



201707170100

Skagit County Auditor

\$82.00

7/17/2017 Page

1 of

10 11:14AM

After Recording Return To:

Skagit Law Group, PLLC
P.O. Box 336
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20170717
JUL 17 2017

Amount Paid \$

Skagit Co. Treasurer

By *MB* Deputy**SPECIAL WARRANTY DEED**

GRANTORS:	RAE KOZLOFF and KEYBANK NATIONAL ASSOCIATION, Co-Trustees of the KOZLOFF FAMILY TRUST, utd 5/10/2000
GRANTEE:	RAE KOZLOFF, Trustee of the EUGENE N. KOZLOFF CREDIT TRUST, utd 5/10/2000
Abbreviated Legal:	ANACORTES, LOT 17 OF SURVEY RECORDED UNDER AF# 200201240260
Additional Legal on Page:	Exhibit "A"
Assessor's Tax Parcel No:	3772-213-013-0000 (P119018)

THE GRANTORS, **RAE KOZLOFF** and **KEYBANK NATIONAL ASSOCIATION**, Co-Trustees of the **KOZLOFF FAMILY TRUST, utd 5/10/2000**, in division and non pro rata distribution of such Trust, hereby grant, bargain, convey, and confirm to **RAE KOZLOFF**, Trustee of the **EUGENE N. KOZLOFF CREDIT TRUST, utd 5/10/2000**, as GRANTEE, all of Grantors' interest, together with all after-acquired title, in that certain real property situated in the County of Skagit, State of Washington, legally described as follows:

See Exhibit "A" attached hereto and incorporated herein by this reference.

Special Warranty Deed

SUBJECT TO: Easements, restrictions, and reservations of record.

DATED: June 23, 2017.

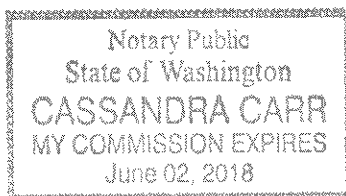
By Rae A. Kozloff
RAE KOZLOFF
Co-Trustee

By Emily Mogen
Print Name: Emily Mogen
Title: Senior Vice President
KEYBANK NATIONAL ASSOCIATION
Co-Trustee

STATE OF WASHINGTON }
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **RAE KOZLOFF** is the person who appeared before me, and said person acknowledged that she was authorized to execute this instrument and acknowledged it as Co-Trustee of **KOZLOFF FAMILY TRUST, utd 5/10/2000**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 23rd day of June, 2017.



Cassandra Carr
Printed Name CASSANDRA CARR
NOTARY PUBLIC in and for the State of Washington
My Commission Expires 6/2/2018

Special Warranty Deed

STATE OF OHIO
COUNTY OF Cuyahoga

SS.

I certify that I know or have satisfactory evidence that Emily Magen is the person who appeared before me, and said person acknowledged that s/he was authorized to execute this instrument and acknowledged it as Co-Trustee of **KOZLOFF FAMILY TRUST, utd 5/10/2000**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 11th day of July, 2017.

Brian Banjac

Printed Name BRIAN BANJAC
NOTARY PUBLIC in and for the State of OHIO
My Commission Expires has no expiration

BRIAN BANJAC, ATTORNEY
NOTARY PUBLIC • STATE OF OHIO
My commission has no expiration date
Section 147.03 O.R.C.

Special Warranty Deed

EXHIBIT "A"

Legal Description:

Lots 11, 12, and the West Half of Lot 13, Block 213, MAP OF THE CITY OF ANACORTES, according to the plat thereof, recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington;

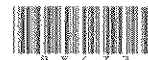
(Also known as Lot 17 of Survey recorded January 24, 2002, under Auditor's File No. 200201240260, records of Skagit County, Washington);

TOGETHER WITH that portion of 22nd Street that attaches to said property by operation of law as set forth in Vacation Ordinance No. 2689, recorded February 14, 2005, under Auditor's File No. 200502140191, records of Skagit County, Washington.

Situated in Skagit County, Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-011253

DATE ISSUED: 03/09/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): EUGENE NICHOLAS
LAST NAME(S): KOZLOFF

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 04, 2017
HOUR OF DEATH: 02:00 AM
SEX: MALE AGE: 96 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: TEHRAN IRAN

MARITAL STATUS: MARRIED
SPOUSE: ANNE ESTHER SOLOMON

OCCUPATION: ZOOLOGIST
INDUSTRY: UNIVERSITY PROFESSOR
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: RAE KOZLOFF
RELATIONSHIP: DAUGHTER
ADDRESS: PO BOX 463, ANACORTES, WA 98221

CAUSE OF DEATH:
A: CARDIORESPIRATORY ARREST
INTERVAL: MINUTES
B: ANOREXIA
INTERVAL: WEEKS
C: DEMENTIA
INTERVAL: YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LIGHTHOUSE MEMORY CARE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2220 - 22ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER/PARENT: NICHOLAS EMELIANOVICH KOZLOFF
MOTHER/PARENT: EUGENIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: MARCH 08, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: MORGAN F. MERRILL, MD
TITLE:
CERTIFIER ADDRESS: 2511 M AVE STE B
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
DATE SIGNED: MARCH 07, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: MORGAN MERRILL, MD

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: MARCH 08, 2017



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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"/> Parent(s)	<input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director	<input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 foregoing is true and correct

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

- 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.
- 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.
- 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 parent's 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

- Only the informant, the funeral director or executor/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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

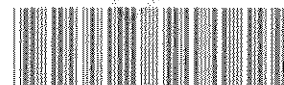
DOH 422-032 October 2015

CERTIFIED

MAR 09 2017

Howard Lebrand

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



0 1 4 3 7 6 6 4

COPY

SECOND AMENDMENT TO KOZLOFF FAMILY TRUST

This Amendment is made at Anacortes, Washington by EUGENE N. KOZLOFF and ANNE S. KOZLOFF ("Grantors") and accepted by EUGENE N. KOZLOFF ("Trustee").

RECITALS

EUGENE N. KOZLOFF and ANNE S. KOZLOFF are designated as Grantors and EUGENE N. KOZLOFF is designated as Trustee of the KOZLOFF FAMILY TRUST, dated May 10, 2000 ("the Trust Agreement"). In the Trust Agreement (specifically at Section 3.1, on Page 1, thereof), Grantors reserved the right to amend the Trust Agreement, in whole or in part, by an instrument in writing delivered to Trustee. Grantors amended the Trust Agreement once previously, on April 11, 2013. Grantors desire to and hereby do amend the Trust Agreement a second time, as follows:

AMENDMENT

The Trust Agreement is amended and modified in the following respects:

1. *The first paragraph (on Page 1) of the Trust Agreement is deleted in its entirety and replaced with the following:*

THIS AGREEMENT, dated May 10, 2000, is between EUGENE N. KOZLOFF and ANNE S. KOZLOFF, husband and wife, as grantors (individually, "Grantor" and collectively, "Grantors"), and EUGENE N. KOZLOFF and RAE KOZLOFF, as co-Trustees (referred to herein, individually and/or collectively, as "Trustee").

2. *Article 10 (on Page 13) of the Trust Agreement, which was previously amended once before, is again deleted in its entirety and replaced with the following:*

ARTICLE 10 TRUSTEE SUCCESSION

EUGENE N. KOZLOFF and RAE KOZLOFF are appointed as Co-Trustees hereunder. At any time that Co-Trustees are acting under this agreement, either Co-Trustee may act independently, and each shall have the full authority to bind the Trust with respect to any transaction the Trustee is permitted to make under this instrument. If at any time either of the foregoing Co-Trustees should fail to qualify or cease to act as a Trustee (whether due to written resignation, disability as defined below, or death), KEYBANK NATIONAL ASSOCIATION AND ITS SUCCESSORS OR ASSIGNS ("KEYBANK") shall take office in his or her place as a Co-Trustee. RAE KOZLOFF shall have the power to at any time remove KEYBANK as a Co-Trustee and act as sole Trustee herself or replace KEYBANK with an individual or corporate Co-Trustee of her choice. RAE KOZLOFF shall also have the power to designate a successor Trustee or successor Co-Trustees to herself, KEYBANK, or any other designee. Any Trustee or Successor Trustee (including an alternate) may resign at any time, without Court approval, by submitting a written resignation to the Grantor(s), if either of them is living, or otherwise the current income beneficiary(s) of the trust. Trustee shall be entitled to compensation for acceptance and administration of the trust. Trustee is entitled to extra compensation for unusual or extraordinary services. If Trustee is a professional trustee, the amount of compensation shall be in accordance with Trustee's regular schedule of fees then in force. If Trustee is not a professional trustee, he or she is entitled to a reasonable fee in the locality for a nonprofessional trustee. Trustee shall be reimbursed for all expenses reasonably incurred in the administration of the trust.

For purposes of this instrument, "disabled" or "disability" shall refer to the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance. If the disability is because of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, or chronic intoxication, then the written notice shall be signed by the disabled person's regularly attending physician, and if there be not such physicians regularly attending the disabled person, then the notice shall be signed by two qualified physicians who have examined the disabled person. If the disability is because of

confinement, detention by a foreign power or disappearance, the written notice shall be signed by a qualified person with personal knowledge of those facts. A person shall also be deemed disabled if a court of competent jurisdiction adjudicates that the person is legally incapacitated.

Except as amended by this instrument, the parties confirm that all other provisions of the Trust Agreement shall remain in full force and effect.

EXECUTED by Grantors this 9th day of April, 2014.

Eugene N. Kozloff
EUGENE N. KOZLOFF
Grantor

Anne S. Kozloff
ANNE S. KOZLOFF
Grantor

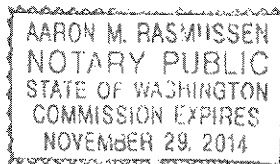
STATE OF WASHINGTON)

ss.

COUNTY OF SKAGIT)

On this day personally appeared before me EUGENE N. KOZLOFF and ANNE S. KOZLOFF, to me known to be the individuals described in and who executed the foregoing document and acknowledged that they signed said document as their free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9th day of April, 2014.



Aaron M. Rasmussen
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes
My appointment expires 11-29-14

ACCEPTANCE OF APPOINTMENT

WHEREAS, the undersigned, RAE KOZLOFF has been appointed as Co-Trustee of the Kozloff Family Trust, dated May 10, 2000 ("the Trust"), and she is ready, willing, able, and legally qualified to serve as a Trustee thereunder,

RAE KOZLOFF hereby accepts the appointment and agrees to serve as Co-Trustee of the Trust. RAE KOZLOFF also acknowledges receipt of originals or true copies of the original trust agreement and the first and second amendments to the Trust, dated April 11, 2013 and April 9, 2014.

DATED this 9th day of April, 2014.

Rae A. Kozloff
RAE KOZLOFF

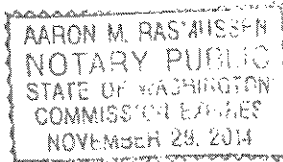
STATE OF WASHINGTON)

COUNTY OF SKAGIT)

ss.

On this day personally appeared before me RAE KOZLOFF, to me known to be the individual described in and who executed the foregoing document and acknowledged that she signed said document as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 9 day of April, 2014.



Aaron M. Rasmussen
NOTARY PUBLIC in and for the State of
Washington, residing at Anacortes.
My appointment expires 11-29-14.