



201706130078

Skagit County Auditor

\$38.00

6/13/2017 Page

1 of

6 3:46PM

WHEN RECORDED RETURN TO:

Prather
17327 Golden View
LaConner, WA 98257

GUARDIAN NORTHWEST TITLE CO.

DOCUMENT TITLE(S):
Death Certificate

113827

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR: STATE OF WASHINGTON
Ray Prather

GRANTEE: RAY PRATHER

ABBREVIATED LEGAL DESCRIPTION:

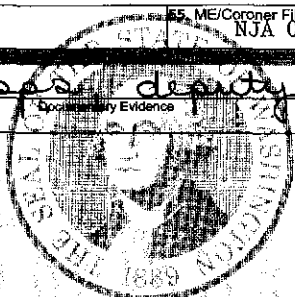
, , Burlington Acreage Property, according to the Plat thereof filed in Volume 1 of Plats at Page(s) 49, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P62397, 3867-000-020-1000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 18-05		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Ray Delbert Prather				2. Death Date 01/08/2005	
3. Sex (M/F) M	4a. Age - Last Birthday 90	4b. Under 1 Year Months Days 08/15/1914	4c. Under 1 Day Hours Minutes 08/15/1914	5. Social Security Number 533-28-7201	6. County of Death Skagit
7. Birthdate 08/15/1914		8a. Birthplace (City, Town, or County) Hamilton	8b. (State or Foreign Country) WA	9. Decedent's Education High School Graduate	
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? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 509 North Oak Street				13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98233
14. Estimated length of time at residence. 27 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Frances Vanderveer	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Pulp Operator			18. Kind of Business/Industry (Do not use Company Name) Manufacturing		
19. Father's Name (First, Middle, Last, Suffix) Ralph Chester Prather			20. Mother's Name Before First Marriage (First, Middle, Last) Frances Charlotte Krantz		
21. Informant's Name Frances Prather		22. Relationship to Decedent Wife		23. Mailing Address: Number/Street or RFD No. City or Town State Zip 509 North Oak Street Burlington, WA 98233	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				25. Facility Name (If not a facility, give number & street) 509 North Oak Street	
26a. City, Town, or Location of Death Burlington		26b. State WA		27. Zip Code 98233	
28. Method of Disposition Burial		29. Place of Disposition (Name of cemetery, crematory, other place) Boy Cemetery		30. Location-City/Town, and State Bow, WA	
31. Name and Complete Address of Funeral Facility Hulbush Funeral Home & Cremation Service Burlington, WA 98233				32. Date of Disposition 01/13/2005	
33. Funeral Director Signature <i>[Signature]</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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. Pneumonia		Interval between Onset & Death 1 MO.	
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. Congestive heart failure		Interval between Onset & Death 2 MO.	
		c. Coronary artery disease		Interval between Onset & Death 20 yrs	
		d.			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Cerebro vascular accident 9-04				36. Autopsy? <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"/> Undetermined <input type="checkbox"/> Accident <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 checked="" 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)	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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-To the best of my knowledge, death occurred at the time, date, and place and true to the cause(s) and manner stated. Vanoy Smith MD				48b. Medical Examiner/Coroner - On the basis of examination and investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Vanoy Smith MD, 2241 Hospital Drive, Sedro-Woolley, WA 98284				50. Hour of Death (24hrs) 0800	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY) 01/12/2005	
53. Title of Certifier MD		54. License Number		55. ME/Coroner File Number NJA 011	
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JAN 12 2005	
59. Record Amendment				Reviewed by	



DOH/CHS 003 Rev 3/24/2003

DOH 01-003 (5/99)



Skagit County Health Department

Department of Health Statistics
P.O. Box 9709
Olympia, WA 98507-0909
(360) 226-4200

Do not alter or destroy this record. It is a legal document.

State File Number: _____		Affidavit Number: _____	
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution			
1. Name on Record: _____		3. Place of Event: (City or County) _____	
4. Father's Full Name (For Birth or Marriage): _____		5. Mother's Full Name (For Birth or Marriage): _____	
6. The information on this record is true and correct as follows: _____			
8. _____			
10. _____			
12. _____			
14. I represent the person as _____		Telephone Number: _____	
I declare under penalty of perjury that the foregoing is true and correct.			
15. Signature: _____		Date: _____	

All vital records are registered as required. Any error may be corrected by court order. Apparent changes must be made by court order. The incorrect certificate must be returned with receipt of the court order. No fee is charged for correction of errors.

All changes must be substantiated by documentary proof submitted with the affidavit.

Examples of documentary proof: Certificate of Naturalization, School Record, Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), etc.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult (18 or older) may change the birth certificate.
- The proof(s) must match exactly the date on the birth certificate. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe (Mary A. Doe or M.A. Doe would not give the name as Mary Ann Doe).
- Proof must be five (5) years old or have been issued within the year of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court order for name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change a 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 add a father to a birth certificate. (Use the paternity affidavit form DCH/CHS 021)

Death Certificates:

- Only the informant, the funeral director, or a person who has intimate knowledge confirming such position is presented) may change the non-medical information.
- The medical information (cause of death, mode of death, etc.) may be changed only by the attending physician or the coroner/medical examiner.
- If it is less than sixty days from date of death, parents or other family members may request a change in the death certificate to make changes.

Marriage/Dissolution (Divorce) Certificates:

- Personal (no) minor spelling, first name, middle name, date of birth, or sex may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the clerk of court (or clerk of court (dissolution) must sign the affidavit.

DCH/CHS 022 (Rev. 9/2002)

CERTIFIED
JAN 13 2005
Skagit County Health Department
Howard Leibrand M.D., Health Officer

MM00122406

AFFIDAVIT OF DECLARATION OF REVOCABLE TRUST

THE RAY AND FRANCES PRATHER LIVING TRUST

STATE OF WASHINGTON

COUNTY OF SKAGIT

)
) ss
)

The undersigned, being duly sworn, depose and certify:

1. That Ray and Frances Prather, as Grantors and Trustees, executed a Declaration of Revocable Trust dated 4-8-94 and designated as The Ray and Frances Prather Living Trust. It is the intent of the grantors that all personal and real property be held by the trust as of the execution of the Declaration of Revocable Trust.

2. That the current beneficiaries under the terms of said Declaration of Revocable Trust are Ray and Frances Prather.

3. While both Trustors are living, they shall have the right to revoke the trust in its entirety, to partially revoke or modify the trust, to withdraw from the operation of the trust any part of the property of the trust estate, and to transfer to our Trustees additional property acceptable to our Trustees for administration.

4. That the power and authority of our Trustees with respect to the trust property includes, but is not limited to the following:

a. To sell, exchange, convey, refinance, lease, repair, abandon, pledge for security, and exercise all the rights, powers and privileges which an absolute owner of the same property would have regarding any property which our Trustees choose to receive.

b. To open bank accounts, to borrow money with or without security, to receive all dividends, interest and other income, and to compromise and settle claims. Any banking institution that establishes accounts in the name of the Trust is advised that there is nothing in the Declaration of Revocable Trust that requires any banking institution to exercise any discretion other than required in normal banking procedures. Any and all bank accounts, including checking and savings accounts established in the name of the Trust by the Trustees, shall be subject to withdrawal, and all checks, drafts and other obligations of the trust shall be honored by said depositories upon the signature of either trustee.

c. To invest and reinvest the trust estate in every kind of property, real, personal, or mixed, and every kind of investment, specifically including but not limited to, corporate obligations of every kind, stocks, preferred or common, shares in investment trust, investment companies, mutual funds and mortgage participation.

d. To maintain and operate brokerage accounts with brokers.

e. To carry insurance, including life insurance on any person, at the expense of the trust of such kinds and in such amounts as the trustees deem advisable to protect the trust estate against any damage or loss and to protect the trustees against liability with respect to third parties. The insuring companies have no responsibilities other than to

pay the claims and proceeds of the policies and are not required to examine the Declaration of Revocable Trust at any time.

5. Ray and Frances Prather retain the power to appoint Successor Trustees who will serve upon the death, resignation or incapacity of the initial Trustees. The following listed individuals are designated in the Declaration of Revocable Trust as Successor Trustees and shall serve as our Trustees according to the instructions following this list:

Successor Trustees For Husband Trustor's Community Property Share:

(1) Frances M. Prather or Ray D. Prather, (2) Carol Louise Holt, (3) Heidi L. Awbrey

Successor Trustees For Wife Trustor's Community Property Share:

(1) Frances M. Prather or Ray D. Prather, (2) Carol Louise Holt, (3) Heidi L. Awbrey

Successor Trustees For Separate Property of Ray D. Prather:

(1) Frances M. Prather, (2) Carol Louise Holt, (3) Heidi L. Awbrey

Successor Trustees For Separate Property of Frances M. Prather:

(1) Ray D. Prather, (2) Carol Louise Holt, (3) Heidi L. Awbrey

The first party listed above for each share shall be Successor Trustee if able and willing. In the event the party is not able or willing to serve, or the party resigns, as a Successor Trustee, the next listed party who is able and willing to serve as a Successor Trustee shall replace the party who is unable or unwilling to serve. If two or more persons or entities are serving as co-trustees of any trust hereunder, then, unless otherwise expressly stated, if one co-trustee is unwilling or unable to serve or resigns, the other remaining co-trustee(s) shall serve alone. In the event none of the above are able or willing to serve, Trustors, or the survivor of them, or, if neither Trustor is then living, a majority of income beneficiary(ies) of the affected trust share, or their legal guardians (for beneficiaries under 18 years of age, one guardian per beneficiary may vote), shall have the right to appoint a Successor Trustee upon providing an accounting of the trust assets in a manner satisfactory to the Successor Trustee as indicated by the written acceptance of trust assets and approval of such accounting by the Successor Trustee. In such a case, a majority of income beneficiary(ies), or their legal guardians (for beneficiaries under 18 years of age, one guardian per beneficiary may vote), shall retain the right to remove and replace an appointed Successor Trustee with another Successor Trustee at any time and without cause. Any dispute as to the selection of a successor trustee shall be determined by arbitration.

If a Trustee is unable to function for reasons such as (but not limited to) mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power or disappearance, such Trustee shall be deemed not able to serve due to disability and shall be replaced according to the above directions.

6. The enumeration of certain powers of our Trustees shall not be interpreted as a limitation of any right of our Trustee not so enumerated, our Trustee being vested with and having all rights, duties, powers and privileges which an absolute owner of the same property would have. Furthermore, our Trustee shall have all the powers and authority granted to Trustees under the Revised Code of Washington 11.98 known as the

ADDENDUM / AMENDMENT TO PURCHASE AND SALE AGREEMENT

The following is part of the Purchase and Sale Agreement dated April 25, 2017 1
between Hilda L. Batista 2
Buyer Buyer ("Buyer")
and Prather Rev Lys Trust 3
Seller Seller ("Seller")
concerning 509 N Oak Street Burlington WA 98233 (the "Property"). 4
Address City State Zip

IT IS AGREED BETWEEN THE SELLER AND BUYER AS FOLLOWS: 5

1. Seller name is changed to (The Ray and Frances Prather Living Trust). 6
2. Frances M. Prather agrees to all terms and conditions on Residential Real Estate Purchase And Sale Agreement 7
Specific Terms dated April 23 2017. Signed and Initialed by Carol Holt as Attorney In Fact. 8
3. Frances M. Prather resigns as trustee of the Trust and designates Carl L. Holt as Successor Trustee. 9

Frances M. Prather

ck. H.B. 5/12/2017

ALL OTHER TERMS AND CONDITIONS of said Agreement remain unchanged. 31

Hilda L Batista
Buyer's Initials Date Buyer's Initials Date

05-12-17

Ami 05-08-17
Seller's Initials Date Seller's Initials Date