

201808280082

08/28/2018 01:00 PM Pages: 1 of 4 Fees: \$102.00  
Skagit County Auditor

AFTER RECORDING RETURN TO:  
Samantha MacBeth  
Schwabe, Williamson & Wyatt, P.C.  
1211 Fifth Avenue, Suite 1900  
Portland, Oregon 97204

UNTIL A CHANGE IS REQUESTED, ALL  
TAX STATEMENTS SHALL BE SENT TO:  
No change

STATUTORY WARRANTY DEED

**Emma M. Rovang, Surviving Trustee of the Rovang Family Trust, restated June 13, 2006, Grantor, conveys and warrants to Emma M. Rovang, Trustee of the Rovang Credit Shelter Trust, under agreement dated March 17, 1997, and any amendments and restatements thereto, Grantee, the Grantor's entire interest in the following described real property, situated in the County of Skagit, State of Washington:**

The South 83 feet as measured along the West line of the following described property:

Beginning at the Southwest corner of Lot 54, ANACORTES INDUSTRIAL PARK ADDITION, according to the plat thereof, recorded in Volume 10 of Plats, pages 19 10 21, inclusive, records of Skagit County, Washington;  
Thence Northerly along the West line of said Lot 54, a distance of 535.20 feet to the true point of beginning;  
Thence North along the West line of Lot 54, for 166 feet to the Northwest corner of Lot 54;  
Thence Easterly along the North line of Lot 54 for 224.63 feet to the West line of Lot 53;  
Thence South along the Westerly line of Lot 53 for 166 feet;  
Thence Westerly to the point of beginning.

Tax Parcel Number: 78020

This conveyance is made by Grantor and accepted by Grantee subject to the exceptions of record in Skagit County, Washington, to the extent valid and subsisting and affecting the property conveyed.

The true consideration for this conveyance consists of or includes other property or other value given or promised.

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2018 3796  
AUG 28 2018

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



**CERTIFICATION OF TRUST**

I, **Emma M. Rovang**, Trustee of the **Rovang Family Trust** (the "Trust"), make this certification pursuant to ORS 130.860. I am the current Trustee of the Trust.

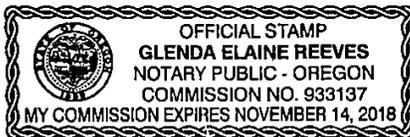
1. **Trust.** The Trust is presently in existence. The Rovang Family Trust was established under agreement dated March 17, 1997, and restated on November 21, 2015.
2. **Grantors.** The Grantors of the Trust are Emma M. Rovang and Merrill J. Rovang. Merrill M. Rovang died on December 9, 2016.
3. **Trustee.** The current Trustee is **Emma M. Rovang**.
4. **Trust Powers.** Under the terms of the trust agreement, the Trustees were given powers granted to trustees under the Oregon Uniform Trust Code set forth in ORS 130.500, *et seq.*
5. **Trustee's Mailing Address.** The mailing address for the Trustee is 15000 SW Hall Blvd. Apt. 149, Tigard, Oregon.
6. **Trust Revocability/Modification.** The Trust is revocable by the Grantor.
7. **Taxpayer Identification Number.** The Trust's taxpayer identification number is the surviving Grantor's Social Security Number.
8. **Title to Trust Property.** Trust property is to be titled as follows:  
"Emma M. Rovang, Trustee of the Rovang Family Trust."
9. **Applicable Law.** The Trust was established under the laws of the State of Oregon.
10. **No Change in Trust.** The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: May 30 2017.

  
\_\_\_\_\_  
Emma M. Rovang, Trustee

STATE OF OREGON            )  
  ) ss.  
County of Multnomah        )

This instrument was signed and acknowledged before me on May 30, 2017, by Emma M. Rovang, as Trustee.



  
\_\_\_\_\_  
Notary Public for Oregon  
My commission expires: 11-14-2018

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORDS

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS

786140

ID TAG NO.

STATE FILE NUMBER

### CERTIFICATE OF DEATH

\*6821583\*

1. Legal Name First: Merrill, Middle: Judean, Last: Rovang			Suffix	2. Death Date December 09, 2016	
3. Sex Male	4. Age 82 years	5. Social Security Number		6. County of Death Washington	
7. Birthdate	8. Birthplace Albert Lea, Minnesota		9. Decedent's Education Bachelor's degree		
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 15000 SW Hall Boulevard #149			14. City/Town Tigard		
15. Residence County Washington	16. State or Foreign Country Oregon	17. Zip Code * 4 97224	18. Inside City Limits? Yes		
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Emma Rogers			
21. Usual Occupation Finance		22. Kind of Business/Industry Commercial Real Estate			
23. Father's Name Joice Rovang		24. Mother's Name Prior to First Marriage Maurene			
25. Informant's Name Emma Rovang	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 15000 SW Hall Boulevard #149, Tigard, OR 97224		
29. Place of Death Licensed Assisted Living Facility		30. Facility Name Bonaventure of Tigard Assisted Living			
31. Location of Death 15000 SW Hall Boulevard		32. City/Town or Location of Death Tigard	33. State Oregon	34. Zip Code + 4 97224	
35. Method of Disposition Cremation	36. Place of Disposition Cascade Cremation Center			37. Location Tualatin, Oregon	
38. Name and Complete Address of Funeral Facility Autumn Funerals, Cremation & Burial, 12995 SW Pacific Highway, Tigard, Oregon 97224					
39. Date of Disposition TBD	40. Funeral Director's Signature Lyn M Mann		41. OR License Number FS-0352		
42. Registrar's Signature Julie L. Clarke		43. Date Received JAN 04 2017	44. Local File Number 17-0021		
45. Amendment					

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

JAN 04 2017

DATE ISSUED:

*Jennifer A. Woodward*  
JENNIFERA. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

