



Skagit County Auditor
12/6/2017 Page

1 of

7

\$80.00
3:40PM

RETURN TO:

DOCUMENT TITLE(S) (or transactions contained herein):

Quitclaim Deed

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

| | ADDITIONAL REFERENCE NUMBERS ON PAGE ____
OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. muzzall, Joyce E
2. muzzall, Hugh A Trust
3. muzzall, Joyce E Trust
4. muzzall, Hugh A & Joyce E

| | ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. muzzall, Joyce E
2. muzzall, Joyce E Trust
- 3.
- 4.

| | ADDITIONAL NAMES ON PAGE ____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat or quarter, quarter, section, township and range):

14/35/04 NE SW

| | ADDITIONAL LEGAL(S) ON PAGE ____ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER:

P 3lde 26

| | TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE 2 OF DOCUMENT.

Filed for Record at Request of/Return to:

Joyce E. Muzzall

863 Dow Dr

Walla Walla, WA 99362

QUIT CLAIM DEED

Grantor: **Joyce E. Muzzall, Successor Trustee, of the Hugh A. Muzzall and Joyce E. Muzzall Trust, UA DTD October 21, 1994, Hugh A. Muzzall and Joyce E. Muzzall, Trustees**

Grantee: **Joyce E. Muzzall, Trustee, of The Joyce E. Muzzall Family Trust**

Legal Description: $\frac{1}{4}$ interest of property in Exhibit 'A' hereto.

Assessor's Tax Parcel ID# attached hereto.

P36626, P36627, P36629, P36631, P36632

NESW 14-35-04

DATED this 29th day of November, 2017

Joyce E. Muzzall
Grantor, Joyce E. Muzzall, Successor Trustee

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20175665
DEC 06 2017

Amount Paid \$ 0
Skagit Co. Treasurer
By man Deputy

STATE OF WASHINGTON }
COUNTY OF WALLA WALLA }

On this day personally appeared before me Joyce E. Muzzall, Trustee, Grantor, to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 29 day of November, 2017

J. Wanelee Garver
NOTARY PUBLIC in and for the State of Washington,
Residing at Walla Walla
My commission expires 3-1-2021

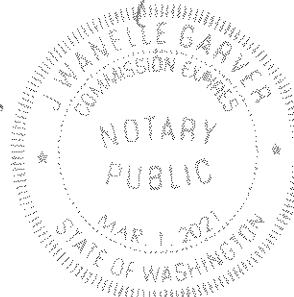


EXHIBIT 'A'

P36626	350414-3-003-0018
P36627	350414-3-003-0109
P36629	350414-3-005-0008
P36631	350414-3-005-0115
P36632	350414-3-006-0007

Commencing at the Northwest corner of the Northeast 1/4 of the Southwest 1/4 of Section 14, Township 35 North, Range 4 East, W.M.; Running thence East 14 Rods along the 1/4 line of said Section; thence at right angles to said 1/4 Section line South a distance of 63 Rods to the Fairhaven and Southern Railroad right of way; thence Northwesterly along said right of way to the line between the Northwest 1/4 and the Northeast 1/4 of said Southwest 1/4 of said Section 14; thence North along said line 53 Rods to the point of beginning, containing 5 aces and 12 square Rods.

Also, beginning at a point where the 1/4 line in Section 14, Township 35 North of Range 4 East of the Willamette Meridian intersects with the Easterly boundary of the Fairhaven and Southern Railroad right of way being a point about 6 Rods East of the Northwest corner of the Southwest 1/4 of Section 14 in Township 35 North of Range 4 East of the Willamette Meridian; running thence East on the 1/4 line to the Northeast corner of the Northwest 1/4 of the Southwest 1/4 of said Section 14; thence South along a line between the Northwest 1/4 and the Northeast 1/4 of said Southwest 1/4, to the right of way of the Fairhaven and Southern Railroad; thence in a Northwesterly direction along said right of way to the point of beginning; containing ten acres of land, more or less, and all in the Northwest 1/4 of the Southwest 1/4 of said Section 14, in Township 35 North of Range 4 East of W.M.

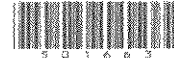
Less road, easements and reservations of record.

SUBJECT TO AND TOGETHER with easements, reservations, restrictions, covenants, liens, leases, court causes and other instruments of record.

Situate in the County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022638

LOCAL FILE NUMBER: 255

DATE ISSUED: 06/07/2017

FEE NUMBER: 36042912

FIRST AND MIDDLE NAME(S): HUGH ARTHUR

LAST NAME(S): MUZZALL

COUNTY OF DEATH: WALLA WALLA

DATE OF DEATH: MAY 18, 2017

HOUR OF DEATH: 12:55 PM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: RITZVILLE, ADAMS COUNTY, WASHINGTON

MARITAL STATUS: MARRIED

SPOUSE: JOYCE E MILLER

OCCUPATION: PHYSICIAN

INDUSTRY: HEALTH CARE

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: YES

INFORMANT: JOYCE E MUZZALL

RELATIONSHIP: WIFE

ADDRESS: 863 DOW DRIVE, WALLA WALLA, WA 99362

CAUSE OF DEATH:

A: METASTATIC LUNG CANCER

INTERVAL: 6 MONTHS

B:

INTERVAL

C:

INTERVAL

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: HOME

FACILITY OR ADDRESS: 863 DOW DRIVE

CITY, STATE, ZIP: WALLA WALLA, WASHINGTON 99362

RESIDENCE STREET: 863 DOW DRIVE

CITY, STATE, ZIP: WALLA WALLA, WASHINGTON 99362

INSIDE CITY LIMITS: YES COUNTY: WALLA WALLA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER/PARENT: ERNEST LINWOOD MUZZALL

MOTHER/PARENT: ELLA MAE [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY

CITY, STATE: WALLA WALLA, WASHINGTON

DISPOSITION DATE: MAY 19, 2017

FUNERAL FACILITY: MOUNTAIN VIEW FUNERAL CHAPEL INC

ADDRESS: 1551 DALLES MILITARY RD

CITY, STATE, ZIP: WALLA WALLA, WASHINGTON 99362

FUNERAL DIRECTOR: KERRY C. LEES

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOANNE PEREZ, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 380 CHASE ST.

CITY, STATE, ZIP: WALLA WALLA, WA 99362

DATE SIGNED: MAY 19, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: JOANNE PEREZ, MD

LOCAL DEPUTY REGISTRAR: CAROL DE LAY

DATE RECEIVED: MAY 19, 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

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 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

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)

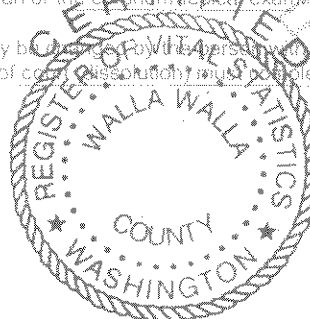
Death Certificates

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.

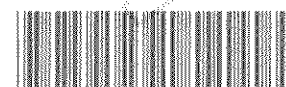
Marriage/Dissolution (Divorce) Certificates

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



Larry D. Jecha, M.D.
Health Officer



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CERTIFICATION OF TRUST
RCW 11.98.075

A. Trust Creation. The Trust was created upon the death of Co-Trustor, Hugh A. Muzzall (date of death: ^{May} ~~February~~ 18, 2017), pursuant to the terms of the Revocable Living Trust created by Hugh A. Muzzall and Joyce E. Muzzall on October 21, 1994.

B. Trust Name and Federal Tax Identification Number. The name of the Trust is "The Joyce E. Muzzall Family Trust." The Federal Tax Identification Number will be Joyce E. Muzzall's social security number.

Property in Trust. Assets to be placed in said Trust are as set forth on Attachment "A" and incorporated herein by reference.

D. Current Trustee. The current Trustee of said Trust is Joyce E. Muzzall.

E. Successor Trustees. Following the incapacity or death of Joyce E. Muzzall, surviving Trustee, the Successor Trustee shall be as follows:

First: Marie Elizabeth Hawkins

Second: David Ernest Muzzall

Third: Ronald Hawkins

F. Summary of Trust Terms. The Trust is fully amendable and revocable by the Trustor for said Trustor's lifetime.

G. Remainder Beneficiaries. The remainder beneficiaries are MARIE ELIZABETH HAWKINS and DAVID ERNEST MUZZALL

H. Authority to Sign Trust Documents. Joyce E. Muzzall, as Trustee, has full authority to sign documents related to the Trust.

The undersigned, under penalty of perjury, hereby certify that the above is a true and accurate description of The Joyce E. Muzzall Family Trust.

DATED this 3rd day of October, 2017.

Joyce E. Muzzall, Trustee
Joyce E. Muzzall, Trustee

Larry Siegel
Larry Siegel, Attorney at Law
Attorney for Trustee