

WHEN RECORDED RETURN TO:

Guardian NW Title  
P.O. Box 1667  
Mount Vernon, WA 98273



201702280156

Skagit County Auditor

\$38.00

2/28/2017 Page

1 of

6 2:18PM

**DOCUMENT TITLE(S):**

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

113120

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTORS:**

State of Washington

**GRANTEES:**

Thomas E. Lian

**ABBREVIATED LEGAL DESCRIPTION:**

Lot 1, J & H Properties, according to the Plat thereof filed in Volume 14 of Plats at Page(s) 4, records of Skagit County, Washington.

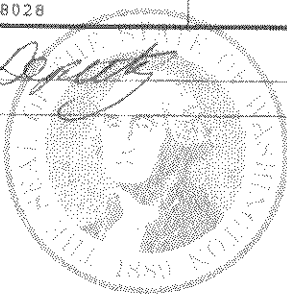
**TAX PARCEL NUMBER(S):**

P83170, 4473-000-001-0009

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **60-09** Washington State Certificate of Death State File Number

1. Legal Name (Indicate AKA's if any) First Middle LAST <b>Thomas Eimar LIAN</b>			2. Death Date <b>Jan 19, 2009</b>		
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>79</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) <b>Everett</b>	8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>Bachelor of Science Degree</b>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>1414 - 25th Street</b>			13b. City or Town <b>Anacortes</b>		
13c. Residence: County <b>Skagit</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98221</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence <b>36 years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Mabel Elisabeth Graham</b>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Pharmacist - Owner/Operator</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Pharmacy</b>		
19. Father's Name (First, Middle, Last) <b>Eimar Marinus Lian</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary Annette</b>		
21. Informant's Name <b>Mabel Lian</b>		22. Relationship to Decedent <b>Wife</b>	23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>1414 - 25th Street Anacortes WA 98221</b>		
24. Place of Death: if Death Occurred in a Hospital <b>Inpatient</b>			Place of Death, if Death Occurred Somewhere Other than a Hospital		
25. Facility Name (if not a facility, give number & street or location) <b>Island Hospital</b>			26a. City, Town, or Location of Death <b>Anacortes</b>	26b. State <b>WA</b>	27. Zip Code <b>98221</b>
28. Method of Disposition <b>Burial</b>		29. Place of Final Disposition (Name of Cemetery, crematory, other place) <b>Grand View Cemetery</b>		30. Location-City/Town, and State <b>Anacortes, Washington</b>	
31. Name and Complete Address of Funeral Facility <b>Evans Funeral Chapel &amp; Crematory, Inc., 1105 32nd St. Anacortes, WA 98221-</b>				32. Date of Disposition <b>January 24, 2009</b>	
33. Funeral Director Signature X <i>Joseph Waham</i>					
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. Cause of Death (See instructions and examples)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. <b>ASPIRATION PNEUMONIA</b>		Interval between Onset & Death <b>&lt; 48 hr</b>
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			b. <b>ACUTE CEREBROVASCULAR ACCIDENT</b>		Interval between Onset & Death <b>48 hr</b>
			c.		Interval between Onset & Death
			d.		Interval between Onset & Death
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <b>ADVANCED PULMONARY AMYLOIDOSIS</b>			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			46. Describe how injury occurred		
			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - On the basis of his knowledge, direct observation in the home state, and (as a and due to the physician) and manner labeled <b>Oliver L. Stalsbrotten M.D.</b>			48b. Medical Examiner/Coroner - On the basis of a postmortem, or/for investigation, in my opinion, death occurred at the time, date, and place as indicated. See Cause(s) and manner label!		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Oliver L. Stalsbrotten M.D., 2511 M Avenue Suite B, Anacortes, WA 98221</b>			50. Hour of Death (24hrs) <b>10:24 AM</b>		51. Date Signed (mm/dd/yyyy) <b>January 20, 2009</b>
53. Title of Certifier <b>MD</b>			54. License Number <b>MD00018028</b>	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Betty's Ag...</i>			58. Date Received (mm/dd/yyyy) <b>JAN 22 2009</b>		
59. Amendments					



DCH1003 003 Rev 07/09/07

Affidavit for Correction

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

Skagit County Health Department

1000 1/2 1st Street  
Port Townsend, WA 98367

Phone: 360-338-2200

Use the section below for requesting any changes on the record.

1. I am requesting a change in the following information: Birth Death Marriage Dissolution

2. I am requesting a change in the following information: Parental Information Child Support Information Adoption Information

3. I am requesting a change in the following information: Self Guardian Informant Exemption Number Funeral Order Other (Specify)

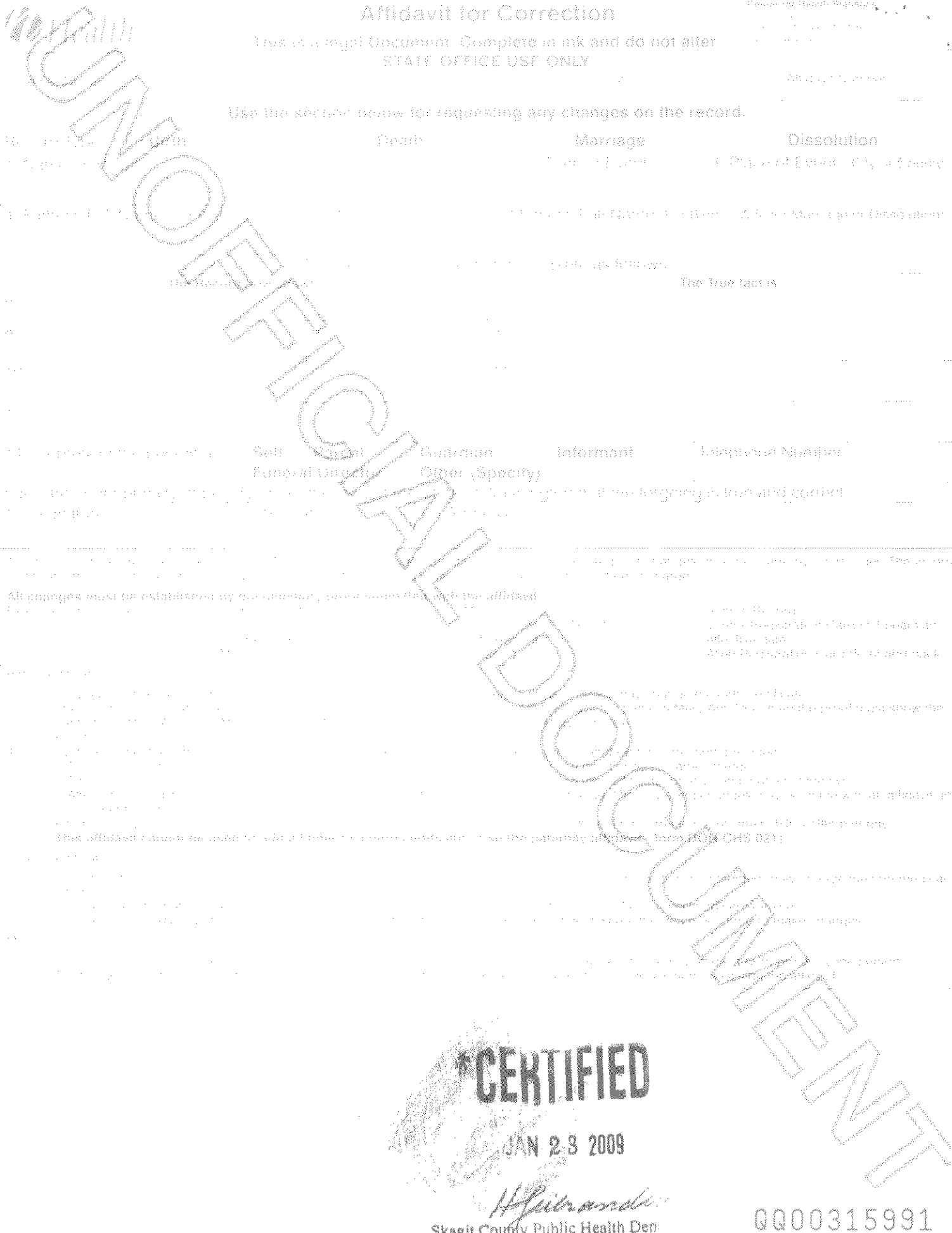
4. I am requesting a change in the following information: Other (Specify)

All changes must be established by the submitter, based upon their oath and affidavit. I am requesting a change in the following information: Other (Specify)

This affidavit was prepared by me or under my supervision and I am the party in interest. I am requesting a change in the following information: Other (Specify)

**CERTIFIED**  
JAN 28 2009  
*Howard Leibrand*  
Skagit County Public Health Dept  
Howard Leibrand M.D., Health Officer

QQ00315991



ORIGINAL

THOMAS E. LIAN

AND

MABEL E. LIAN

LIVING TRUST AGREEMENT

THIS TRUST AGREEMENT ("Trust Agreement") is made this 31<sup>st</sup> day of October, 1988, between THOMAS E. LIAN and MABEL E. LIAN (the "Settlers") and THOMAS E. LIAN and MABEL E. LIAN (the "Trustees").

FIRST: The Trust Estate.

(A) Property Transferred. The Settlers hereby transfer to the Trustees the property listed on the annexed Schedule A, all of which is the Settlers' community property and receipt of which the Trustees acknowledge.

(B) Property Held in Trust. Such property transferred to the Trustees, and any other property hereafter transferred to the Trustees and deemed acceptable by them, shall be held in trust pursuant to the terms and conditions set forth in this Trust Agreement. The Settlers anticipate transferring only community property to this trust.

SECOND: Rights Reserved by Settlers.

(A) During Joint Lives. During the joint lives of the Settlers, they, at any time they are deemed to have full capacity as defined herein, expressly reserve the right, exercisable by their joint direction, to alter, amend, and revoke this trust, and to demand the corpus hereof, in whole or in part, in respect of the property held in this trust; provided, however, that the duties of the Trustees under this Trust Agreement shall not be increased without the Trustees' written consent.

(B) After First Settlor's Death. After the death of the first Settlor to die, the surviving Settlor shall continue to have the same rights acting alone to alter, revoke, and amend this trust as he or she had hereunder acting jointly before the death of the first Settlor to die, but only as to that part of the trust representing such surviving Settlor's share of the community property and any other property distributable to him or her that is added to the surviving Settlor's trust described in Article EIGHTH (B) below. The trust described in Paragraph (D) of Article EIGHTH shall be irrevocable.

(C) Exercise of Rights by Others. Any right of alteration, amendment, or revocation retained hereunder by either of the Settlers shall be personal to such Settlor and shall not be exercised by any other person, including a guardian or an attorney in fact, except as may be expressly provided to the contrary in such power of attorney with specific reference to this Trust Agreement.

THIRD: Community Property. Any community property transferred to this trust by the Settlers, or any community property benefits made payable to the Trustees, is intended to, and shall, remain the Settlers' community property during the joint lives of the Settlers, notwithstanding the fact that such property or such benefits are contained in this trust. To the extent the trust is revoked in whole or in part, any community property assets in this trust distributed to the Settlers shall be their community property. All distributions hereunder of community property, or of the income attributable thereto, to either or both Settlers shall be held and administered by the Settlor or Settlers receiving it as community property of the Settlers.

UNWITNESSED

validity or propriety of any such act or omission. Any such successor Trustee shall be entitled to accept as conclusive any accounting and statement of assets furnished to such successor by a predecessor or by the personal representative of such predecessor and shall further be required to receipt only for those assets included in such statement. No Trustee serving hereunder need give bond, in any jurisdiction. If a Trustee's bond may not be dispensed with in any jurisdiction, the Settlers request that the bond for the Trustee be accepted without surety and in the lowest possible amount.

SIXTEENTH: Administrative Provisions.

(A) Powers. Unless provided otherwise elsewhere in this Trust Agreement, the Trustees shall have all the rights, powers, duties, and responsibilities which now exist for may later be conferred by law (including by RCW Title 11), except as increased or modified by the following powers, rights, duties, and privileges:

(1) Investments. The Trustees may acquire and retain any kind of real and personal property, including undivided interests in such property, and interests in investment trusts or common trust funds, without need for diversification as to kinds or amount and whether or not income producing. Such property may include securities owned by a Settlor at his or her death issued by any corporation authorized to do a trust business acting as a Trustee hereunder. The Trustees may maintain margin accounts with financial institutions.

(2) Other Disposition of Property. Without notice of any kind, the Trustees may sell or otherwise dispose of any real or personal property in any manner whatsoever upon such terms as the Trustees deem advisable.

(3) Distributions. Unless otherwise directed in this Trust Agreement, the Trustees may make distributions in shares which may be composed differently, in cash or in kind, or in both, and in so doing:

(a) shall value any asset distributed in kind at its distribution date value, and