



201807260007

07/26/2018 09:52 AM Pages: 1 of 8 Fees: \$106.00  
Skagit County Auditor

AFTER RECORDING RETURN TO:

BARRON SMITH DAUGERT, PLLC  
300 NORTH COMMERCIAL STREET  
BELLINGHAM, WASHINGTON 98225

DOCUMENT TITLE: TRUST DISTRIBUTION DEED

REFERENCE NUMBER OF RELATED DOCUMENT:

GRANTOR(S): ROBIN M. SCHWAMB, Successor Trustee of THE AINSLIE  
FAMILY TRUST, under agreement dated 12/14/87, and  
amended 10/13/08, 10/15/09, and 3/31/16

GRANTEE(S): ROBIN M. SCHWAMB, a married woman as her separate  
property

ABBREVIATED LEGAL DESCRIPTION: SKYLINE NO. 9 LOT 63

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20183260  
JUL 26 2018

ADDL LEGAL DESCRIPTION ON: PAGE 1

ASSESSOR'S TAX PARCEL NUMBERS: 3825-000-063-0001; P59910

Amount Paid \$0  
Skagit Co. Treasurer  
By *mlm* Deputy

TRUST DISTRIBUTION DEED

The undersigned Grantor, ROBIN M. SCHWAMB, as Successor Trustee of THE AINSLIE FAMILY TRUST, under agreement dated 12/14/87, and amended 10/13/08, 10/15/09, and 3/31/16, for and in consideration of the distribution of said Trust upon death of Norman G. Ainslie, does grant, bargain, sell, convey and confirm to ROBIN M. SCHWAMB, a married woman as her separate property, the Trust's interest, in the following-described real estate, situated in Skagit County, Washington, including interest therein which Grantor may hereafter acquire:

TRACT 63, SKYLINE NO. 9 ACCORDING TO THE PLAT THEREOF RECORDED IN  
VOLUME 9 OF PLATS, PAGES 75 THROUGH 77, RECORDS OF SKAGIT COUNTY,  
WASHINGTON,

SUBJECT TO: EASEMENTS, RESTRCITIONS AND RESERVATIONS OF RECORD.

The Grantor, for herself and for Grantor's successors in interest, does by these presents expressly limit the covenants of this deed to those herein expressed, and excludes all covenants arising or to arise by statutory or other implications. Grantor does hereby covenant that against all persons whomsoever lawfully claiming or to claim by, through or under said Grantor and not otherwise, Grantor will forever warrant and defend the said described real estate.

DATED this 3rd day of July, 2018.

Robin M. Schwamb TTEE  
ROBIN M. SCHWAMB, Successor Trustee

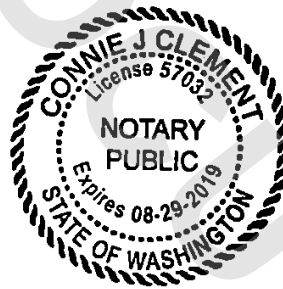
STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

I certify that I know or have satisfactory evidence that ROBIN M. SCHWAMB is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument, and acknowledged it as the Successor Trustee of THE AINSLIE FAMILY TRUST, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: July 3, 2018.

Connie J. Clement  
NOTARY PUBLIC  
Printed Name: Connie J. Clement  
My Commission Expires: 8/29/19



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-005220

DATE ISSUED: 02/02/2017

FEE NUMBER: 000000029

GIVEN NAMES: NORMAN GEORGE  
LAST NAME: AINSLIE

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: FEBRUARY 01, 2017  
HOUR OF DEATH: 07:50 A.M.  
SEX: MALE  
AGE: 88 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: WINDSOR, ONTARIO, CANADA

MARITAL STATUS: DIVORCED  
SPOUSE:

OCCUPATION: METALLURGIST  
INDUSTRY: RESEARCH AND DEVELOPMENT  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES? YES

INFORMANT: ROBIN M. SCHWAB  
RELATIONSHIP: DAUGHTER  
ADDRESS: 231 CLEVELAND DRIVE, CROTON-ON-HUDSON, NY 10520

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: LIGHTHOUSE MEMORY CARE 3502 K AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3502 K AVENUE  
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221  
INSIDE CITY LIMITS? YES  
COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: PATRICK THOMAS AINSLIE  
MOTHER/PARENT: MILDRED MARIE [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: NORTHWEST CREMATORY  
CITY, STATE: ANACORTES, WA  
DISPOSITION DATE: FEBRUARY 02, 2017

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.  
ADDRESS: 1105 32ND STREET  
CITY, STATE, ZIP: ANACORTES WA 98221  
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:

- A. CONGESTIVE HEART FAILURE  
INTERVAL: YEARS  
B. CORONARY ARTERY DISEASE  
INTERVAL: YEARS  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
PARKINSON'S DISEASE, ATRIAL FIBRILLATION, ANEMIA, DEMENTIA

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

LOCATION OF INJURY:

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

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

CERTIFIER NAME: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
DATE SIGNED: FEBRUARY 01, 2017

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



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

LOCAL DEPUTY REGISTRAR:  
CHERYL PETERSON  
DATE RECEIVED: FEBRUARY 02, 2017

DOH 01-003 (10/15)



# Affidavit for Correction

201807260007

This is a legal document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

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**STATE OFFICE USE ONLY**

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</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 Legal 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: P.O. Box or Street Address City State Zip				
Telephone Number: ( )		Email Address:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record now shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
14.		15.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct</b>				
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
<b>Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof</b>				
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:				
<ul style="list-style-type: none"><li>• Birth/Marriage/Divorce record</li><li>• Military record (DD-214)</li><li>• School transcripts</li><li>• Social Security Numident Report</li><li>• Certificate of Naturalization</li><li>• Hospital/medical record</li><li>• Passport</li><li>• Green/Permanent Resident card (I-551)</li></ul>				
<b>Birth Certificates</b>				
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. <b>The proof(s) must match the asserted fact(s).</b> 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.				
<b>Child under 18</b>				
<ul style="list-style-type: none"><li>• If legal guardian(s), include certified court order proving guardianship</li><li>• 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)*</li><li>• After age one, a court order is required to change the last name</li><li>• No proof is required to change the first or middle name*</li><li>• To correct parent's information, one documentary proof is required.</li><li>• To correct the sex of the child, one documentary proof from a medical provider is required</li></ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"><li>• Only the adult can change his or her birth certificate</li><li>• If the first or middle name is missing, three pieces of documentary proof are required</li><li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li><li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li></ul>				
*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.				
<b>This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)</b>				
<b>Death Certificates</b>				
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.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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\***

FEB 02 2017

*Howard*  
Skagit County Health Department  
Howard and M.D., Health Officer

GG00363908

## NORMAN G. AINSLIE 1987

## DECLARATION OF TRUST

## Article 1

## DECLARATIONS

1.01 Trustor as Trustee.

NORMAN G. AINSLIE, herein referred to as "Trustor" or "Trustee," depending on the context, declares that he has set aside and holds in trust the property described in Schedule A attached to this instrument.

1.02 Power of Trustee to Appoint Successor Trustee.

Upon the death of the Trustor, ROBIN M. SCHWAMB shall act as Successor Trustee. If ROBIN M. SCHWAMB shall be unable or unwilling to act as Trustee, PATRICIA C. YOUNGMAN shall act as Trustee of the Trust(s).

In the event the Trustor resigns as Trustee, or in the event any Trustee is unable to participate in Trust activities because of illness, incapacity, disability, or any cause other than death, the successor Trustee(s) may act as Trustee or Co-Trustee(s) and make any and all decisions regarding the Trust Estate as Trustee under this instrument. In determining the incapacity of the Trustee, the successor Trustee may rely on a certificate or other written statement from two licensed physicians who have examined the individual Trustee. In the absence of such a certificate or statement, the successor Trustee, when requested by all the adult beneficiaries, shall petition the court having jurisdiction over this Trust for authority to proceed as successor Trustee. When the incapacitated Trustee, either in the successor Trustee's discretion or as certified by two licensed physicians, is again able to participate in Trust activities, the successor Trustee shall resign in favor of that Trustee. The successor Trustee shall incur no liability to any beneficiary of that Trust or to the Trustee who is replaced as a result of any action taken under this provision.

Notwithstanding the last preceding paragraphs, each person designated or acting from time to time as Trustee of any Trust(s) established by this instrument shall have the power to designate successor Trustees to act when he or she shall become

## CERTIFICATION OF TRUSTOR

I certify that:

I. I have read the foregoing Declaration of Trust;

II. The foregoing Declaration of Trust correctly states the terms and conditions under which the Trust Estate is to be held, managed, administered, and disposed of by the Trustee;

III. I approve such Declaration of Trust in all particulars; and

IV. As the Trustee named in such Declaration of Trust I approve and accept the Trust provided for in such Declaration.

EXECUTED on December 14, 1987, at Santa Clara County, California.

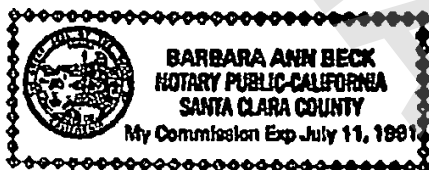
TRUSTOR AND TRUSTEE:

  
NORMAN G. AINSLIE

## ACKNOWLEDGMENT

STATE OF CALIFORNIA     )  
                                      )  
COUNTY OF SANTA CLARA    )

On this 14th day of December,  
1987, before me, the undersigned, a notary public for the State  
of California, personally appeared NORMAN G. AINSLIE personally  
known to me, or proven to me on the basis of satisfactory evi-  
dence to be the person whose name is subscribed to the foregoing  
instrument, and acknowledged to me that he executed the same.



Barbara Ann Beck  
Notary Public, in and for said  
County and State

**THE AINSLIE 1987 FAMILY TRUST,**  
**Under agreement dated December 14, 1987, and subsequently amended October 13,**  
**2008, October 15, 2009, and March 31, 2016**

**ACCEPTANCE OF APPOINTMENT AS SUCCESSOR TRUSTEE**

This instrument is made with reference to the following facts:

- A. Norman G. Ainslie created THE AINSLIE 1987 FAMILY TRUST, under agreement dated December 14, 1987, and subsequently amended October 13, 2008, October 15, 2009, and March 31, 2016 (collectively referred to as the "Trust").
- B. Article 1.02 of the Trust lists Norman G. Ainslie as Trustee, and appoints Robin M. Schwamb as Successor Trustee upon death of the Trustor.
- C. Norman G. Ainslie died on February 1, 2017.
- E. Robin M. Schwamb executes this instrument to accept the appointment as Successor Trustee of THE AINSLIE 1987 FAMILY TRUST, under agreement dated December 14, 1987, and subsequently amended October 13, 2008, October 15, 2009, and March 31, 2016.

Robin M. Schwamb  
 Robin M. Schwamb

Date: February 27, 2017

STATE OF WASHINGTON     )  
   ) ss:  
 COUNTY OF WHATCOM     )

I certify that I know or have satisfactory evidence that Robin M. Schwamb is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

(SEAL/STAMP)

Dated: February 27<sup>th</sup>, 2017.



Connie Clement  
 NOTARY PUBLIC  
 My Appointment Expires: 8/29/19