



201807190052

07/19/2018 12:12 PM Pages: 1 of 17 Fees: \$115.00
Skagit County Auditor

When recorded return to:

Mark A. Miller
P. O. Box 11132
Oakland, CA. 94611

QUIT CLAIM DEED

THE GRANTOR(S) **Mark A. Miller, as Successor Trustee of the Domaskin Revocable Trust dated August 8, 2006**

for and in consideration of Mere change of identity

in hand paid, conveys and quit claims to **Mark Aldrich Miller, Trustee of the Mark Aldrich Miller Trust**

the following described real estate, situated in the County of Skagit, State of Washington

together with all after acquired title of the grantor(s) herein: to the following described real property in the area of La Conner, County of Skagit, State of Washington: **GEO ID 4212-000-004-0028 REPLAT OF ASSESSORS PLAT ASHLUND ADD TR4**

THE LEGAL DESCRIPTION OF THIS PROPERTY IS SHOWN ON EXHIBIT A, WHICH IS ATTACHED TO THIS QUITCLAIM DEED AND IS INCORPORATED IN IT BY REFERENCE.

Abbreviated Legal:

Tax Parcel Number(s): **Parcel ID #P78310**

Dated: *July 16th 2018*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

MA
JUL 19 2018

Amount Paid \$
By *MA* Skagit Co. Treasurer Deputy

Mark A. Miller, Successor Trustee

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CA

County of ALAMEDA

On 7.16.18 before me, SEMIKO PRIM, Notary Public,
(here insert name and title of the officer)

personally appeared MARK A. MILLER,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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]
Signature

(Seal)

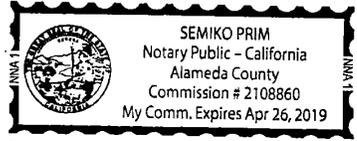


EXHIBIT A
LEGAL DESCRIPTION OF REAL PROPERTY:

That portion of the Northeast quarter of the Northeast quarter of Section 27, Township 34, N.R. 2 E.W.M., described as follows:

BEGINNING at the intersection of the East line of the County road and the South line of said Northeast quarter of the Northwest quarter; thence North along the East line of the County road 600 feet to the true point of beginning; thence East 400 feet parallel to the South line of said Northeast quarter of the Northwest quarter; thence North 100 feet; thence West 400 feet parallel to the South line of said Northeast quarter of the Northwest quarter, to the East line of the County road; thence South along the East line of the County road to the true point of beginning.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT

3052017234824

CERTIFICATE OF DEATH

3201701008290

1. NAME OF DECEDENT—FIRST (Given) EILEEN		2. MIDDLE C		3. LAST (Family) DOMASKIN	
4. DATE OF BIRTH mm/dd/yyyy 04/26/1922		5. AGE Yrs 95		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER 370-14-4731		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED SECRETARY		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION		19. YEARS IN OCCUPATION 30	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4267 GILBERT STREET					
21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94611	
24. YEARS IN COUNTY 10		25. STATE/FOREIGN COUNTRY CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP MARK MILLER, DPOA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) PO BOX 11132, OAKLAND, CA 94611			
28. NAME OF SURVIVING SPOUSE/SPOP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST JOSEPH		32. MIDDLE FLORANCE		33. LAST CULLITON	
34. BIRTH STATE U.K.		35. NAME OF MOTHER/PARENT—FIRST ANNA		36. MIDDLE M.E.	
37. LAST (BIRTH NAME) SCHEEL		38. BIRTH STATE U.K.			
39. DISPOSITION DATE mm/dd/yyyy 12/07/2017		40. PLACE OF FINAL DISPOSITION MOUNTAIN VIEW CEMETERY 5000 PIEDMONT AVENUE, OAKLAND, CA 94611			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT PIEDMONT FUNERAL SERVICES, INC.		45. LICENSE NUMBER FD2210		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.	
47. DATE mm/dd/yyyy 11/28/2017					
101. PLACE OF DEATH KAISER FOUNDATION HOSPITAL - OAKLAND					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input checked="" type="checkbox"/> EVOP <input type="checkbox"/> OOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Homecare <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 275 W MACARTHUR BLVD		106. CITY OAKLAND	
107. CAUSE OF DEATH Enter the chain of events—disease, injury, or complication—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. RESPIRATORY ARREST					
108. DEATH REPORTED TO CORONER? (AT) REFERRAL NUMBER NONE		109. EMPOSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (DT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NO			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER JORDAN CORDELL YODER M.D.		116. LICENSE NUMBER 117. DATE mm/dd/yyyy A143650 11/22/2017	
(A) mm/dd/yyyy 11/20/2017		(B) mm/dd/yyyy 11/20/2017		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE YIN JIANG HUANG M.D. HARBOR UCLA 1000 W CARSON ST BOX #21, TORRANCE, CA 90509	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Pending <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
F		G		H	
I		J		K	
L		M		N	
O		P		Q	
R		S		T	
U		V		W	
X		Y		Z	
AA		AB		AC	
AD		AE		AF	
AG		AH		AI	
AJ		AK		AL	
AM		AN		AO	
AP		AQ		AR	
AS		AT		AU	
AV		AW		AX	
AY		AZ		BA	
BB		BC		BD	
BE		BF		BG	
BH		BI		BJ	
BK		BL		BM	
BN		BO		BP	
BQ		BR		BS	
BT		BU		BV	
BW		BX		BY	
BZ		CA		CB	
CC		CD		CE	
CF		CG		CH	
CI		CJ		CK	
CL		CM		CN	
CO		CP		CQ	
CR		CS		CT	
CU		CV		CW	
CX		CY		CZ	
DA		DB		DC	
DD		DE		DF	
DG		DH		DI	
DJ		DK		DL	
DM		DN		DO	
DP		DQ		DR	
DS		DT		DU	
DV		DW		DX	
DY		DZ		EA	
EB		EC		ED	
EE		EF		EG	
EH		EI		EJ	
EK		EL		EM	
EN		EO		EP	
EQ		ER		ES	
ET		EU		EV	
EW		EX		EY	
EZ		FA		FB	
FC		FD		FE	
FF		FG		FH	
FI		FJ		FK	
FL		FM		FN	
FO		FP		FQ	
FR		FS		FT	
FU		FV		FW	
FX		FY		FZ	
GA		GB		GC	
GD		GE		GF	
GG		GH		GI	
GJ		GK		GL	
GM		GN		GO	
GP		GQ		GR	
GS		GT		GU	
GV		GW		GX	
GY		GZ		HA	
HB		HC		HD	
HE		HF		HG	
HH		HI		HJ	
HK		HL		HM	
HN		HO		HP	
HQ		HR		HS	
HT		HU		HV	
HW		HX		HY	
HZ		IA		IB	
IC		ID		IE	
IF		IG		IH	
II		IJ		IK	
IL		IM		IN	
IO		IP		IQ	
IR		IS		IT	
IU		IV		IW	
IX		IY		IZ	
JA		JB		JC	
JD		JE		JF	
JG		JH		JI	
JJ		JK		JL	
JM		JN		JO	
JP		JQ		JR	
JS		JT		JU	
JV		JW		JX	
JY		JZ		KA	
KB		KC		KD	
KE		KF		KG	
KH		KI		KJ	
KK		KL		KM	
KN		KO		KP	
KQ		KR		KS	
KT		KU		KV	
KW		KX		KY	
KZ		LA		LB	
LC		LD		LE	
LF		LG		LH	
LI		LJ		LK	
LM		LN		LO	
LP		LQ		LR	
LS		LT		LU	
LV		LW		LX	
LY		LZ		MA	
MB		MC		MD	
ME		MF		MG	
MH		MI		MJ	
MK		ML		MM	
MN		MO		MP	
MQ		MR		MS	
MT		MU		MV	
MW		MX		MY	
MZ		NA		NB	
NC		ND		NE	
NF		NG		NH	
NI		NJ		NK	
NL		NM		NO	
NP		NQ		NR	
NS		NT		NU	
NV		NW		NX	
NY		NZ		OA	
OB		OC		OD	
OE		OF		OG	
OH		OI		OJ	
OK		OL		OM	
ON		OO		OP	
OQ		OR		OS	
OT		OU		OV	
OW		OX		OY	
OZ		PA		PB	
PC		PD		PE	
PF		PG		PH	
PI		PJ		PK	
PL		PM		PN	
PO		PP		PQ	
PR		PS		PT	
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PX		PY		PZ	
QA		QB		QC	
QD		QE		QF	
QG		QH		QI	
QJ		QK		QL	
QM		QN		QO	
QP		QQ		QR	
QS		QT		QU	
QV		QW		QX	
QY		QZ		RA	
RB		RC		RD	
RE		RF		RG	
RH		RI		RJ	
RK		RL		RM	
RN		RO		RP	
RQ		RR		RS	
RT		RU		RV	
RW		RX		RY	
RZ		SA		SB	
SC		SD		SE	
SF		SG		SH	
SI		SJ		SK	
SL		SM		SN	
SO		SP		SQ	
SR		SS		ST	
SU		SV		SW	
SX		SY		SZ	
TA		TB		TC	
TD		TE		TF	
TG		TH		TI	
TJ		TK		TL	
TM		TN		TO	
TP		TQ		TR	
TS		TT		TU	
TV		TW		TX	
TY		TZ		UA	
UB		UC		UD	
UE		UF		UG	
UH		UI		UJ	
UK		UL		UM	
UN		UO		UP	
UQ		UR		US	
UT		UU		UV	
UW		UX		UY	
UZ		VA		VB	
VC		VD		VE	
VF		VG		VH	
VI		VJ		VK	
VL		VM		VN	
VO		VP		VQ	
VR		VS		VT	
VU		VV		VW	
VX		VY		VZ	
WA		WB		WC	
WD		WE		WF	
WG		WH		WI	
WJ		WK		WL	
WM		WN		WO	
WP		WQ		WR	
WS		WT		WU	
WV		WX		WY	
WZ		XA		XB	
XC		XD		XE	
XF		XG		XH	
XI		XJ		XK	
XL		XM		XN	
XO		XP		XQ	
XR		XS		XT	
XU		XV		XW	
XZ		YA		YB	
YC		YD		YE	
YF		YG		YH	
YI		YJ		YK	
YL		YM		YN	
YO		YP		YQ	
YR		YS		YT	
YU		YV		YW	
YZ		ZA		ZB	
ZC		ZD		ZE	
ZF		ZG		ZH	
ZI		ZJ		ZK	
ZL		ZM		ZN	
ZO		ZP		ZQ	
ZR		ZS		ZT	
ZU		ZV		ZW	
ZZ					

1 of 1

CA ALAMEDA 01

**CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA**

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED NOV 30 2017

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.



001162533
[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA



DOMASKIN REVOCABLE TRUST

ARTICLE I: FACTS AND DECLARATIONS

1.1 NAME OF SETTLOR: EILEEN DOMASKIN.

The words I, Me, Mine, and Myself refer to Settlor.

1.2 STARTING TRUSTEE: EILEEN DOMASKIN.

In this agreement, the word Trustee includes the word, Co-Trustees.

1.3 NAME OF THIS TRUST: DOMASKIN REVOCABLE TRUST.

1.4 SUCCESSOR TRUSTEES:

If for any reason I do not serve as Trustee, then these appointees serve as successor Trustees in the order designated. I do not require a bond covering any Trustee serving jointly or separately. The first appointee serves first, and successors serve only if any immediate predecessor does not serve.

Prior to administering this Trust, I request that each successor Trustee obtain the advice of an elder law attorney, investment advise and, if prudent, the advice of a CPA qualified in trust administration, at Trust expense. During the period of decedent administration after my death, I also request that the Trustee obtain the advice of an elder law attorney experienced in trust administration, at Trust expense.

FIRST SUCCESSOR TRUSTEE: MARK A. MILLER.
SECOND SUCCESSOR TRUSTEE: GINA L. ROWLAND.

1.5 TRANSFER OF TRUST PRINCIPAL TO TRUST:

Without consideration, I have transferred assets, including money, to the Trustee. The Trustee has accepted those assets and shall hold, manage, and distribute them and any assets later transferred to this Trust under the terms of this Agreement. The Trustee may deposit any money in a noninterest bearing account until substantial additional money is transferred to this Trust.

1.6 DISTRIBUTION OF PRINCIPAL AND INCOME TO ME:

While I am living, the Trustee shall, monthly, if convenient, pay to me all the Trust's net income. But, if it is not convenient to do so monthly, then the Trustee shall distribute that net income AT LEAST every three months.

ARTICLE X: EXECUTION AND ACKNOWLEDGMENT

10.1 SIGNATURE CLAUSE - SETTLOR:

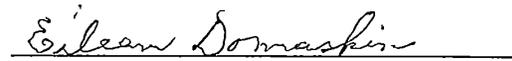
The Settlor certifies that the Settlor has read the foregoing Declaration of Trust and that it correctly states the terms and conditions under which the Trustee is to hold, manage, and distribute the Trust Estate. The Settlor approves the Declaration of Trust in all particulars and requests that the Trustee sign it.

Dated: August 8, 2006


EILEEN DOMASKIN, Settlor

The Trustee's accepts this appointment.

Dated: August 8, 2006


EILEEN DOMASKIN, Trustee

The Settlor's attorney approves this Declaration of Trust.

Dated: August 8, 2006


Karl D. Mowery
Attorney for Settlor/Trustee

10.2 ACKNOWLEDGMENT:

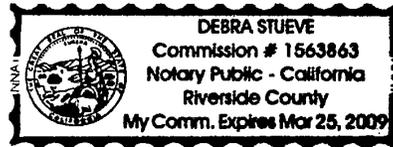
COUNTY OF RIVERSIDE

STATE OF CALIFORNIA

On 8 August 2006, before me, Debra Stueve, a Notary Public, personally appeared EILEEN DOMASKIN, personally known to me (or proved to me on the basis of satisfactory evidence) to be person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS, my hand and official seal

Signature Debra Stueve



END OF ARTICLE X. EXECUTION AND ACKNOWLEDGMENT

**NOMINATION OF CO-TRUSTEE AND
ACCEPTANCE OF APPOINTMENT**

NOMINATION OF CO-TRUSTEE:

WHEREAS, EILEEN DOMASKIN, as Settlor, and EILEEN DOMASKIN, as Trustee, executed the DOMASKIN REVOCABLE TRUST, dated August 8, 2006 (hereinafter "Trust"); and

WHEREAS, the Settlor and Trustee reserved thereunder the right to revoke or amend the Trust pursuant to **ARTICLE II, Section 2.4**, of said Trust; and

WHEREAS, the Settlor and Trustee reserved thereunder the right to appoint a Co-Trustee pursuant to **ARTICLE VI, Section 6.3**, of said Trust; and

WHEREAS, the Settlor and Trustee does now desire to amend the Trust by adding a Co-Trustee to the said Trust.

NOW THEREFORE, EILEEN DOMASKIN as Settlor and EILEEN DOMASKIN as Trustee, hereby nominate MARK A. MILLER to act as a Co-Trustee of the executed the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, effective immediately.

IN WITNESS WHEREOF, the Settlor and Trustee have executed this NOMINATION OF CO-TRUSTEE AND ACCEPTANCE OF APPOINTMENT on December 1, 2006.



EILEEN DOMASKIN, Settlor

RECEIPT OF NOTIFICATION BY TRUSTEE

The undersigned, as Trustee, under the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, does hereby acknowledge receipt of notice from the Settlor, EILEEN DOMASKIN, of the execution of the foregoing "NOMINATION OF CO-TRUSTEE AND ACCEPTANCE OF APPOINTMENT," and hereby agrees to be bound thereby.

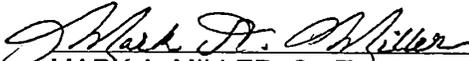


EILEEN DOMASKIN, Trustee

ACCEPTANCE OF APPOINTMENT:

The undersigned, being the duly nominated Co-Trustee, hereby acknowledges and accepts the appointment and agrees to serve as Co-Trustee of the DOMASKIN REVOCABLE TRUST, dated August 8, 2006. By accepting or acting under the appointment, the Co-Trustee assumes the fiduciary and other legal responsibilities of a Trustee.

Dated: December 1, 2006


MARK A. MILLER, Co-Trustee

ACKNOWLEDGMENT

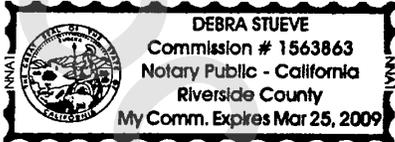
STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

On 1 December, 2006, before me, Debra Stueve, personally appeared EILEEN DOMASKIN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Signature Debra Stueve



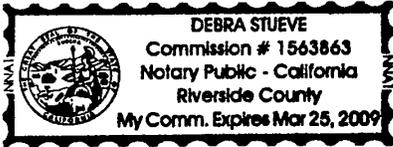
ACKNOWLEDGMENT

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

On 1 December, 2006, before me, Debra Stueve,
personally appeared MARK A. MILLER, personally known to me (or proved to me
on the basis of satisfactory evidence) to be the person whose name is subscribed
to the within instrument and acknowledged to me that he executed the same in his
authorized capacity, and that by his signature on the instrument the person, or the
entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Signature Debra Stueve



**FIRST AMENDMENT TO
THE DOMASKIN REVOCABLE TRUST
DATED AUGUST 8, 2006**

WHEREAS, EILEEN DOMASKIN, as Settlor, and EILEEN DOMASKIN, as Trustee, executed the DOMASKIN REVOCABLE TRUST, dated August 8, 2006 (hereinafter "Revocable Trust"); and

WHEREAS, the Settlor reserved thereunder the right to amend the Revocable Trust to alter any provision, pursuant to **ARTICLE II, Section 2.4**, of said Trust; and

WHEREAS, the Settlor does now desire to amend the said Revocable Trust.

NOW THEREFORE, the Settlor does by this Instrument amend the said Revocable Trust:

1. **ARTICLE I, Section 1.2**, designated "**STARTING TRUSTEE**" shall be revoked in its entirety and replaced with the following:

1.2 STARTING TRUSTEES:

EILEEN DOMASKIN and MARK A. MILLER, Co-Trustees.

In this agreement, the word Trustee includes the word, Co-Trustees.

2. **ARTICLE I, Section 1.4**, designated "**SUCCESSOR TRUSTEES**" shall be revoked in its entirety and replaced with the following:

1.4 SUCCESSOR TRUSTEES:

If for any reason I do not serve as Trustee, then these appointees serve as successor Trustees in the order designated. I do not require a bond covering any Trustee serving jointly or separately. The first appointee serves first, and successors serve only if any immediate predecessor does not serve.

Prior to administering this Trust, I request that each successor Trustee obtain the advice of an elder law attorney, investment advise and, if prudent, the advice of a CPA qualified in trust administration, at Trust expense. During the period of decedent administration after my death, I also request that the Trustee obtain the advice of an elder law attorney experienced in trust administration, at Trust expense.

FIRST SUCCESSOR TRUSTEE:	MARK A. MILLER.
SECOND SUCCESSOR TRUSTEE:	PAMELA D. MORALES.
THIRD SUCCESSOR TRUSTEE:	RUTH OVERBAUGH.

3. **ARTICLE VI, Section 6.1**, designated "**NOMINATION OF TRUSTEES FOR ALL TRUSTS**" shall be revoked in its entirety and replaced with the following:

6.1 NOMINATION OF TRUSTEES FOR ALL TRUSTS:

For all trusts under this instrument, the Trustee and successor Trustees shall be those persons named below. Each successor Trustee shall serve in the order designated if the prior Trustee fails to qualify or ceases to act.

Trustee:

EILEEN DOMASKIN and MARK A. MILLER, Co-Trustees

Successors:

First: MARK A. MILLER

Second: PAMELA D. MORALES

Third: RUTH OVERBAUGH

3. **ARTICLE III, Section 3.3**, designated "**DISTRIBUTION OF TRUST ESTATE AT MY DEATH**" shall be revoked in its entirety and replaced with the following:

3.3 DISTRIBUTION OF TRUST ESTATE AT MY DEATH:

On my death, if and to the extent that I shall not have effectively disposed of all property of the Trust Estate through a valid and effective exercise of a power of appointment, the property not effectively appointed shall be distributed in accordance with the following provisions of this section.

A. Specific Gifts:

I Leave my real property located in the area of La Conner, County of Skagit, State of Washington (hereafter "Washington property") to MARK A. MILLER. If this property is sold during my lifetime, I leave the net proceeds after the sale to MARK A. MILLER. The value of the net proceeds are to increase or decrease in value proportionately to my other cash assets (the "residue" set forth below) from the time the net proceeds are deposited from the sale of the Washington property. The purpose of this provision is to protect the MARK A. MILLER and PAMELA D. MORALES from receiving a disproportionate share of my Trust estate should the Washington property be sold during my lifetime.

B. Distribution of Residue:

I leave the residue of my Trust Estate as follows: 63% to PAMELA D. MORALES and 37% to MARK A. MILLER.

If MARK A. MILLER predeceases me with issue, then his issue shall take by right of representation. If MARK A. MILLER predeceases me without issue, then his share shall lapse and be distributed to: PAMELA D. MORALES. If PAMELA D. MORALES predeceases me with issue, then her issue shall take by right of representation.

Each share allocated to my beneficiaries shall be distributed to each beneficiary free of trust. However, each share allocated to a group composed of the living issue of a beneficiary whom predeceases me shall be distributed to those children by right of representation, free of trust, pursuant to section 3.4.

In selecting estate property to be distributed in fulfillment of any nonspecific devise set forth in this Trust Agreement, the Trustee may determine which property to allocate to the shares to be distributed. Nevertheless, I request that the Trustee distribute non-specifically devised estate property in accordance with any instructions left by me for the Trustee.

Except as otherwise provided for in this Trust Agreement, I have intentionally made no provision for any other person who might claim to be an heir or a Beneficiary of mine, whether his or her existence is known to me or not.

In all other respects the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, is hereby ratified and confirmed.

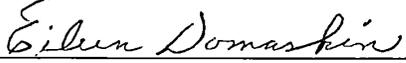
IN WITNESS WHEREOF, the Settlor and Trustee have executed this Amendment on December 1, 2006.



EILEEN DOMASKIN, Settlor

RECEIPT OF NOTIFICATION BY TRUSTEE

The undersigned, as Trustee, under the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, does hereby acknowledge receipt of notice from the Settlor, EILEEN DOMASKIN, of the execution of the foregoing "FIRST AMENDMENT TO THE DOMASKIN REVOCABLE TRUST DATED August 8, 2006," and hereby agrees to be bound thereby. To the extent there is any inconsistency between the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, and this First Amendment thereto, the terms, conditions, and provisions of this First Amendment shall govern the administration of the Trust established by the Settlor.



EILEEN DOMASKIN, Trustee

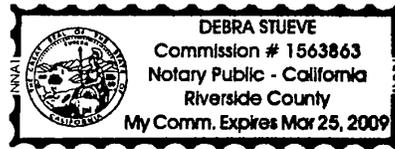
ACKNOWLEDGMENT

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE

On 1 December 2006, 2006, before me, Debra Stueve,
personally appeared EILEEN DOMASKIN, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person whose name is subscribed to this
Instrument and acknowledged to me that she executed the same in her authorized
capacity, and that by her signatures on the Instrument the person, or the entity upon behalf
of which the person acted, executed the instrument.

WITNESS, my hand and official seal

Signature Debra Stueve



**SECOND AMENDMENT TO
THE DOMASKIN REVOCABLE TRUST
DATED AUGUST 8, 2006**

WHEREAS, EILEEN DOMASKIN, as Settlor, and EILEEN DOMASKIN, as Trustee, executed the DOMASKIN REVOCABLE TRUST, dated August 8, 2006 (hereinafter "Revocable Trust"); and

WHEREAS, the Settlor reserved thereunder the right to amend the Revocable Trust to alter any provision, pursuant to **ARTICLE II, Section 2.4**, of said Trust; and

WHEREAS, the Settlor does now desire to amend the said Revocable Trust.

NOW THEREFORE, the Settlor does by this Instrument amend the said Revocable Trust:

1. **ARTICLE III, Section 3.3**, designated "**DISTRIBUTION OF TRUST ESTATE AT MY DEATH**" shall be revoked in its entirety and replaced with the following:

3.3 DISTRIBUTION OF TRUST ESTATE AT MY DEATH:

On my death, if and to the extent that I shall not have effectively disposed of all property of the Trust Estate through a valid and effective exercise of a power of appointment, the property not effectively appointed shall be distributed in accordance with the following provisions of this section.

A. Specific Gifts:

I give my real property located in the area of La Conner, County of Skagit, State of Washington (hereafter "Washington property") to MARK A. MILLER. If the Washington property is sold during my lifetime, I leave the net proceeds after the sale to MARK A. MILLER. The value of the net proceeds are to increase or decrease in value proportionately to my other cash assets (the "residue" set forth below) from the time the net proceeds are deposited from the sale of the Washington property. The purpose of this provision is to protect MARK A. MILLER and PAMELA D. MORALES from receiving a disproportionate share of my Trust estate should the Washington property be sold during my lifetime.

I give my real property located in the City of Hemet, County of Riverside, State of California (hereafter "Skov property") to PAMELA D. MORALES. If the Skov property is sold during my lifetime, I leave the net proceeds after the sale to PAMELA D. MORALES. The value of the net proceeds are to increase or decrease in value proportionately to my other cash assets (the "residue" set forth below) from the time the net proceeds are deposited from the sale of the Skov property. The purpose of this

provision is to protect MARK A. MILLER and PAMELA D. MORALES from receiving a disproportionate share of my Trust estate should the Skov property be sold during my lifetime.

B. Distribution of Residue:

I leave the residue of my Trust Estate as follows: 63% to PAMELA D. MORALES and 37% to MARK A. MILLER.

If MARK A. MILLER predeceases me with issue, then his issue shall take by right of representation. If MARK A. MILLER predeceases me without issue, then his share shall lapse and be distributed to: PAMELA D. MORALES. If PAMELA D. MORALES predeceases me with issue, then her issue shall take by right of representation.

Each share allocated to my beneficiaries shall be distributed to each beneficiary free of trust. However, each share allocated to a group composed of the living issue of a beneficiary whom predeceases me shall be distributed to those children by right of representation, free of trust, pursuant to section 3.4.

In selecting estate property to be distributed in fulfillment of any nonspecific devise set forth in this Trust Agreement, the Trustee may determine which property to allocate to the shares to be distributed. Nevertheless, I request that the Trustee distribute non-specifically devised estate property in accordance with any instructions left by me for the Trustee.

Except as otherwise provided for in this Trust Agreement, I have intentionally made no provision for any other person who might claim to be an heir or a Beneficiary of mine, whether his or her existence is known to me or not.

In all other respects the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, is hereby ratified and confirmed.

IN WITNESS WHEREOF, the Settlor and Trustee have executed this Amendment on October 25, 2007.



EILEEN DOMASKIN, Settlor

RECEIPT OF NOTIFICATION BY TRUSTEE

The undersigned, as Co-Trustees, under the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, do hereby acknowledge receipt of notice from the Settlor, EILEEN DOMASKIN, of the execution of the foregoing "SECOND AMENDMENT TO THE DOMASKIN REVOCABLE TRUST DATED August 8, 2006," and hereby agree to be bound thereby. To the extent there is any inconsistency between the DOMASKIN REVOCABLE TRUST, dated August 8, 2006, and this Second Amendment thereto, the terms, conditions, and provisions of this Second Amendment shall govern the administration of the Trust established by the Settlor.

Eileen Domaskin
EILEEN DOMASKIN, Co-Trustee

Mark A. Miller
MARK A. MILLER, Co-Trustee

ACKNOWLEDGMENT

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE

On 25 October 2007, before me, Debra Stueve, personally appeared EILEEN DOMASKIN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this Instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signatures on the Instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS, my hand and official seal

Signature Debra Stueve

