

After recording, return to (Name, Address, Zip):

Catherine J. Sayre
7437 So Sioux Ave
Sierra Vista, AZ 85650
520-378-2789

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

SEP 10 2018

Amount Paid \$0
By MA Deputy
Skagit Co. Treasurer

QUITCLAIM DEED (Statutory Form)

Grantor(s): Catherine J. Sayre, surviving spouse of IAN G. SAYRE, deceased
Grantee(s): Catherine J. Sayre Living Trust, Catherine J. Sayre trustee
Abbreviated Legal Description: GIBRALTER ANNEX lot 36, lot 37, tide lands in front lot 36 & 37
Assessor's Property Tax Parcel or Account No: P13640, P13641, P13642
Reference No(s) of Documents Assigned or Released:

Catherine J. Sayre, surviving spouse of IAN G. SAYRE, deceased, Grantor,
for and in consideration of love and affection

conveys and quitclaims to Catherine J. Sayre Living Trust, Catherine J. Sayre, trustee, Grantee,

all right, title and interest in the following described real estate, situated in _____
County, State of Washington, together with all after acquired title of the Grantor therein:

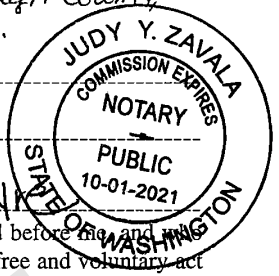
Lot 36, GIBRALTER ANNEX
All the tidelands adjacent to lot 36, GIBRALTER ANNEX
Lot 37 GIBRALTER ANNEX, and the tidelands in front of said lot
as per plat recorded in Volume 7 of Plats, Page 9, Records of Skagit County,
Washington. Situate in the County of Skagit, State of Washington.

DATED 9-10-18 _____
C. J. Sayre

STATE OF WASHINGTON, County of Skagit _____) ss. Catherine Sayre

I certify that I know or have satisfactory evidence that _____ is/are the individual(s) who appeared before me and
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act
for the uses and purposes mentioned in the instrument.

DATED September 10 2018 _____
Judy Zavala
Notary Public for Washington
My appointment expires 10-1-2021



After recording please return to:

Grantors: Ian Graeme Sayre and Catherine Jean Sayre

Grantees: Ian Graeme Sayre and Catherine Jean Sayre

COMMUNITY PROPERTY AGREEMENT

KNOW ALL PERSON BY THESE PRESENTS:

WHEREAS, the undersigned Ian Graeme Sayre and Catherine Jean Sayre are husband and wife, and they desire to avail themselves to the provisions of Section 26.16.120 of the Revised Code of Washington, or any successor thereto, and to set forth their agreement as to the status, disposition and succession of property now owned or hereafter acquired by either or both of them.

NOW, THEREFORE, in consideration of their mutual love and affection, and the mutual agreements contained herein, the parties agree as follows:

All of their property, real, personal or mixed, and wheresoever situate, now owned or hereafter acquired by either or both of the parties, including separate property, shall be deemed, treated and known as and is hereby declared to be community property, irrespective of how or in whose name such property or any interest therein was acquired or hereafter is acquired.

Upon the death of either party, if the parties are still married and have not permanently separated, and if neither party has commenced a legal proceeding to dissolve their marriage, the then community property, whether heretofore existing, or as herein declared, or hereafter acquired, immediately shall vest in fee simple in the surviving party, provided that he or she shall survive the deceased party by at least thirty days.

If either of the parties shall be declared incompetent by a court of competent jurisdiction, or upon application by or on behalf of one of the parties for Medicaid or any similar public assistance program where eligibility may be determined based on the resources of either party, then each party appoints the other as his or her special attorney-in-fact to, at his or her election, execute and record a mutual revocation of this agreement both as to the status of property and as to the disposition of property at death.

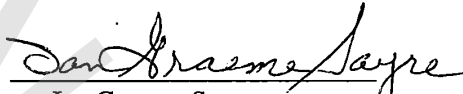
Each party recognizes that he or she has a right to be represented by independent counsel in arriving at this agreement and hereby waives said right. Each party has fully disclosed to the other all assets which he or she now owns and the value thereof.

Upon the death of either party, the survivor may disclaim any interest passing under this agreement in whole or in part, or with reference to specific parts or shares thereof, in which event the interest disclaimed shall pass as if the provisions of this agreement had been revoked as to such interest with the surviving party being entitled to the benefits provided by any alternate disposition.

The provisions of any prior agreement regarding the status of property as separate property or community property are hereby revoke to the extent of any inconsistency with this agreement.

This agreement shall be binding upon and shall inure to the benefit of the parties and their respective heirs, administrators, successors and assigns.

IN WITNESS WHEREOF, Ian Graeme Sayre and Catherine Jean Sayre have executed this agreement this 7th day of December, 2004.



Ian Graeme Sayre



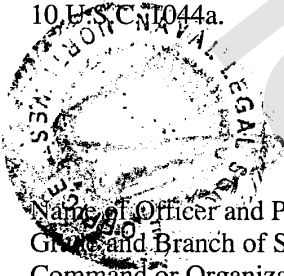
Catherine Jean Sayre

SERVING WITH THE UNITED STATES ARMED FORCES AT NAVAL AIR STATION WHIDBEY ISLAND, SS:

On this day personally appeared before me Ian Graeme Sayre, known to me to be the individual described in and who executed the aforesaid instrument, and acknowledged that he had signed as his free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 7th day of December, 2004.

I, the undersigned officer, do hereby certify that I am, on the date of this certificate, a person with the power described in Title 10 U.S.C. 1044a of the grade, branch of service, and organization stated below in the active service of the United States Armed Forces, and that by statute no seal is required on this certificate, under authority granted to me by Title 10 U.S.C. 1044a.



William Doyle

Officer

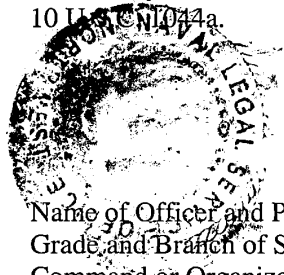
Name of Officer and Position: William Doyle, Legalman Second Class
Grade and Branch of Service: United States Navy
Command or Organization: NLSO NW BROFF Whidbey Island

SERVING WITH THE UNITED STATES ARMED FORCES AT NAVAL AIR STATION WHIDBEY ISLAND, SS:

On this day personally appeared before me Catherine Jean Sayre, known to me to be the individual described in and who executed the aforesaid instrument, and acknowledged that she had signed as her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this 7th day of December, 2004.

I, the undersigned officer, do hereby certify that I am, on the date of this certificate, a person with the power described in Title 10 U.S.C. 1044a of the grade, branch of service, and organization stated below in the active service of the United States Armed Forces, and that by statute no seal is required on this certificate, under authority granted to me by Title 10 U.S.C. 1044a.



William Doyle

Officer

Name of Officer and Position: William Doyle, Legalman Second Class
Grade and Branch of Service: United States Navy
Command or Organization: NLSO NW BROFF Whidbey Island

STATE OF ARIZONA
CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2017-041945

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) IAN GRAEME SAYRE			2. AKA'S (IF ANY)			3. DATE OF DEATH 09/25/2017				
4. SEX MALE		5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH		7. AGE 76		8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES		
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER							
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 5437 S SIOUX AVE				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: SIERRA VISTA 85650			16. COUNTY OF DEATH: COCHISE			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) KAYLONG, WEST VIRGINIA			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) CATHERINE MUNRO					
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 5437 S SIOUX AVE			21. CITY AND COUNTY: SIERRA VISTA, COCHISE			22. STATE ARIZONA		23. ZIP CODE 85650		
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UPON TRIBE, PRIMARY OR BROODLED TRIBE					
28. OCCUPATION: LIEUTENANT			29. FATHER'S NAME (FIRST, MIDDLE, LAST) ANDY MCKEEFER SAYRE			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ROSA VIGNA BERKLEY				
31. INFORMANT'S NAME CATHERINE SAYRE			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 5437 S SIOUX AVE, SIERRA VISTA, ARIZONA 85650					
34. NAME AND ADDRESS OF FUNERAL FACILITY: JENSEN'S SIERRA VISTA MORTUARY 5515 SOUTH HWY 99, SIERRA VISTA, AZ				35. FUNERAL DIRECTOR: PAMELA COPE, FUNERAL DIRECTOR			36. LICENSE NUMBER: F1168			
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: VISTA MOUNTAIN CREMATORY, SIERRA VISTA, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE					
IMMEDIATE CAUSE OF DEATH 40. A CARDIAC ARREST			41. APPROXIMATE INTERVAL: MINUTES							
DUE TO OR AS A CONSEQUENCE OF: 42. B BRAIN CANCER			43. APPROXIMATE INTERVAL: DAYS							
DUE TO OR AS A CONSEQUENCE OF: 44. C			45. APPROXIMATE INTERVAL:							
DUE TO OR AS A CONSEQUENCE OF: 46. D			47. APPROXIMATE INTERVAL:							
CAUSE OF DEATH PART II										
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY AT WORK? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 1345
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?				
CAUSE AND MANNER OF DEATH CERTIFICATION										
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: PARAG RASLIK PATEL, M.D.				56. DATE CERTIFIED: 09/27/2017		
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.				57. CERTIFIER'S ADDRESS: 126 S. CORONADO DR., STE.B SIERRA VISTA, AZ 85635				58. NAME OF REGISTRAR: DONNA ROTHBAUER		59. DATE REGISTERED: 09/28/2017

DATE ISSUED: 09/29/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

J0683408

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

KRISTAL COLBURN
 ASSISTANT STATE REGISTRAR

ARIZONA DEPARTMENT OF HEALTH SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE