

When recorded return to:



201708240073

Skagit County Auditor

\$83.00

8/24/2017 Page

1 of

10 3:18PM

QUIT CLAIM DEED

THE GRANTOR(S), Derrick Helms, Trustee of the Rosaline B. Helms Irrevocable Trust Date May 1, 2013, for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to Derrick J. Helms and Tawni J. Helms, husband and wife the following described real estate, situated in the County of Skagit, State of Washington:

17439 Olympic Place, Mount Vernon, WA 98274

Abbreviated Legal: Lot 1, Stockfleth's SkyrIDGE Assessor's Plat & Ptn NW ¼, 33-34-4 E W.M.

SEE ATTACHED EXHIBIT "A" HERETO FOR LEGAL DESCRIPTION

Tax Parcel Number (s): 4021-000-001-0006-P69747

340433-1-001-0400, P29657

Subject to all covenants, conditions, restrictions, reservations, agreements and easements of record including, but not limited to, those shown on Schedule "B-1" of Land Title Company's Preliminary Commitment NO. 150989-OE.

together with all after acquired title of the grantor(s) herein:

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20173983


AUG 24 2017

Amount Paid \$ 83.00
Skagit Co. Treasurer
By *mlm* Deputy

Notary Public
State of Washington
POLLY A. WELCH
MY COMMISSION EXPIRES
03/15/2019

Tax Parcel Number(s): 4021-000-001-0006, P69747
340433-1-001-0400, P29657

Dated: 08/01/2017



Derrick Helms, Trustee

Rosaline B. Helms Irrevocable Trust Dated May 15,
2013

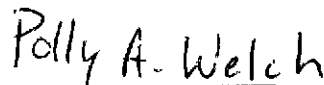
STATE OF Washington

ss.

COUNTY OF Skagit

I certify that I know or have satisfactory evidence that Derrick Helms, Trustee The Rosaline B. Helms Irrevocable Trust is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:



Notary name printed or typed:
Notary Public in and for the State of
Residing at
My appointment expires:

Washington

Skagit

03/15/2019

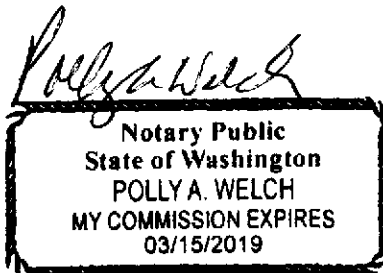


EXHIBIT A

PARCEL "A":

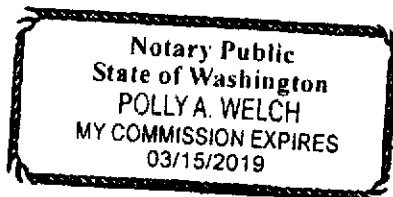
Lot 1, "STOCKFLETH'S SKYRIDE ASSESSOR'S PLAT," as per plat recorded in Volume 9 of Plats, page 42, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

That portion of the West 50 feet of the Northwest $\frac{1}{4}$ of Section 33, Township 34 North, Range 4 East, W.M., lying between the Easterly extensions of both the Northerly and Southerly lines of Lot 1, "STOCKFLETH'S SKYRIDGE ASSESSOR'S PLAT," as per plat recorded in Volume 9 of Plats, page 42, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-024529

DATE ISSUED: 06/06/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROSALINE BETTY
LAST NAME(S): HELMS

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: MAY 30, 2017
HOUR OF DEATH: 01:10 PM
SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: OAKLEY, CONTRA COSTA COUNTY, CALIFORNIA

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: SECRETARY
INDUSTRY: HOSPITAL
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DERRICK HELMS
RELATIONSHIP: SON
ADDRESS: 17439 OLYMPIC PLACE, MOUNT VERNON, WA 98274

CAUSE OF DEATH:

A: SEPSIS

INTERVAL: 4 DAYS

B: E. COLI URINARY TRACT INFECTION

INTERVAL: 4 DAYS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: LEWY BODY DEMENTIA

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: HOME
FACILITY OR ADDRESS: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: JOHN DEJESUS
MOTHER/PARENT: MARY [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: JUNE 06, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: REX E. WATT

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: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WA 98273
DATE SIGNED: MAY 31, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: JUNE 01, 2017



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	Fee Number	Initials	Date	Affidavit Number
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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 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

JUN 06 2017

Howard Labrand

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



0 1 4 4 0 8 4 7

ROSALINE B. HELMS IRREVOCABLE TRUST

May 15, 2013

LITTORNO LAW GROUP
2211 RAILROAD AVENUE
PITTSBURG, CALIFORNIA 94565
(925) 432-4211
Richard@LittornoLaw.com

ROSALINE B. HELMS IRREVOCABLE TRUST

Article One Establishing My Trust

The date of this Irrevocable Trust Agreement is May 15, 2013. The parties to the agreement are ROSALINE B. HELMS (the "Settlor") and DERRICK HELMS (my "Initial Trustee").

By this agreement I intend to create a valid trust under the laws of California and under the laws of any state in which any trust created under this agreement is administered.

Section 1.01 Identifying My Trust

My trust is called the "ROSALINE B. HELMS IRREVOCABLE TRUST." However, the following format should be used for taking title to assets: "DERRICK HELMS, Trustee of the ROSALINE B. HELMS IRREVOCABLE TRUST dated May 15, 2013."

For the purpose of transferring property to my trust, or identifying my trust in any beneficiary or pay-on-death designation, any description referring to my trust is effective if it reasonably identifies my trust.

Section 1.02 Third-Party Reliance on Affidavit or Certification of Trust

My Trustee may provide an affidavit or certification of trust to third parties in lieu of providing a copy of this agreement. Third parties are exonerated from any liability for acts or omissions in reliance on the affidavit or certification of trust, and for the application that my Trustee makes of funds or other property delivered to my Trustee.

Section 1.03 An Irrevocable Trust

This trust is irrevocable, and I may not alter, amend, revoke, or terminate it in any way.

Section 1.04 Transfers to the Trust

I transfer to my Trustee the property listed in Schedule A, attached to this agreement, to be held on the terms and conditions set forth in this instrument. I retain no right, title or interest in the income or principal of this trust or any other incident of ownership in any trust property.

(a) Trustee Acceptance

By execution of this agreement, my Trustee accepts and agrees to hold the trust property described on Schedule A. All property, including life insurance policies, transferred to my trust after the date of this agreement must be acceptable to my Trustee. My Trustee may refuse to accept any property. My Trustee shall hold, administer and dispose of all trust property accepted by my Trustee for the benefit of my beneficiaries in accordance with the terms of this agreement.

accepted by my Trustee for the benefit of my beneficiaries in accordance with the terms of this agreement.

(b) No Distributions of Income or Principal

My Trustee shall have no right, power, privilege, or authority to invade or distribute income or principal of the trust to or for my benefit, under any circumstances.

Section 1.05 Statement of My Intent

I am creating this trust as part of my estate plan to ensure efficient management, administration and protection of the trust assets for my beneficiaries. It is my express intent that the principal and income of this trust will not be available to me for any purpose, including Medicaid.

In order to maximize the benefit to my trust beneficiaries, I give my Trustee broad discretion with respect to the management, distribution and investment of assets in my trust. My specific objectives in creating this trust include, but are not limited to, having:

Any gift made to the trust be treated as a completed gift for federal estate and gift tax purposes;

The assets of the trust estate, including life insurance proceeds, be excluded for federal estate tax purposes from my gross estate and the gross estates of my trust beneficiaries except to the extent I have explicitly granted a general power of appointment to a trust beneficiary; and

The assets in this trust not be subject to the claims of any beneficiary's creditors.

All provisions of this agreement shall be construed so as to accomplish my objectives. Any beneficiary has the right at any time to release, renounce or disclaim any right, power or interest that might be construed or deemed to defeat my objectives.

Section 1.06 Family Information

I was married to BOBBY JEAN HELMS, who died on August 24, 2012.

I have one child, DERRICK HELMS, born on November 29, 1955. My other son, KENT RUSSELL HELMS died on January 6, 2009 without issue.

All references in this agreement to "my children" are references to DERRICK HELMS.

References to "my descendants" are to DERRICK HELMS and his descendants.

Section 1.07 My Lifetime Beneficiary

While I am living, DERRICK HELMS is the only beneficiary of trust income and principal (my "Lifetime Beneficiary").

In this agreement, "Lifetime Beneficiary" refers only to DERRICK HELMS, and does not include me. As specified in Section 1.04(b) above, under no circumstances may my Trustee invade or distribute trust income or principal to or for my benefit.

Article Two

Trustee Succession and Trust Protector Provisions

Section 2.01 Resignation of a Trustee

A Trustee may resign by giving written notice to me. If I am deceased, a resigning Trustee will give written notice to the income beneficiaries of the trust and to any other Trustee then serving.

Section 2.02 Trustee Succession

This Section governs the succession of my Trustees.

(a) I May Not Serve as Trustee

Notwithstanding any provision of this agreement to the contrary, under no circumstances may I serve as Trustee at any time.

(b) Successors to Initial Trustee

If DERRICK HELMS fails to serve as Initial Trustee, I appoint the following, in the order named, to serve as successor Trustee:

First: TAWNI HELMS

Second: ZACHARY HELMS

Third: TREVOR HELMS

(c) Trustees of the Separate Trusts

Upon the creation of the separate trusts as provided in Article Four, the primary beneficiary of a separate trust, upon attaining the age of 25, may appoint himself or herself as a Co-Trustee of his or her separate trust to serve with the then serving Trustee. At any time a beneficiary is serving as Co-Trustee of his or her trust, there must be at least one other Trustee serving with the beneficiary.

Section 2.03 Removal and Replacement of Trustees

(a) Removal by Beneficiaries

A Trustee of any trust created under this agreement may be removed only for cause upon approval by a court of competent jurisdiction. Any beneficiary of the trust may petition the court for removal of my Trustee. This does not limit the authority of a Trust Protector to remove a Trustee under the provisions of Section 2.11(f).

In no event may the court petitioned to approve the removal of a Trustee acquire any jurisdiction over the trust, except to the extent necessary to approve or disapprove the removal of a Trustee.

Settlor and Trustee

I hereby execute this agreement on May 15, 2013.

I certify that I have read this agreement, that I understand it, and that it correctly states the provisions under which the trust property is to be administered and distributed by my Trustee

Rosaline B. Helms
ROSALINE B. HELMS, Settlor

Derrick Helms
DERRICK HELMS, Trustee

State of California)
County of Contra Costa)

On May 15, 2013 before me, RICHARD A. LITTORNO, a Notary Public, personally appeared ROSALINE B. HELMS and DERRICK HELMS, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Richard A. Littorno (Seal)
RICHARD A. LITTORNO, Notary Public

