



201805250123

05/25/2018 03:24 PM Pages: 1 of 7 Fees: \$40.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title and Escrow
7202 267th Street NW, Ste 101
Stanwood, WA 98292

Land Title and Escrow

05-167289-OE, 05-167289-OE

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

Dorothy M. Houx

ABBREVIATED LEGAL DESCRIPTION:

Ptn SW NW, 29-34-4 E W.M.

TAX PARCEL NUMBER(S):

340429-0-179-0008

COPY

REVOCABLE LIVING TRUST

Known As: **THE DOROTHY M. HOUX REVOCABLE LIVING TRUST**

Agreement made and executed this 24th day of April, 2014, by and between DOROTHY M. HOUX, hereinafter referred to as the Settlor, and DOROTHY M. HOUX, hereinafter referred to as the Trustee.

Settlor desires to create a revocable trust of the property described in Schedule A hereto annexed, together with such monies, and other assets as the Trustee may hereafter at any time hold or acquire hereunder (hereinafter referred to collectively as the "Trust Estate") for the purposes hereinafter set forth.

Successor Trustees. Settlor appoints TONI DENISE SQUIER as Successor Trustee in the event that she is unable to so act. In the event she is unable to act as such Trustee, Settlor appoints JEFFREY M. SQUIER as alternate Successor Trustee.

NOW, THEREFORE, in consideration of the promises and of the mutual covenants herein contained, the Settlor agrees to execute such further instruments as shall be necessary to vest the Trustee with full title to the property, and the Trustee agrees to hold the Trust Estate, IN TRUST, NEVERTHELESS, for the following uses and purposes and subject to the terms and conditions hereinafter set forth:

The Trustee shall hold, manage, invest and reinvest the Trust Estate (if any requires such management and investment) and shall collect the income, if any, there from and shall dispose of the net income and principal as follows:

(1) During the lifetime of the Settlor, the Trustee shall pay to or apply for the benefit of the Settlor all the net income from the Trust.

(2) During the lifetime of the Settlor, the Trustee may pay to or apply for the benefit of the Settlor such sums from the principal of this Trust as in its sole discretion shall be necessary or advisable from time to time for the medical care, comfortable maintenance and welfare of the Settlor, taking into consideration to the extent the Trustee deems advisable, any other income or resources of the Settlor known to the Trustee.

(3) The Settlor may at any time during her lifetime and from time to time, withdraw all or part of the principal of this Trust, free of trust, by delivering an instrument in writing duly signed by her to the Trustee, describing the property or portion thereof desired to be withdrawn. Upon receipt of such instrument, the Trustee shall thereupon convey and

deliver to the Settlor, free of trust, the property described in such instrument.

(4) In the event that the Settlor is adjudicated to be incompetent or in the event that the Settlor is not adjudicated incompetent, but by reason of illness or mental or physical disability is, in the opinion of the Trustee, unable to properly handle his own affairs, then and in that event the Trustee may during the Settlor's lifetime, in addition to the payments of income and principal for the benefit of the Settlor, pay to or apply for the benefit of the Settlor, such sums from the net income and from the principal of this Trust in such shares and proportions as in its sole discretion it shall determine to be necessary or advisable from time to time for the medical care, comfortable maintenance and welfare of the Settlor, taking into consideration to the extent the Trustee deems advisable, any other income or resources of the Settlor known to the Trustee.

(5) The interests of the Settlor shall be considered primary and superior to the interests of any beneficiary.

II.

The Settlor reserves and shall have the exclusive right any time and from time to time during her lifetime by instrument in writing signed by the Settlor and delivered to the Trustee to modify or alter this Agreement, in whole or in part, without the consent of the Trustee or any beneficiary provided that the duties, powers and liabilities of the Trustee shall not be changed without her consent; and the Settlor reserves and shall have the right during her lifetime, by instrument in writing, signed by the Settlor and delivered to the Trustee, to cancel and annul this Agreement without the consent of the Trustee or any beneficiary hereof. Settlor expressly reserves the right to appoint successor trustees, replace present trustees and change the beneficiaries or the rights to property due any beneficiary.

III.

In addition to any powers granted under applicable law or otherwise, and not in limitation of such powers, but subject to any rights and powers which may be reserved expressly by the Settlor in this Agreement, the Trustee is authorized to exercise the following powers to the Trustee's sole and absolute discretion.

- a. To hold and retain any and all property, real, personal, or mixed, received from the Settlor's estate, or from any other source, regardless of any law or rule of court relating to diversification, or non-productivity, for such time as the Trustee shall deem best, and to dispose of such property by sale, exchange, or otherwise, as and when they shall deem advisable; not withstanding this provision or any other contained herein.
- b. To sell, assign, exchange, transfer, partition and convey, or otherwise dispose of, any property, real, personal or mixed, which may be included in or may at any time become part of the Trust Estate, upon such terms and conditions as deemed

V.

If it shall be determined that any provisions of the Trust created herein violates any rule against perpetuities or remoteness of vesting now or hereafter in effect in a governing jurisdiction, that portion of the Trust herein created shall be administered as herein provided until the termination of the maximum period allowed by law at which time and forthwith such part of the Trust shall be distributed in fee simple to the beneficiaries then entitled to receive income there from, and for the purpose, it shall be presumed that any beneficiary entitled to receive support or education from the income or principal or any particular fund is entitled to receive the income there from.

VI.

Except as otherwise provided herein, all payments of principal and income payable, or to become payable, to the beneficiary of any trust created hereunder shall not be subject to anticipation, assignment, pledge, sale or transfer in any manner, nor shall any said beneficiary have the power to anticipate or encumber such interest, nor shall such interest, while in possession of the Trustee, be liable for, or subject to, the debts, contracts, obligations, liabilities or torts of any beneficiary.

VII.

This Trust Agreement shall be construed, regulated and governed by and in accordance with the laws of the State of Washington.

I certify that I have read the foregoing Trust Agreement and it correctly states the terms and conditions under which the Trust Estate is to be held, managed and disposed of by the Trustee.

Dated: April 24, 2014

Dorothy M. Houx
DOROTHY M. HOUX [Settlor]

Dorothy M. Houx
DOROTHY M. HOUX [Trustee]

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-028852

DATE ISSUED: 12/16/2014

FEE NUMBER: 000000029

GIVEN NAMES: DOROTHY MARIE
LAST NAME: HOUX

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 08, 2014
HOUR OF DEATH: 03:00 P.M.

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1801 S. 6TH ST.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

SEX: FEMALE
AGE: [REDACTED]
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 1801 S. 6TH ST.
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

BIRTHDATE: [REDACTED]
BIRTHPLACE: MADERA, CALIFORNIA

FATHER: EMANUAL ALERED RONNELL
MOTHER: EDNA MARIE [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE:

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CEDARHOME CEMETERY
CITY, STATE: STANWOOD, WA
DISPOSITION DATE: DECEMBER 18, 2014

OCCUPATION: NURSE
INDUSTRY: HEALTH CARE
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

FUNERAL FACILITY: GILBERTSON FUNERAL HOME
ADDRESS: 27001 88TH AVE NW/PO BOX 1569
CITY, STATE, ZIP: STANWOOD WA 98292
FUNERAL DIRECTOR: DAVID BRANDT

INFORMANT: TONI SQUIER
RELATIONSHIP: DAUGHTER
ADDRESS: 29815 -68TH AVE N.W. STANWOOD, WA 98292

- CAUSE OF DEATH:
- A. NATURAL CAUSES
INTERVAL: 1 DAY
 - B. LUNG CANCER
INTERVAL: 5 YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ASTHMA, DIABETES, HYPERTENSION

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

CERTIFIER NAME: H EDWIN STICKLE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1990 HOSPITAL DRIVE, SUITE 100
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
DATE SIGNED: DECEMBER 10, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA 14-212
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: DECEMBER 16, 2014



Affidavit for Correction

201805250123

Mail to: Center for Health Statistics
P.O. Box 37814
Seattle, WA 98104-7814
360-236-4300
www.doh.wa.gov

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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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Use the section below for requesting any changes on the record

Record Type: Birth Death Marriage Dissolution

1. Name on record: First Middle Last 2. Date of Event: 3. Place of Event: City or County

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: (Printed Name) 16. Date: 17. Address:

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.**

Examples of acceptable documentary proof:

Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
Passport		

Birth Certificates

- Only a parent, 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 exactly the asserted true fact(s). 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 does not prove the name is Mary Ann Doe.
 - Child under 18**
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
 - Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- 4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- 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). 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 fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 June 2014



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

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