

When recorded return to:
Richard J. Burtness and Anitra K Burtness
4547 Saint Andrews Court
Fairfield, CA 94534

Recorded at the request of:
Guardian Northwest Title
File Number: A111092

201611090033
Skagit County Auditor
11/9/2016 Page 1 of 1 \$79.00
7 10:31AM

Statutory Warranty Deed

A111092
GUARDIAN NORTHWEST TITLE CO.

THE GRANTOR Muriel A. Burtness, as Trustee of the Vern L. Burtness and Muriel A. Burtness Revocable Trust, dated August 18, 1998 for and in consideration of **TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION** in hand paid, conveys and warrants to **Richard J. Burtness and Anitra K. Burtness, a married couple** the following described real estate, situated in the County of Skagit, State of Washington.

Abbreviated Legal:

Section 25, Township 35 North, Range 1; Ptn. SW NE (aka Lot A, Burtness Short Plat SPL-2016-1002)

Tax Parcel Number(s): P32042, 350125-0-065-0001

Lot A of Anacortes Short Plat named "Burtness Short Plat SPL-2016-1002", recorded September 8, 2016, under Auditor's File No. 201609080060, records of Skagit County, Washington; being a portion of Lot 1 of Short Plat AN-91-001, which is a portion of Tract A of Short Plat AN-86-001, in the Southwest Quarter of the Northeast Quarter of Section 25, Township 35 North, Range 1, East of the Willamette Meridian.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey, as per Exhibit "A" attached hereto

Dated 10/24/2016

Vern L. Burtness and Muriel A. Burtness Revocable Trust

Muriel A. Burtness, trustee
By: Muriel A. Burtness, Trustee

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20165086
NOV 09 2016

Amount Paid \$ 6235.⁰⁰
Skagit Co. Treasurer
By Madam Deputy

STATE OF Washington)
COUNTY OF Skagit) SS:

I certify that I know or have satisfactory evidence that Muriel A. Burtness is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it as the Trustee of the Vern L. Burtness and Muriel A. Burtness Revocable Trust, to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 10-28-16

Vicki L. Hoffman
Vicki L. Hoffman
Notary Public in and for the State of Washington
Residing at Coupeville, Washington
My appointment expires: 10/08/2017

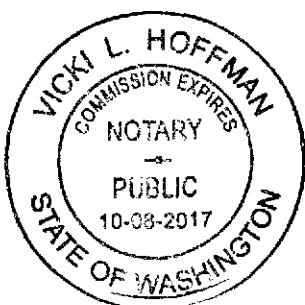


EXHIBIT A

EXCEPTIONS:

A. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Anacortes Water Company
Recorded: November 25, 1913
Auditor's No. 99430
Purpose: Right-of-way for pipeline
Affects: Location not disclosed

B. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Anacortes Water Company
Recorded: January 26, 1914
Auditor's No. 100474
Purpose: Right-of-way for water main
Affects: Location not disclosed

C. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Algot Olson and Margaret Olson, husband and wife
Recorded: February 25, 1966
Auditor's No. 679272
Purpose: Right-of-way for storm drains

D. AGREEMENT, AND THE TERMS AND PROVISIONS THEREOF:

Between: City of Anacortes, a municipal corporation
And: Raymond Jones, Vern Burtness, et al
Dated: November 5, 1968
Recorded: March 27, 1970
Auditor's No.: 737329
Regarding: Said premises and other property

E. AGREEMENT, AND THE TERMS AND PROVISIONS THEREOF:

Between: Elvin A. Henke and Ardell M. Henke, husband and wife
And: Vern L. Burtness and Muriel A. Burtness, husband and wife
Dated: July 27, 1984
Recorded: July 31, 1984
Auditor's No.: 8407310056
Regarding: Conditions relating to the Henke proposed Short Plat and access to Burtness property

F. EASEMENT, INCLUDING TERMS AND PROVISIONS THEREOF:

Grantee: Cascade Natural Gas Corporation
Recorded: March 15, 1985
Auditor's No. 8503150065
Purpose: Oil and gas pipelines
Area Affected: As located

G. EASEMENT AND PROVISIONS THEREIN:

Grantee: Puget Sound Power & Light Company
Recorded: April 9, 1985
Auditor's No.: 8504090074
Purpose: Right to enter said premises to operate, maintain and repair underground electric transmission and/or distribution system, together with the right to remove brush, trees and landscaping which may constitute a danger to said lines

H. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Short Plat No. ANA-91-001
Recorded: May 31, 1991
Auditor's No.: 9105310018

I. Subject to terms, conditions and/or provisions as included in Instrument No. 9203020081 as follows:

A restricted access easement is granted to grantor herein for existing water meter located 8 feet North of the Southwest property marker and 5-1/2 feet East of the West property line. Access to water meter is granted via a two foot wide corridor in a Westerly direction from the above described water meter location.

J. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Burtness Short Plat No. SPL-2016-1002
Recorded: September 8, 2016
Auditor's No.: 201609080060

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-015768

DATE ISSUED: 04/18/2016

FEE NUMBER: 0000000029

GIVEN NAMES: VERN LUELLYN
LAST NAME: BURTNES

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 09, 2016
HOUR OF DEATH: 04:15 P.M.
SEX: MALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANTLER, NORTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: MURIEL AILENE FOWLER

OCCUPATION: PLANT OPERATOR
INDUSTRY: CHEMICAL INDUSTRY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: KEN BURTNES
RELATIONSHIP: SON
ADDRESS: 3456 PORT STANLEY ROAD, LOPEZ, WA, 98261

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ASHLEY GARDENS
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 1620 - 35TH PLACE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 54 YEARS

FATHER/PARENT: CARL KNUTE BURTNES
MOTHER/PARENT: CLARA BERTINE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: APRIL 18, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

CAUSE OF DEATH:
A. DEMENTIA WITH LEWY BODIES
INTERVAL: YEARS

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC LYMPHOCYTIC LEUKEMIA

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

LOCATION OF INJURY:

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

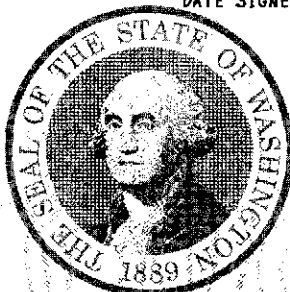
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHAEL JAMES, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 2511 M AVENUE, SUITE A
CITY, STATE, ZIP: ANACORTES WA 98221
DATE SIGNED: APRIL 15, 2016

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: MJA #248
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 18, 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	Fec Number	Initials	Date	Affidavit Number
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Required information must match current information on record

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 Requesting Correction:	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:

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 nd parent (if required):		
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS - go to 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

APR 18 2016

Skagit County Health Department
Howard Leibrand M.D., Health Officer

EE00087588

**FIRST AMENDMENT TO
THE VERN L. BURTNESS AND MURIEL A. BURTNESS
REVOCABLE LIVING TRUST AGREEMENT**

DATED: AUGUST 18, 1998

ARTICLE ONE

VERN L. BURTNESS and MURIEL A. BURTNESS, residents of the State of Washington, County of SKAGIT, established a Trust upon the conditions and for the purposes hereafter set forth.

Section 1.01 Parties to My Trust Amendment

This First Amendment, dated MAY 19TH, 2016, of my Revocable Living Trust Agreement, is made by MURIEL A. BURTNESS, the Wife Trustor and the surviving sole Trustee. VERN L. BURTNESS, Husband Trustor and initial Co-Trustee died on April 9, 2016.

Section 1.02 Trust Recitals

This Revocable Living Trust Amendment, amends, supersedes and replaces the original paragraph "d)" of Section 4.04 of Article Four as executed in my Revocable Living Trust Agreement, THE VERN L. BURTNESS AND MURIEL A. BURTNESS REVOCABLE LIVING TRUST AGREEMENT DATED: AUGUST 18, 1998. This document will now dictate paragraph "d)" of Section 4.04 of Article Four and of my Revocable Living Trust Agreement. Under Section 1.06 of Article One of that Trust Agreement, I, one of the initial Trustors, reserved the right to amend or revoke the Trust Agreement in whole or in part to the extent of my interest therein, consisting of my separate property and one-half of community property, and do so now.

Section 1.03 Amendment Provisions

I hereby amend my Revocable Living Trust Agreement as follows:

- a) I hereby revoke paragraph "d)" of Section 4.04 of Article Four and substitute the following:
- "d) The share set aside for LINDA K. ROLPH shall be distributed in one lump sum, free of trust, limitation, or condition. LINDA K. ROLPH shall also retain the right to demand in-kind distribution of Trustors' residence in Anacortes, Washington, as part of her twenty-five (25%) share."

I, MURIEL A. BURTNESS, CERTIFY THAT:

1. I have read the foregoing Amendment to my Revocable Living Trust Agreement.
2. The foregoing Amendment to my Revocable Living Trust Agreement correctly states the terms and conditions under which my Trust Estate is to be held, managed, administered and disposed of by the Trustee(s).
3. I approve this Amendment to my Revocable Living Trust Agreement consisting of two (2) pages, including this page, in all particulars; and I agree that this Amendment is incorporated by reference to my original Revocable Living Trust Agreement executed on AUGUST 18, 1998. I hereby ratify and reaffirm all other provisions not revoked or amended by this Amendment.
4. As the surviving sole Trustee named in my Revocable Living Trust Agreement, I approve and accept the trusts and terms provided for in such Amended Living Trust Agreement.

Executed on this 19TH day of MAY, 2016, at ANACORTES, Washington.

TRUSTOR/SOLE TRUSTEE:

Muriel A. Burtness
MURIEL A. BURTNESS

STATE OF WASHINGTON)

) SS.

COUNTY OF SKAGIT)

On this 19TH day of MAY, 2016, I certify that I know or have satisfactory evidence that MURIEL A. BURTNESS is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS under my hand and official seal.

John L. Harris
Notary Public in and for the State of Washington,
Printed Name: John L. Harris
Residing at: MONROE WA
My Commission Expires: 11-04-16

