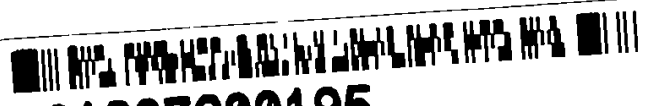


**WHEN RECORDED RETURN TO:**

Ruth M. Boshma  
1711 E. College Way, Ste. B  
Mount Vernon, WA 98273



**201807200195**

07/20/2018 03:07 PM Pages: 1 of 7 Fees: \$43.00  
Skagit County Auditor

01-168149-OE, 01-168149-OE

<b>DOCUMENT TITLE(S):</b> Death Certificate	<i>Land Title and Escrow</i>
<b>REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:</b>	
<b>GRANTOR:</b> STATE OF WASHINGTON	
<b>GRANTEE:</b> LEONARD, HUGH RANDOLPH	
<b>ABBREVIATED LEGAL DESCRIPTION:</b> Ptn SE ¼ NW ¼, 24-34-3 E W.M.	
<b>TAX PARCEL NUMBER(S):</b> P22619, P22621 & P22618	

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-024675

DATE ISSUED: 10/05/2015

FEE NUMBER: 000000029

GIVEN NAMES: HUGH RANDOLPH  
LAST NAME: LEONARD

SUFFIX: JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: SEPTEMBER 06, 2015  
HOUR OF DEATH: 12:01 A.M.

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 17439 MCLEAN ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

SEX: MALE  
AGE: 48 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

RESIDENCE STREET: 17439 MCLEAN ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? NO

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ROANOKE, VIRGINIA

FATHER: HUGH RANDOLPH LEONARD  
MOTHER: JEAN [REDACTED]

MARITAL STATUS: MARRIED  
SPOUSE: RUTH MARYBETH BOSCHMA

METHOD OF DISPOSITION: REMOVAL FROM STATE  
PLACE OF DISPOSITION: ARLINGTON NATIONAL CEMETERY  
CITY, STATE: ARLINGTON, VA  
DISPOSITION DATE: JANUARY 26, 2016

OCCUPATION: AIR DEFENSE ARTILLARY OFFICER  
INDUSTRY: U.S. MILITARY  
EDUCATION: MASTER'S DEGREE  
US ARMED FORCES? YES

FUNERAL FACILITY: KERN FUNERAL HOME  
ADDRESS: 1122 SOUTH THIRD STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
FUNERAL DIRECTOR: REX E. WATT

INFORMANT: RUTH M. BOSCHMA  
RELATIONSHIP: WIFE  
ADDRESS: 17439 MCLEAN ROAD, MOUNT VERNON, WA 98273

- CAUSE OF DEATH:
- A. METASTATIC RENAL CELL CANCER  
INTERVAL: 9 MONTHS
  - B. RENAL CELL CARCINOMA  
INTERVAL: UNKNOWN
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

LOCATION OF INJURY:

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

CERTIFIER NAME: PAUL C. CREELMAN, MD.  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 712 S. BURLINGTON BLVD.  
CITY, STATE, ZIP: BURLINGTON WA 98233  
DATE SIGNED: SEPTEMBER 09, 2015

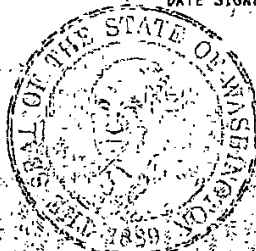
STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: 162-15  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

ITEM(S) AMENDED: DATE DISP

NUMBER(S): 2015064144  
DATE(S): 10/01/2015

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: SEPTEMBER 09, 2015



DOH 01-003 (1/15)



# Affidavit for Correction

201807200195  
07/20/2018 03:07 PM Page 3 of 7  
Mailed to: Center for Health Statistics  
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

<b>Required</b>	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	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:

PO Box or Street Address City State Zip

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 <sup>nd</sup> parent (if required):
Printed name: Date:	Printed name: Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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 using this form, 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). 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 January 2015

**CERTIFIED**

OCT 05 2015

*Howard Leibrand*  
 Skagit County Public Health Department  
 Howard Leibrand M.D., Health Officer

CC00228814

## Article Seventeen

### Our Trustee's Administrative and Investment Powers

#### Section 1. Introduction to Trustee's Powers

Except as otherwise provided in this agreement, ~~our Trustee shall have both the administrative and investment powers enumerated under this Article and~~ any other powers granted by law with respect to the various trusts created by this agreement.

Our Trustee shall also have the express power to employ attorneys, accountants, agents, auditors, trust departments and officers and other financial advisors (including brokers, financial planners, professional money managers, and registered investment advisors) in order to assist in carrying out the responsibilities of the position of Trustee.

Unless otherwise specifically provided in this Agreement, the decision to employ such assistants, as well as determining the terms and conditions of such employment (including the decision to terminate such assistants) is at the sole and absolute discretion of our Trustee.

#### Section 2. Statement of Intent

In this trust agreement, the Trustmakers intend the following:

##### a. Statement of Intent

These are the statements of the Trustmakers' intentions:

That the surviving Trustmaker be adequately provided for during his or her life.

That the smallest amount of federal or state estate or inheritance taxes (if any) be paid at the predeceased Trustmaker's death and at the surviving Trustmaker's subsequent death.

**t. Powers of an Insured Trustee**

Any individual Trustee under this agreement, other than one of us, is prohibited from exercising any power conferred on the owner of any policy which insures the life of such individual Trustee and which is held as part of the trust property.

If our Trustee holds any such policy or policies as a part of the trust property, the powers conferred on the owner of such a policy shall be exercised only by the other then acting Trustee.

If the insured Trustee is the only then acting Trustee, then such powers shall be exercised by a substitute Trustee designated pursuant to the provisions of the agreement dealing with the trusteeship.

If any rule of law or court decision construes the ability of the insured Trustee to name a substitute Trustee as an incident of ownership, the substitution process shall be implemented by a majority of the then current mandatory and discretionary income beneficiaries, excluding the insured Trustee if the insured Trustee is a beneficiary.

**u. Real Estate Powers**

~~Our Trustee may purchase, sell, transfer, exchange or otherwise acquire or dispose of any real estate.~~

Our Trustee may make leases and grant options to lease for any term, even though the term may extend beyond the termination of any trust created under this agreement.

Our Trustee may grant or release easements and other interests with respect to real estate; enter into party wall agreements, execute estoppel certificates, and develop and subdivide any real estate.

Our Trustee may dedicate parks, streets, and alleys or vacate any street or alley; construct, repair, alter, remodel, demolish, or abandon improvements.

Our Trustee may elect to insure, as it deems advisable, all actions contemplated by this subsection.

Our Trustee may take any other action reasonably necessary for the preservation of real estate and fixtures comprising a part of the trust property or the income therefrom.

## Affidavit of Trust

1. The following trust is the subject of this Affidavit:

HUGH R. LEONARD and RUTH M. BOSCHMA, Trustees, or their successors in trust, under the AMENDED AND RESTATED HUGH R. LEONARD and RUTH M. BOSCHMA LIVING TRUST, dated May 15, 2006, and any amendments thereto.

2. The names and addresses of the currently acting Trustees of the trust are as follows:

Name:

HUGH R. LEONARD

Address:

17439 MCLEAN ROAD  
MT. VERNON, WA 98273

Name:

RUTH M. BOSCHMA

Address:

17439 MCLEAN ROAD  
MT. VERNON, WA 98273

3. The trust is currently in full force and effect.
4. Attached to this Affidavit and incorporated in it are selected provisions of the trust evidencing the following:
- a. **Article One** - **Creation of the trust and initial Trustees**
  - b. **Article Four** - **Statement of revocability of the trust**
  - c. **Article Fourteen** - **Successor Trustees**
  - d. **Article Sixteen** - **Powers of the Trustees**
  - e. **Article Seventeen** - **Signature pages**
5. The trust provisions which are not attached to this Affidavit are of a personal nature and set forth the distribution of trust property. They do not modify the powers of the Trustees.
6. The signatories of this Affidavit are currently the acting Trustees of the trust and declare that the foregoing statements and the attached trust provisions are true and correct, under penalty of perjury.

7. This Affidavit is dated May 15, 2006.


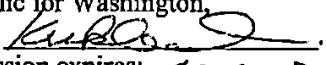
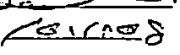
  
HUGH R. LEONARD, Trustee

  
RUTH M. BOSCHMA, Trustee

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

The foregoing Affidavit of Trust was acknowledged before me on May 15, 2006, by HUGH R. LEONARD and RUTH M. BOSCHMA, as Trustees.

Witness my hand and official seal.

  
PAUL S. BISHOP  
Notary Public for Washington,  
Residing at   
My commission expires: 

PAUL S. BISHOP  
STATE OF WASHINGTON  
NOTARY — — PUBLIC  
MY COMMISSION EXPIRES 10-31-06