



**201808270080**

08/27/2018 10:39 AM Pages: 1 of 17 Fees: \$115.00  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2018 3 771  
AUG 27 2018

WHEN RECORDED RETURN TO:

Kelly Peacock  
1943 US Hwy. 408  
Fairfield, Montana 59436

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

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## QUIT CLAIM DEED

THE GRANTOR, **Kelly Peacock, Trustee for Hudson Living Trust**

for and in consideration of **Change in Identity**

conveys and quit claims to **Kelly Peacock and Mark Peacock**

the following described real estate,

**P25548 (Address: 1201 East Fir Street, Mount Vernon, WA)**

TAX 4C THAT PORTION OF THE EAST 1/2 OF THE SE1/4 SW1/4 OF SECTION 17, TWP 34, RANGE 4 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE NORTH LINE OF THE COUNTY ROAD WHICH RUNS ALONG THE SOUTH LINE OF SAID SUBDIVISION 40 FEET EAST OF THE WEST LINE OF SAID EAST 1/2 OF THE SE1/4 SW1/4; THENCE NORTH 110 FEET; THENCE EAST 60 FEET, MORE OR LESS, TO A POINT 100 FEET EAST OF SAID WEST LINE; THENCE SOUTH 110 FEET TO THE NORTH LINE OF SAID COUNTY ROAD; THENCE WEST ALONG SAID NORTH LINE TO THE POINT OF BEGINNING; TOGETHER WITH AN UN-NUMBERED 10 FOOT TRACT IN 'MADISON PARK ADDITION' LYING NORTH OF FIR STREET, LYING SOUTH OF TRACT 1 OF SAID PLAT, LYING EAST OF THE EAST LINE OF 12TH STREET, AS PLATTED, AND LYING WEST OF THE WEST LINE OF THAT CERTAIN TRACT CONVEYED TO JOHN R BUSTAD ETUX RECORDED UNDER AF#460437

**P25550 (Address: 1211 East Fir Street, Mount Vernon, WA)**

TAX 4E; THAT PORTION OF THE EAST 1/2 OF THE SE1/4 SW1/4 OF SECTION 17, TWP 34, RNG 4 DESCRIBED AS FOLLOWS; BEGINING AT A POINT ON THE NORTH LINE OF SAID COUNTY ROAD 100 FEET EAST OF THE WEST LINE OF SAID EAST 1/2 OF THE SE1/4 SW1/4; THENCE NORTH 110 FEET; THENCE EAST 60 FEET; THENCE SOUTH 110 FEET, MORE OR LESS, TO THE NORTH LINE OF THE COUNTY ROAD; THENCE WEST ALONG THE NORTH LINE OF SAID ROAD 60 FEET, MORE OR LESS TO THE POINT OF BEGINNING

**P25551 (Address: 1219 East Fir Street, Mount Vernon, WA)**

TAX 4DA; THAT PORTION OF THE EAST 1/2 OF THE SE1/4 SW1/4 OF SECTION 17, TWP 34, RNG 4 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE NORTH LINE OF THE COUNTY ROAD, 200 FEET EAST OF THE WEST LINE OF SAID EAST 1/2 OF THE SE1/4 SW1/4; THENCE NORTH 110 FEET; THENCE EAST 45 FEET; THENCE SOUTH 110 FEET, MORE OR LESS, TO THE NORTH LINE OF THE COUNTY ROAD; THENCE WEST ALONG THE NORTH SIDE OF SAID ROAD 45 FEET TO THE POINT OF BEGINNING

**P25552 (Address: 1215 East Fir Street, Mount Vernon, WA)**

TAX 4DB; THAT PORTION OF THE EAST 1/2 OF THE SE1/4 SW1/4 OF SECTION 17, TWP 34, RNG 4 DESCRIBED AS FOLLOWS; BEGINNING AT A POINT ON THE NORTH LINE OF THE COUNTY ROAD 160 FEET EAST OF THE WEST LINE OF SAID EAST 1/2 OF THE SE1/4 SW1/4; THENCE NORTH 110 FEET; THENCE EAST 40 FEET, MORE OR LESS; THENCE SOUTH 110 FEET MORE OR LESS TO THE NORTH LINE OF THE COUNTY ROAD; THENCE WEST ALONG THE NORTH LINE OF SAID ROAD 40 FEET MORE OR LESS TO THE POINT OF BEGINNING

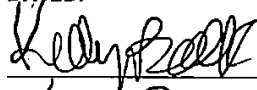
**P16181 (Vacant Land, no address)**

(6.4300 ac) LOT 1, SHORT PLAT NO. 41-89, RECORDED UNDER AF#8910260001, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF GOVERNMENT LOT 3, SECTION 2, TOWNSHIP 33 NORTH, RANGE 4 EAST, W.M.

situated in the County of Skagit, State of Washington

Tax Account Number: P25548, P25550, P25551, P25552, P16181

DATED: 8-22-18



By Trustee for Hudson Living Trust

By \_\_\_\_\_

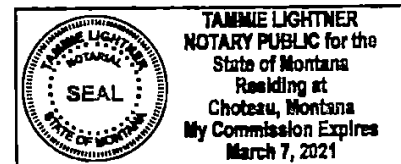
STATE OF MONTANA

COUNTY OF Teton

On this day personally appeared before me Kelly Peacock, Trustee for  
Hudson Living Trust to me known to be the individual described  
in and who executed the within and foregoing instrument, and acknowledged that  
she signed the same as her  
free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23 day of August, 2018

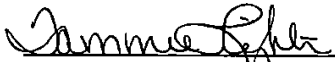
Notary Public in and for the State of Montana

Residing at Choteau, MT

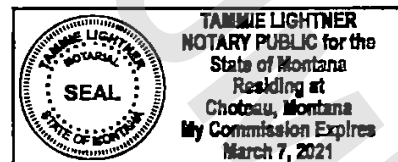
STATE OF MONTANA

COUNTY OF Teton

On this day personally appeared before me Kelly Peacock & Mark Peacock  
to me known to be the individual described  
in and who executed the within and foregoing instrument, and acknowledged that  
they signed the same as them  
free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23 day of August, 2018

Notary Public in and for the State of Montana

Residing at Choteau, MT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-012457

DATE ISSUED: 03/27/2017  
FEE NUMBER:

FIRST AND MIDDLE NAME(S): BARBARA JEAN  
LAST NAME(S): HUDSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 13, 2017  
HOUR OF DEATH: 01:50 PM  
SEX: FEMALE AGE: 64 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: MERCED, MERCED COUNTY, CALIFORNIA

MARITAL STATUS: MARRIED  
SPOUSE: TOM HUDSON

OCCUPATION: SCHOOL SECRETARY  
INDUSTRY: PRIVATE EDUCATION  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: KELLY PEACOCK  
RELATIONSHIP: DAUGHTER  
ADDRESS: 4895 IDA DRIVE, SEDRO-WOOLLEY, WASHINGTON 98284

CAUSE OF DEATH:  
A: CARDIOPULMONARY  
INTERVAL: 4 DAYS  
B: MALIGNANT PLEURAL EFFUSIONS  
INTERVAL: SEVERAL WEEKS  
C: STAGE IV LUNG ADENOCARCINOMA  
INTERVAL: ONE YEAR  
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: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 22426 CRIDDLE LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: LEROY JOHNSON KERR  
MOTHER/PARENT: ORA MARGARET [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 17, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: NATURAL  
AUTOPSY: UNKNOWN  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ARUNA HAWKINS, DO  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: MARCH 14, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: MARCH 15, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction

201808270080

Mail to: Center for Health Statistics  
08/27/2018 10:39 AM Page 1 of 17  
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 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
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Telephone Number: ( )	Email Address:
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**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:	Printed name:
Date:	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, 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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

**\*CERTIFIED\***

MAR 27 2017

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

0 1 4 3 8 1 5 0

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1508270090

08/07/2017 10:39 AM Page 17 of 17

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-033988

DATE ISSUED: 08/08/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): THOMAS ARTHUR  
LAST NAME(S): HUDSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: AUGUST 06, 2017  
HOUR OF DEATH: 06:05 AM  
SEX: MALE AGE: 66 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: [REDACTED]  
BIRTHPLACE: LOMA LINDA, SAN BERNARDINO COUNTY, CA

MARITAL STATUS: WIDOWED  
SPOUSE: UNKNOWN

OCCUPATION: PHYSICAL THERAPIST  
INDUSTRY: HEALTH CARE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: KELLY PEACOCK  
RELATIONSHIP: DAUGHTER  
ADDRESS: 4895 IDA DRIVE, SEDRO-WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: ASTROCYTOMA  
INTERVAL: 21 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: OTHER PLACE  
FACILITY OR ADDRESS: MOUNTAIN GLEN ASSISTED LIVING  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 22426 CRIDDLE LANE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER/PARENT: OTIS ARTHUR HUDSON  
MOTHER/PARENT: CAROL BETH [REDACTED]

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: MOUNT VERNON CEMETERY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: AUGUST 11, 2017

FUNERAL FACILITY: KERN FUNERAL HOME

ADDRESS: 1122 S. 3RD STREET  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: REX E. WATT

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
DATE SIGNED: AUGUST 07, 2017

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

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: AUGUST 07, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED



# Affidavit for Correction 201808270080

This is a legal document. Complete in ink and do not sign until instructed.

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98512-7814  
360-236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	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"/> Parent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Funeral Director <input type="checkbox"/> Informant <input type="checkbox"/> Other (specify) <input type="checkbox"/> Hospital				
7. Return Mailing Address: P.O. 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:	Printed name:
Date:	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:

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- School transcripts
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- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
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#### 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
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- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

# \*CERTIFIED\*

AUG 08 2017

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



0 1 5 1 6 5 1 6

**COPY****FIRST AMENDMENT TO DECLARATION OF TRUST**

Pursuant to the powers reserved in us, THOMAS A. HUDSON and BARBARA J. HUDSON, as Trustors in the HUDSON LIVING TRUST dated November 1, 2011, we hereby amend said Trust as follows:

All references to KELLY L. OLSEN shall henceforth be a reference to KELLY L. PEACOCK.

Article VI, Section 5 is amended in its entirety to read as follows:

5. **Termination Distributions.** Upon the death of the surviving Trustor, the then remaining balance of the Surviving Trustor's Trust (including both principal and any accrued or undistributed income) shall be distributed as follows:

a. The Trustee shall distribute eighty-five percent (85%) to the Trustors' daughter, KELLY L. PEACOCK, if alive, if not, then to her living issue, by right of representation. KELLY L. PEACOCK shall have the option to receive the TRUSTORS' real estate as a portion or all of her distribution and within a reasonable period of time make provision to fund the other beneficiaries' interest from other sources of her choosing.

b. Seven and one-half percent (7.5%) to THREE ANGELS BROADCASTING NETWORK of West Frankfort, Illinois, provided, however, in the Trustee's discretion, the Trustee may designate more or different SEVENTH-DAY ADVENTIST charities to receive this seven and one-half percent (7.5%) so long as such charities use the distributions for evangelistic outreach.

c. Seven and one-half percent (7.5%) to the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS, to be used in its general religious, educational and charitable activities.

d. In the event KELLY L. PEACOCK predeceases the Trustors and has no living issue, the remaining balance (including both principal and any accrued or undistributed income) shall be distributed as follows:

1) The Trustee shall distribute fifty-five percent (55%) to MARK PEACOCK, provided he is her surviving spouse. In the event MARK PEACOCK is not the surviving spouse, then said percentage shall be distributed to the MOUNT VERNON SEVENTH-DAY ADVENTIST CHURCH, to be used as its Board deems appropriate.

2) The Trustee shall distribute fifteen percent (15%) to THREE ANGELS BROADCASTING NETWORK of West Frankfort, Illinois.

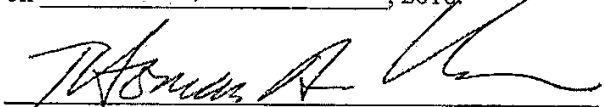


3) The Trustee shall distribute fifteen percent (15%) to the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS, to be used in its general religious, educational and charitable activities.

4) The Trustee shall distribute fifteen percent (15%) to BRENDA S. BOWERS of Forest Lake, California. If deceased then to Mt. Vernon, WA, Seventh-day Adventist Church.

In all other respects we hereby ratify and confirm the provisions of the Declaration of Trust.

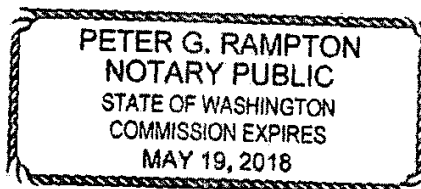
IN WITNESS WHEREOF, we have executed this Amendment to Declaration of Trust at MT VERNON, Washington, on MAY 9th, 2016.

  
THOMAS A. HUDSON

  
BARBARA J. HUDSON

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

This certifies that on the 9th day of MAY, 2016 personally appeared before me THOMAS A. HUDSON and BARBARA J. HUDSON, to me known to be the individuals who executed the foregoing instrument, and acknowledged the same as their free act and deed for the uses and purposes therein mentioned.



  
Notary Public for the State of Washington,  
residing at: KENT WA

**COPY****DECLARATION OF TRUST**

of

**HUDSON LIVING TRUST**

On this 1 day of NOVEMBER, 20 11, THOMAS A. HUDSON and BARBARA J. HUDSON, hereby declare there to be a trust with respect to the property described in Article II, subject to the terms and provisions of this instrument.

**ARTICLE I.  
IDENTIFICATIONS AND DEFINITIONS**

1. **Trustors:** The Trustors are THOMAS A. HUDSON and BARBARA J. HUDSON.
2. **Trustee:** The Trustee is THOMAS A. HUDSON and BARBARA J. HUDSON, jointly, or the survivor between them, so long as each is not "incompetent" as defined in this instrument, nor has resigned his, her, or their position as Trustee, or it is otherwise specifically provided in this trust.
3. **Family:** The family of the Trustors' presently consists of the Trustors' one child, KELLY L. PEACOCK.
4. **Trust Name:** This Trust shall be known as the HUDSON LIVING TRUST, and any property titled or identified as owned in that name shall be deemed held by the Trustee of this Trust, subject to the terms and provisions of this instrument or any amendments thereto.

**ARTICLE II.  
Property in Trust**

1. **Original Trust Estate.** The Trustors hereby assign, transfer and deliver to the Trustee, all of their right, title and interest in and to the property listed on Schedule "A," attached hereto and made a part hereof. All of said property, and any other property transferred to this Trust shall constitute the "Trust Estate."



2. **Future Transfers.** Subject to the consent of the Trustee, the Trustors or any other person or persons may at any time and from time to time transfer and deliver to this Trust, by Last Will and Testament or by any other method, any kind of property.

3. **Character of Property Transferred.** The Trustors intend that all property contributed to this Trust shall retain its character as community property or separate property, as it was just prior to such transfer, unless expressly stated otherwise.

4. **Application of Agreement.** All properties transferred and delivered to the Trustee of this Trust shall become part of the Trust Estate and shall be subject to the terms and conditions of this Agreement.

### **ARTICLE III. Revocable Trust**

1. **Power to Amend or Revoke.** The Trustors declare this Trust to be revocable during their joint lifetimes, and they reserve the right during their joint lifetimes, individually or jointly, to amend, modify or revoke this Trust, in whole or in part, by a writing or writings signed and acknowledged by them, to be effective upon delivery to the Trustee; provided, however, that any changes with respect to the Trustee's duties or liabilities shall not be effective without the consent of the Trustee. The power to revoke shall not apply to a Trustor who is "incompetent" as defined by this Trust.

2. **Limitations.** Each Trustor's power to amend, modify or revoke this Trust is limited to the extent of such Trustor's community property interest. Neither Trustor shall have the power to amend, modify or revoke this Trust with respect to the other Trustor's community property interest or as to the other Trustor's separate property. The power to revoke or amend this Trust is personal to the Trustors and shall not be exercisable on their behalf by any guardian, conservator, or other representative, except for a power of attorney expressly empowering the attorney-in-fact with respect to this trust.

### **ARTICLE IV. Distributions to Trustors**

So long as both Trustors are alive, the Trustee shall distribute such portions or all of the net income and such portions or the entire principal of this Trust to or for the benefit of the Trustors as the Trustors or either of them may request orally or in writing. If at any time the Trustee deems it advisable not to make payments directly to the Trustors, then the Trustee may apply such portions or all of the net income and such portions or all of the principal as in the judgment of the Trustee is necessary and proper for the comfortable support, care, maintenance, health and welfare of the Trustors. Any income, which is not distributed, shall be accumulated and added to the principal of this Trust.

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**ARTICLE V.**  
**Irrevocable Trust**

1. **Division of Trust Property Upon Death of First Trustor.** As soon as practicable after the death of the first of the Trustors to die, the Trustee shall divide this Trust into two (2) separate shares, one separate trust share to be designated the "Surviving Trustor's Trust," and the other separate trust share to be designated the "Disclaimer Trust." The "Surviving Trustor's Trust" shall consist of the entire trust estate that was held in this Trust as of the date of the deceased Trustor's death, together with any property transferred into the Trust under the first Trustor to die's probate estate, less any portion, up to the full extent thereof, of the first Trustor to die's interest in the Trust Estate, (meaning his or her one half interest in trust property having community property character, and his or her separate property) to which the surviving Trustor makes a qualified disclaimer (as defined in section 2518 of the Internal Revenue Code, as amended). That property so disclaimed by the Surviving Trustor shall be held in a separate trust designated the "Disclaimer Trust." The Survivor's Trust shall remain revocable by the Surviving Trustor, and as to revocation and amendment, as well as administration, the Survivor's Trust shall be governed by the rules of this Trust as initially established this day and the "Disclaimer Trust" shall be held and administered as provided hereafter.

2. **Cessation of Power to Amend or Revoke.** Upon the death of the first of the Trustors, and upon the funding of the Disclaimer Trust, the Disclaimer Trust shall be irrevocable, and neither the surviving Trustor nor anyone else shall have the right to modify or amend any provisions of this Agreement that apply to the Disclaimer Trust.

**ARTICLE VI.**  
**Surviving Trustor's Trust**

The Surviving Trustor's Trust shall be held in trust and shall be administered and distributed by the Trustee as follows:

1. **Amendments, Revocation and Withdrawal of Assets.** The surviving Trustor may amend, revoke and withdraw the assets of this trust during his or her life and while competent to do so.

2. **Application of Income and Principal.** During the lifetime of the surviving Trustor, the Trustee shall pay to or apply for the benefit of the surviving Trustor so much of the net income and principal or any portion thereof as the Trustee shall deem necessary and proper for the maintenance, education, support and health of the surviving Trustor, or, if the Trustee is a person or entity other than the surviving Trustor, make said payments or application of benefits, including the whole thereof, as the surviving Trustor may, from time to time request.

3. **Surviving Trustor's Special Power of Appointment.** During the lifetime of the surviving Trustor, the surviving Trustor shall have the right, by specific reference to this power in any instrument or instruments in writing filed with the Trustee, to direct the Trustee to distribute to or apply for the benefit of the Trustor's child, and any one or more of the issue of the Trustor's child, so much of the net income and principal, or any portion thereof, of the Surviving

Trustor's Trust as the surviving Trustor shall direct by written instrument. If the exercise of this Special Power of Appointment shall impose any federal or state gift tax upon the surviving Trustor, the Trustee shall pay to him or her out of the principal of the Surviving Trustor's Trust an amount sufficient to cover the tax or taxes imposed on him or her. It is the intention of this paragraph to give the surviving Trustor the right to exercise this Special Power of Appointment as often as he or she shall see fit to do so.

4. **Payment of Death Taxes, Other Expenses.** Upon the death of the surviving Trustor, the Trustee is authorized to pay, from the principal of the Surviving Trustor's Trust, the expenses of his or her last illness, funeral and burial to the extent that the Trustee shall determine that other provisions have not been made for such payment. The Trustee is also authorized to pay from the principal of the Trust all inheritance, estate and transfer taxes due by reason of the surviving Trustor's death to the extent that the Trustee shall determine that other provisions have not been made for such payment, and the Trustee shall have no duty or obligation to obtain reimbursement for any such tax so paid even though on property not included in the Surviving Trustor's Trust.

5. **Termination Distributions.** Upon the death of the surviving Trustor, the then remaining balance of the Surviving Trustor's Trust (including both principal and any accrued or undistributed income) shall be distributed as follows:

a. The Trustee shall distribute eighty-five percent (85%) to the Trustors' daughter, KELLY L. PEACOCK, if alive, if not, then to her living issue, by right of representation. KELLY L. PEACOCK shall have the option to receive the TRUSTORS' real estate as a portion or all of her distribution and within a reasonable period of time make provision to fund the other beneficiaries' interest from other sources of her choosing.

b. Ten percent (10%) to THREE ANGELS BROADCASTING NETWORK of West Frankfort, Illinois, provided, however, in the Trustee's discretion, the Trustee may designate more or different SEVENTH-DAY ADVENTIST charities to receive this ten percent (10%) so long as such charities use the distributions for evangelistic outreach.

c. Five percent (5%) to the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS, to be used in its general religious, educational and charitable activities.

d. In the event KELLY L. PEACOCK predeceases the Trustors and has no living issue, the remaining balance (including both principal and any accrued or undistributed income) shall be distributed as follows:

1) The Trustee shall distribute forty percent (40%) to MARK PEACOCK, provided he is KELLY L. PEACOCK'S surviving spouse. In the event MARK PEACOCK is not the surviving spouse, then said percentage shall be distributed THE MOUNT VERNON SEVENTH-DAY ADVENTIST CHURCH.

2) The Trustee shall distribute fifteen percent (15%) to THREE ANGELS BROADCASTING NETWORK of West Frankfort, Illinois.

3) The Trustee shall distribute fifteen percent (15%) to the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS, to be used in its general religious, educational and charitable activities.

4) The Trustee shall distribute fifteen percent (15%) to BRENDA S. BOWERS of Huntington Beach, California.

5) The Trustee shall distribute fifteen percent (15%) to LARRY KERR of Victorville, California.

6. **Interpretation.** Any rules of trust law which may require impartiality as between the immediate beneficiaries and ultimate beneficiaries shall be disregarded with respect to the Surviving Trustor's Trust. The Trustee shall exercise its authority to distribute principal and income to the surviving Trustor without regard to the interests of the ultimate beneficiaries.

#### **ARTICLE VII. Disclaimer Trust**

1. **Intent of the Disclaimer Trust.** It is the intent of the Trustors to afford the surviving Trustor opportunity to evaluate the size and nature of the Trust Estate in existence at the demise of the first Trustor to die, and determine whether a portion of property passing to the surviving Trustor may, together with the surviving Trustor's interest is community property and separate property, impose a death tax at the time of the surviving Trustor's demise that might be avoided if disclaimed so that the disclaimed property does not qualify for the marital deduction. The Trustee shall seek the advice and counsel of estate planning experts in an expeditious fashion after the death of the first Trustor to die, in making that determination.

2. **Payment of Certain Expenses.** In the case that the deceased Trustor's probate estate (excluding the income thereof) is insufficient to pay the deceased Trustor's funeral expenses, all claims against his or her estate, the expenses of administering his or her estate, all death taxes chargeable to his or her estate and to satisfy all pre-residuary legacies or devises given by his or her Will, the Trustee shall make available to the deceased Trustor's legal representatives, out of the Disclaimer Trust, such sum or sums as such legal representative shall certify to be required to make good the deficiency. The Trustee shall have no duty to inquire as to the propriety of any certification made by such legal representatives.

3. **Distributions of Income and Principal During Surviving Trustor's Lifetime.** From the date of death of the first of the Trustors to die, the Trustee shall pay to or apply for the benefit of the surviving Trustor during his or her lifetime all of the net income of the Disclaimer Trust in annual or more frequent installments. The Trustee shall also pay to or apply for the benefit of the surviving Trustor during his or her lifetime so much of the principal of the Disclaimer Trust as the Trustee deems necessary and proper for the surviving Trustor's maintenance, education, support and health.

4. **Death of Surviving Trustor.** Upon the death of the surviving Trustor, the Trustee shall divide the then remaining balance of the Disclaimer Trust as provided in Article VI, Section 5.

**ARTICLE VIII.**  
**Spendthrift Trust Provision**

The interest of the beneficiaries in this Trust shall not be subject to claims neither of creditors or others, nor to legal process and may not be voluntarily or involuntarily encumbered, assigned, alienated or transferred.

**ARTICLE IX.**  
**Powers and duties of Trustees**

1. **In General.** The Trustee, including any successor Trustee hereunder, shall have all the rights, powers and duties given by law on the date hereof under the laws of the State of Washington (which laws are hereby incorporated herein by this reference) and all further and broader rights and powers which may hereafter be given to Trustees generally under any subsequent laws except as modified or increased as hereinafter provided. Third parties examining this Trust to determine the powers of the Trustee may rely on Laws of the State of Washington that set forth the powers Trustees have, unless said powers are restricted or modified by this instrument.

2. **Mutual Funds and Common Trust Funds.** The Trustee may invest and reinvest the trust property in any common trust fund administered by the Trustee. Even though it may cause a duplication of management fees, the Trustee may invest and reinvest the trust property in mutual funds and may transfer the investments and reinvestments among various mutual funds and select payout options and other options offered by those mutual funds as the Trustee deems prudent.

3. **Personal Residence.** If, at any time during the existence of any trust hereunder, such trust shall include any permanent or seasonal residence property, the trustee shall allow the surviving Trustor to live in and use said property or properties so long as he or she may desire to do so, free of rent, and the Trustee shall pay taxes, expenses of maintaining said property or properties in suitable repair and condition, and premiums on insurance on said property or properties and other expenses thereof. In the event it no longer remains desirable to use said property as a home and/or a recreational residence for the surviving Trustor, then the Trustee may sell such property or properties and reinvest the proceeds thereof in another home or recreational residence; or the Trustee may reinvest the proceeds in accordance with the other terms provided for in this Trust.

4. **Books and Records.** The Trustee shall be relieved from any duty under the laws of the state of Washington to file any documents or other accounting in any Court. However, the Trustee shall keep strict accounting records of the Trust, and Trust principal and income, and shall at all times hold the same open to inspection by the Trustors or their agent.

5. **Compensation.** The Trustee shall be paid a fair and just compensation out of the Trust estate for its services, unless the Trustee is the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS, or any of its subsidiary or affiliated organizations, in which case, said Trustee shall be entitled to no fee or compensation. Any

Trustee shall be reimbursed from the Trust estate or by the beneficiaries for all of its reasonable expenses including attorney's fees incurred in bringing or defending any action growing out of the administration of this Trust, whether such action is instituted while this Trust is being administered or after the termination thereof. The Trustee shall act without bond.

6. **Deminimus.** If at any time the Trustee determines that the value of the Trust under this instrument is Thirty Thousand Dollars (\$30,000.00) or less, the Trustee may, in its discretion, distribute the Trust, as then constituted, to the then income beneficiaries.

#### **ARTICLE X. Trusteeship**

In the event that THOMAS A. HUDSON and/or BARBARA J. HUDSON, or the survivor between them, is unwilling or unable to act or continue to act as Trustee, then the TRUSTORS' daughter, KELLY L. PEACOCK is appointed to act. In the event she is unwilling or unable to act or continue to act as Trustee, then the WESTERN WASHINGTON CORPORATION OF SEVENTH-DAY ADVENTISTS is appointed to act.

#### **ARTICLE XI. Miscellaneous**

1. **Governing Law.** Washington law shall govern the execution and construction of this Trust Agreement. The provisions of this Agreement shall be binding on the parties, their heirs, personal representatives, successors and assigns.

2. **Rule Against Perpetuities.** Unless the length of time has been extended under Washington law, the interest of every beneficiary granted to him or her in any trust created under this Agreement shall vest, anything else in this Agreement to the contrary notwithstanding, within twenty-one (21) years after the death of the last survivor of the beneficiaries of any trust created under this Agreement who are in being at the time of the respective Trustor's death.

3. **Distributions to Persons Under Eighteen (18) Years.** If at any time any person to whom the Trustee is directed or authorized in any trust created under this agreement to pay any income or principal is under eighteen (18) years of age, or under a legal disability, or is, in the Trustee's discretion, incapable of properly managing his or her affairs, the Trustee may, in the Trustee's discretion, pay the same or any part thereof to such person or to his or her guardian or parent or to any person with whom he or she is residing, without responsibility for its expenditure.

4. **Distributions to Tax Exempt Organizations.** In distributing the balance of the Trust Estate as provided in Article VI, Section 5, the TRUSTEE is specifically instructed to distribute property that constitutes "income in respect to a decedent" as the term is defined under United States income tax laws, to any charitable organizations that are designated as beneficiaries of the Trust, to the extent of their beneficial share of the Estate.



5. **Captions.** The captions are inserted for convenience only. They are neither a part of this Trust nor a limitation of the scope of any particular paragraph to which each refers.

6. **Adoption.** Legal adoption shall be deemed the equivalent of blood relationship.

7. **Incompetency.** For purposes of this trust, "incompetency" shall be established as to the Trustors or a Trustee when a licensed physician, after having examined such person, certifies in writing that such person, due to physical and/or mental illness, trauma, impairment, mental deficiency, disability or advanced age, is unable to manage property and affairs effectively. In such case, such person will be disqualified to serve as Trustee or Revoke, Amend or withdraw assets from this Trust as he or she may have otherwise been entitled to do.

IN WITNESS WHEREOF, the Trustors have hereunto set their hands, and the Trustee has caused this instrument to be duly executed, on the day, month and year first above written.

TRUSTORS/TRUSTEE:

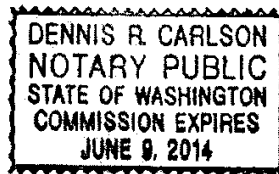
Thomas A. Hudson  
THOMAS A. HUDSON

Barbara J. Hudson  
BARBARA J. HUDSON

STATE OF WASHINGTON )  
County of Snohomish ) ss

I certify that I know or have satisfactory evidence that THOMAS A. HUDSON and BARBARA J. HUDSON are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated NOVEMBER 1, 2011



Dennis R. Carlson  
Notary Public in and for the State of Washington,  
Residing in Aburn WA