantor, is the person who appeared before me, and executed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: Sept. 20, 2016



David K. Myers, NOTARY PUBLIC
in and for the State of Washington.
Commission expires: Oct. 21, 2018



UNRECORDED
ALL DOCUMENT

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.

- UNOFFICIAL DOCUMENT
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.

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 A. Cregar FRANCIS A. CREGAR

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: 10/26/2011

FEE NUMBER: 0000002711

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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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: OIG HARBOR WA 98335
DATE SIGNED: FEBRUARY 22, 2011

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

This is a legal Document. Complete in ink and do not alter
STATE OFFICE USE ONLY

Use the section below for requesting any changes on the record

1. Name (Last, First, Middle) _____

2. Date of Birth _____

3. Father (Last, First, Middle) _____

4. Mother (Last, First, Middle) _____

5. Social Security Number _____

6. The Record (Last, First, Middle) _____

7. The True Fact is _____

8. I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

9. Signature _____

10. Date _____

11. I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

12. Signature _____

13. Date _____

14. I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

15. Signature _____

16. Date _____

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

Examples of acceptable documentary proof include:

- Birth certificate
- Marriage certificate
- Divorce decree
- Death certificate
- Adoption decree
- Passport
- Driver's license
- Insurance policy
- Bank records
- Employment records
- Other official records

This affidavit cannot be used to add a father to a birth certificate. Use the paternity affidavit form (CHS 021)

This affidavit cannot be used to change a child's sex.

This affidavit cannot be used to change a child's race.

This affidavit cannot be used to change a child's date of birth.

This affidavit cannot be used to change a child's name.

This affidavit cannot be used to change a child's mother.

This affidavit cannot be used to change a child's father.

This affidavit cannot be used to change a child's birthplace.

This affidavit cannot be used to change a child's citizenship.

This affidavit cannot be used to change a child's marital status.

This affidavit cannot be used to change a child's religion.

This affidavit cannot be used to change a child's education.

This affidavit cannot be used to change a child's occupation.

This affidavit cannot be used to change a child's income.

This affidavit cannot be used to change a child's assets.

This affidavit cannot be used to change a child's liabilities.

This affidavit cannot be used to change a child's legal status.

This affidavit cannot be used to change a child's name.

This affidavit cannot be used to change a child's sex.

This affidavit cannot be used to change a child's race.

This affidavit cannot be used to change a child's date of birth.

This affidavit cannot be used to change a child's name.

This affidavit cannot be used to change a child's mother.

This affidavit cannot be used to change a child's father.

This affidavit cannot be used to change a child's birthplace.

This affidavit cannot be used to change a child's citizenship.

This affidavit cannot be used to change a child's marital status.

This affidavit cannot be used to change a child's religion.

This affidavit cannot be used to change a child's education.

This affidavit cannot be used to change a child's occupation.

This affidavit cannot be used to change a child's income.

This affidavit cannot be used to change a child's assets.

This affidavit cannot be used to change a child's liabilities.

This affidavit cannot be used to change a child's legal status.

CERTIFIED

Anthony L. Chen

Anthony L. Chen, MD, MPH
DIRECTOR
59118



Washington State Health Department

STATE OF WASHINGTON
DO NOT DESTROY

[Handwritten signature]

VV06059118

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

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

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

MARITAL STATUS: WIDOWED
SPOUSE:

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

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

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

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

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

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

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

- 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:

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 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 47914
Olympia, WA 98504-7914
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

Required	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 _____
	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(s) Providing Certification _____ 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: _____
Telephone Number: _____ Email Address: _____

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

8	The record now shows:	The true fact is:
10		
12		
14		

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

16a Signature: _____ Date: _____ Printed name: _____
16b Signature of 2nd parent (if required): _____ Date: _____

INSTRUCTIONS - go to _____ 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 this affidavit and include full name and birth date. Examples of documentary proof include:
• Birth/Marriage/Divorce record • Medical 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 facts. For example, if the affidavit shows 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, include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name or certificate can be a 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. For adults, a copy of a court order is required.

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 executor/administrator (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
 85316

Division of Vital Records
Health Department
 Agency - Vital Records Administration
 1100 1st Ave.
 STATE OF WASHINGTON
 DO NOT DESTROY

EE00085316