



201809070066

09/07/2018 01:34 PM Pages: 1 of 9 Fees: \$107.00
Skagit County Auditor

RETURN TO:

Dewey W. Weddle
Law Office of Dewey W. Weddle, PLLC
909 7th Street
Anacortes, WA 98221

Document Title: QUIT CLAIM DEED

GRANTOR: **JAMES AUSTIN ASHLEY,**
Successor Trustee of the Dorothy Jo Fuqua Revocable Trust
2030 I Avenue
Anacortes, WA 98221

GRANTEE **JAMES AUSTIN ASHLEY,** an unmarried person
2030 I Avenue
Anacortes, WA 98221

LEGAL DESCRIPTION OF PROPERTY:

LAURELS CONDOMINIUM, BUILDING B, UNIT 2. BUILDING B, UNIT 2.

Parcel Number: P117691

Assessor's Tax No. 4772-002-002-0000

Commonly known as: 2030 I AVENUE, ANACORTES, WA 98221

WHEN RECORDED RETURN TO:

DEWEY W. WEDDLE
LAW OFFICE OF DEWEY W. WEDDLE, PLLC
909 7TH STREET
ANACORTES, WA 98221

QUIT CLAIM DEED

Grantor: JAMES AUSTIN ASHLEY, Successor Trustee of the DOROTHY JO FUQUA REVOCABLE TRUST, dated December 27, 2006

Grantee: JAMES AUSTIN ASHLEY, an unmarried person

Legal Description: LAURELS CONDOMINIUM, BUILDING B, UNIT 2. BUILDING B, UNIT 2.

Commonly known as: 2030 I Avenue, Anacortes, Washington 98221

Assessor's Tax/Parcel No.: 4772-002-002-0000 / P117691

The Grantor, JAMES AUSTIN ASHLEY, Successor Trustee of the DOROTHY JO FUQUA REVOCABLE TRUST, dated December 27, 2006, in consideration of gift and for no other consideration, hereby conveys and quitclaims to the Grantee, JAMES AUSTIN ASHLEY, an unmarried person, the following described real property, situated in the County of Skagit, State of Washington, together with all after-acquired title of the Grantor herein:

Legal Description: LAURELS CONDOMINIUM, BUILDING B, UNIT 2. BUILDING B, UNIT 2.

Commonly known as: 2030 I Avenue, Anacortes, Washington 98221

Assessor's Tax/Parcel No.: 4772-002-002-0000 / P117691

DATED this 4th day of September, 2018.

DOROTHY JO FUQUA REVOCABLE TRUST

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 07 2018

Amount Paid \$
By MA Skagit Co. Treasurer
Deputy

By:

JAMES AUSTIN ASHLEY
JAMES AUSTIN ASHLEY, Successor Trustee

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me JAMES AUSTIN ASHLEY, to me known to be the individual described in and who executed the foregoing document and acknowledged that he signed said document as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4th day of September, 2018.



Tamara I Weddle

TAMARA I. WEDDLE

NOTARY PUBLIC in and for the State of Washington,
residing at Anacortes, Washington.

My commission expires August 29, 2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-024769

DATE ISSUED: 06/08/2018
FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOROTHY JO
LAST NAME(S): FUQUA

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: JUNE 03, 2018
HOUR OF DEATH: 01:05 PM
SEX: FEMALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: LUBBOCK, TX

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: PRINCIPAL
INDUSTRY: SCHOOL DISTRICT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

INFORMANT: JIM ASHLEY
RELATIONSHIP: SON
ADDRESS: 2030 I AVE., ANACORTES, WA 98221

CAUSE OF DEATH:
A: ADENOCARCINOMA OF THE LUNG
INTERVAL: 3 WEEKS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2030 I AVE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 2030 I AVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER/PARENT: OSCAR HUGH WEST
MOTHER/PARENT: ERMA HELEN [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: JUNE 06, 2018

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
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: JUNE 05, 2018

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

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: JUNE 05, 2018

DOH 422-132 (4/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

201809070066

Map to: Center for Health Statistics

09/07/2018 01:34 PM Page 5 of 9

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
-------------------	------------	----------	------	------------------

Required information must match current information on record

Required	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record:	2. Date of Event:	3. Place of Event:	
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	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:

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 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS – go to 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

CERTIFIED

JUN 08 2018

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

0 1 8 0 5 6 2 6

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

DOROTHY JO FUQUA REVOCABLE TRUST AGREEMENT

THIS TRUST AGREEMENT is between DOROTHY JO FUQUA, who resides at 2030 "I" Avenue, Anacortes, Skagit County, Washington (the "Trustor") and DOROTHY JO FUQUA (the "Trustee"). This agreement shall be known as the "Dorothy Jo Fuqua Revocable Trust" and shall be upon the following terms and conditions and for the following purposes:

ARTICLE ONE IDENTIFICATION OF FAMILY

At the time of making this agreement, the Trustor is an unmarried widow with one child from a previous marriage, JAMES AUSTIN ASHLEY of Anacortes, Washington. Except as specifically provided herein, the Trustor makes no provision, testamentary or otherwise, for any heirs, or persons claiming to be heirs who may be living at the time of his death, whether known to Trustor or not.

ARTICLE TWO DESCRIPTION OF PROPERTY TRANSFERRED

The Trustor has paid over, assigned, granted, conveyed, transferred and delivered, and by this Agreement does hereby pay over, assign, grant, convey, transfer and deliver unto the Trustee the property described in Schedule A, annexed hereto and made a part hereof. The property listed in Schedule A and any other property that may be received or which has been received by the Trustee hereunder, as invested and reinvested (" the Trust Estate"), shall be held, administered and distributed by the Trustee as hereinafter set forth.

The Dorothy Jo Fuqua Revocable Trust Agreement - 1

Law Office of
AARON M. RASMUSSEN, P.S.
1101 Eighth Street, Suite A
Anacortes, Washington 98221
360-293-3018

ARTICLE THREE TRUSTEE SUCCESSION

If the Trustor dies; is adjudicated to be incapacitated; or is not adjudicated incapacitated, but by reason of illness or mental physical disability is, in the opinion of two licensed physicians who have directly examined the Trustor, unable to properly handle the Trustor's own affairs; or in the event that the Trustor resigns in writing as Trustee; the Trustor nominates as Successor Trustee the first of the following in descending order of preference, who is willing and able to act as such:

1. JAMES AUSTIN ASHLEY.
2. ALYCE WEST AMEND of Tulsa, Oklahoma.
3. DR. DAVID P. WEST of Chickasha, Oklahoma.

ARTICLE FOUR RIGHTS RESERVED BY THE TRUSTOR

4.1 **Distribution and Withdrawal.** The Trustor reserves the right to direct the distribution of any or all income from the property held in this Trust and to withdraw property from this Trust, in any amount and at any time, upon giving reasonable notice to the Trustee. Directions for distribution or withdrawal may be given orally or in writing by Trustor, but if given orally shall be confirmed in writing by the Trustor, if the Trustee so requests. All payments made from the Trust Estate shall be deemed to have been made from the Trustee to the Trustor, and then from the Trustor to the payee, rather than requiring an actual distribution from the Trust to the Trustor and then a payment to the payee, since a major purpose of this trust is to facilitate the handling of the Trustor's financial affairs and estate planning.

4.2 **Amendment; Revocation.** The Trustor additionally reserves the right to:

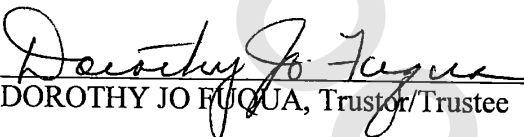
8.8 **Definition of "Disability".** Disability shall include the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, and detention by a foreign power or disappearance.

8.9 **Transfer of Beneficial Interests.** The interest of any beneficiary other than the Trustor in income or principal: (a) shall not be subject to claims of creditors or others, or to legal process, and (b) shall not be assigned, alienated or encumbered. This provision shall not prevent a beneficiary from exercising a power of appointment or disclaiming an interest.

8.10 **Law Governing; Savings Clause.** This instrument shall be governed by the laws of the State of Washington. Any provision prohibited by law or unenforceable shall not affect the remaining provisions of this instrument.

8.11 **Effectiveness.** This trust agreement shall become effective, as of the day and year first above written, upon the execution of this agreement by the Trustor and the Trustee.

IN WITNESS WHEREOF, the Trustor and Trustee have hereunto set their hand and seal this 15th day of April, 2009.


DOROTHY JO FUQUA, Trustor/Trustee

STATE OF WASHINGTON)
)
COUNTY OF SKAGIT) ss.

On this day personally appeared before me DOROTHY JO FUQUA, to me known to be the individual described in and who executed the foregoing document and acknowledged that she signed said document as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 15 day of April, 2009.

Aaron M. Rasmussen

NOTARY PUBLIC in and for the State of

Washington, residing at Anacortes

My appointment expires 11-29-10

