

WHEN RECORDED RETURN TO:

The Loveless Trust
4756 Clayton Road
Concord CA 94521-2939

201808310066

08/31/2018 10:46 AM Pages: 1 of 4 Fees: \$40.00
Skagit County Auditor

GUARDIAN NORTHWEST TITLE CO.

DOCUMENT TITLE(S):
Death Certificate

A 116221

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTORS: STATE OF WASHINGTON
John Paul Loveless

GRANTEES:

ABBREVIATED LEGAL DESCRIPTION:

Lot 79, , Skyline No. 10, according to the Plat thereof filed in Volume 9 of Plats at Page(s) 117,
records of Skagit County, Washington.

TAX PARCEL NUMBER(S):
P59989, 3826-000-079-0002

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <u>16-10</u>		Washington State Certificate of Death				State File Number
1. Legal Name (include AKA's if any): First, Middle, LAST, Suffix <u>John Paul LOVELESS</u>		2. Death Date <u>Jan 1, 2010</u>				
3. Sex (M/F) <u>M</u>	4a. Age - Last Birthday <u>74</u>	4b. Under 1 Year Months <u>0</u> Days <u>0</u>	4c. Under 1 Day Hours <u>0</u> Minutes <u>0</u>	5. Social Security Number <u>[REDACTED]</u>	6. County of Death <u>Skagit</u>	
7. Birthdate <u>[REDACTED]</u>	8a. Birthplace (City, Town, or County) <u>Seminary</u>	8b. (State or Foreign Country) <u>Mississippi</u>		9. Decedent's Education <u>Associate Degree</u>		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <u>No</u>				11. Decedent's Race(s) <u>Caucasian</u>		12. Was Decedent ever in U.S. Armed Forces <u>Yes</u>
13a. Residence: Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) <u>4201 Tyler Way</u>				13b. City or Town <u>Anacortes</u>		
13c. Residence: County <u>Skagit</u>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <u>Washington</u>	13f. Zip Code + 4 <u>98221</u>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. <u>12 Years</u>		15. Marital Status at Time of Death <u>Married</u>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <u>Virginia Evelyn Mott</u>		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <u>Technician</u>				18. Kind of Business/Industry (Do not use Company Name) <u>Electronics</u>		
19. Father's Name (First, Middle, Last, Suffix) <u>Matthew (Unk) Loveless</u>				20. Mother's Name Before First Marriage (First, Middle, Last) <u>Mella</u>		
21. Informant's Name <u>Virginia Evelyn Loveless</u>		22. Relationship to Decedent <u>Wife</u>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <u>4201 Tyler Way Anacortes WA 98221</u>		
24. Place of Death, if Death Occurred in a Hospital. <u>Inpatient</u>						
25. Facility Name (if not a facility, give number & street or location) <u>Island Hospital</u>				26a. City, Town, or Location of Death <u>Anacortes</u>		26b. State <u>WA</u>
27. Zip Code <u>98221</u>		28. Method of Disposition <u>Cremation</u>				
29. Place of Final Disposition (Name of cemetery, crematory, other place) <u>Northwest Crematory</u>				30. Location-City/Town, and State <u>Anacortes, Washington</u>		
31. Name and Complete Address of Funeral Facility <u>Evans Funeral Chapel & Crematory, Inc. 1105 32nd St. Anacortes, WA 98221</u>						32. Date of Disposition <u>January 6, 2010</u>
33. Funeral Director Signature X <u>Donald A. Shellen</u>						
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Respiratory Failure</u> Interval between Onset & Death <u>7 days</u> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>Pneumonia</u> Interval between Onset & Death <u>7 days</u> Due to (or as a consequence of): c. <u>ACS</u> Interval between Onset & Death <u>6 mo</u> Due to (or as a consequence of): d. _____ Interval between Onset & Death _____						
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____				46. Describe how injury occurred		
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated <u>X</u>		
48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated <u>X</u>				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <u>Robert P. Rieger M.D. 2511 M Avenue Suite A, Anacortes, WA 98221</u>		
50. Hour of Death (24hrs) <u>18:00 PM</u>				51. Date Signed (mm/dd/yyyy) <u>01/05/2010</u>		
52. Title of Certifier <u>M.D.</u>		53. License Number <u>MD31047</u>		54. ME/Coroner File Number		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
56. Registrar Signature <u>Corina Anderson</u>				57. Date Received (mm/dd/yyyy) <u>JAN -6 2010</u>		
58. Amendments						

TO BE USED ONLY IN CONNECTION
WITH A CLAIM PENDING BEFORE
THE VETERAN'S ADMINISTRATION



DOH/CHS 003 Rev 07/09/07

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Affidavit for Correction

201808310066

08/31/2018 10:45 AM Page 3 of 4

This is a legal Document. Complete in Ink and do not alter.

Center for Health Statistics
PO Box 3709
Olympia, WA 98503-0709
(360) 236-4300

STATE OFFICE USE ONLY															
State File Number	Fee Number	Initials	Date												
Affidavit Number															
Use the section below for requesting any changes on the record.															
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution															
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)												
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)													
The Record is Incorrect or Incomplete as follows:															
6. The Record now shows:		7. The True fact is:													
8.		9.													
10.		11.													
12.		13.													
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)			Telephone Number:												
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.															
15. Signature:	16. Date:	17. Address:													
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>				Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
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Insurance Records	Birth Record	Alien Registration Card (front and back)													
Marriage/Divorce Records	Passport														
Birth Certificates:															
<p>1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</p> <p>2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.</p> <p>3. Proof must be five (or more) years old or have been established within five years of birth.</p> <p>4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:</p> <ul style="list-style-type: none"> - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. <p>5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</p> <p>6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</p>															
Death Certificates:															
<p>1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</p> <p>2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</p> <p>3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</p>															
Marriage/Dissolution (Divorce) Certificates:															
<p>1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.</p> <p>2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</p>															

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

JAN 08 2010

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

SS00165023

COPY

**TRUST AGREEMENT
CREATING THE
LOVELESS TRUST**

JOHN P. LOVELESS ("Trustor husband") and VIRGINIA E. LOVELESS ("Trustor wife"), husband and wife (jointly "Trustors" or individually "Trustor"), and JOHN P. LOVELESS and VIRGINIA E. LOVELESS ("Trustee"), agree that the Trustors, jointly and individually, hereby create this trust, and transfer to the Trustee, in trust, all of the tangible personal property owned by each of them on this date and hereafter acquired, to be held, administered and distributed as hereinafter provided. Any person may at any time add other property to this trust.

This trust shall be known as the "LOVELESS TRUST".

**ARTICLE I
TRUSTEE**

A. Successor Trustees: ~~If either Trustor becomes unable to serve as a Trustee, the other Trustor shall serve as sole Trustee of the trust.~~ If both Trustors are unable to serve as Trustee, then KAREN E. O'LEARY shall serve as Trustee of the trust. If KAREN E. O'LEARY is unable to serve as Trustee, then DAVID M. TAYLOR shall serve as Trustee of the trust. If DAVID M. TAYLOR is unable to serve as Trustee, then STEVEN R. TAYLOR shall serve as Trustee of the trust. No bond shall be required of any Trustee named herein.

B. Incapacity of the Trustee: If a Trustor or a successor Trustee cannot administer the trust because of incapacity, the next named successor Trustee shall act as Trustee during such incapacity.

C. Resignation or Removal of the Trustee: During the joint lifetimes of the Trustors, any Trustee may resign by written instrument delivered to the Trustors. After the death of the first Trustor to die (the "Deceased Spouse"), any Trustee may resign by written instrument delivered to the surviving Trustor (the "Surviving Spouse"), if living, otherwise to the then income beneficiaries of the trust. If a Trustor or any other beneficiary to whom notice is required to be given is then under legal disability, the notice may be given to either of the beneficiary's parents or to the beneficiary's legal guardian or conservator.