



201810240054

10/24/2018 03:07 PM Pages: 1 of 7 Fees: \$105.00
Skagit County Auditor

AFTER RECORDING, RETURN TO:

BAILEY, DUSKIN & PEIFFLE, P.S.
P. O. Box 188
Arlington, WA 98223

File No. 10161

TRUSTEE'S DEED

(BARGAIN AND SALE)

Tax Parcel No.: Skagit County P64016

Legal Description (abbrev.): CASCADE VISTA ADD LOT 5 DK 12

THE GRANTOR, JOSEPH F. GLOMAN, as trustee of the GLOMAN FAMILY TRUST, bargains, sells and conveys to PATRICIA JO GLOMAN NEFF, as her separate estate, and as distribution of the trust, the real estate located at 1730 Cascade Vista, Burlington, Washington 98233, and legally described as:

LOT 5, "CASCADE VISTA ADDITION IN TRACT 38, 'PLAT OF THE BURLINGTON ACREAGE PROPERTY', SKAGIT COUNTY, WASHINGTON," AS PER PLAT RECORDED IN VOLUME 8 OF PLATS, PAGE 9, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

DATED this 10 day of OCTOBER, 2018.

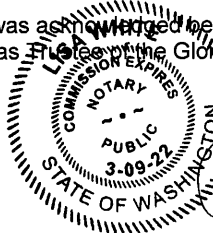
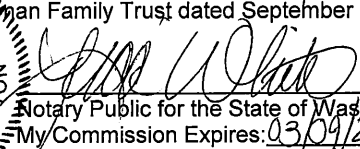
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
20184719
OCT 24 2018

Amount Paid \$8
Skagit Co. Treasurer
By man Deputy


JOSEPH F. GLOMAN
Trustee of the GLOMAN FAMILY TRUST

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

This record was acknowledged before me on OCTOBER 10, 2018 by Joseph F. Gloman, as Trustee of the Gloman Family Trust dated September 8, 1992.



Notary Public for the State of Washington
My Commission Expires: 03/09/22

TRUSTEE'S DEED
(10161 BEN)

FIRST AMENDMENT TO THE GLOMAN FAMILY TRUST

This is the first amendment to "The Gloman Family Trust, dated September 08, 1992, Joe M. Gloman and Mary Jo Gloman (deceased), Trustor/Trustee and as such, amends and replaces the provisions of the original Trust, insofar as these conflict with the terms hereof.

I

At the Article titled SUCCESSOR TRUSTEE, Section titled Surviving Trustee (page 7), add the following:

The Surviving Trustor, Joe M. Gloman, does choose, nominate and appoint his son, Joseph Fyfe Gloman, to act as Co-Trustee with the undersigned surviving Trustee, Joe M. Gloman, without the approval of any court. Provided further, it is the intention of Joe M. Gloman that each of the Co-Trustees, himself and Joseph Fyfe Gloman, may act alone. If either Co-Trustee is unable or unwilling for any reason to serve or to continue to serve then that remaining named Co-Trustee shall continue to serve as Trustee hereof without the approval of any court.

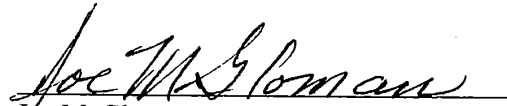
All other provisions of the Trust shall remain in full force and effect.

IN WITNESS WHEREOF, the provisions of this First Amendment shall bind Joe M. Gloman as Surviving Trustor/Trustee, the Successor Trustee assuming the role of Trustee hereunder, and the beneficiaries of this Trust as well as the successors and assigns.

Dated at Mount Vernon, Washington, this 27 day of October, 2010.

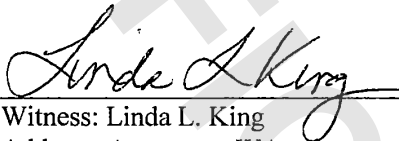
TRUSTOR:


TRUSTEE:


Joe M. Gloman


Joe M. Gloman

We, Linda L. King and Katherine Tarraf, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority the Trustor signed and executed this instrument as The First Amendment to "The Gloman Family Trust, dated September 08, 1992, Joe M. Gloman and Mary Jo Gloman (deceased), Trustor/Trustee" and he signed it willingly, and that he executed it as his free and voluntary act for the purposes therein expressed, and that each of us, in the presence and hearing of the Trustor, hereby signs this Amendment as witness to the Trustor signing, and that to the best of our knowledge the Trustor is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

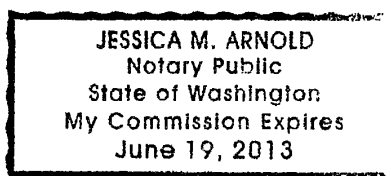

 Witness: Linda L. King
 Address: Anacortes, WA



 Witness: Katherine Tarraf
 Address: Camano Island, WA

STATE OF WASHINGTON)
)ss.
 COUNTY OF SKAGIT)

On October 27, 2010, before me, the undersigned, a Notary Public in and for said State, personally appeared Joe M. Gloman, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.




 Jessica M. Arnold
 NOTARY PUBLIC in and for the State of
 Washington, residing at Sedro-Woolley.
 My commission expires June 19, 2013.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 919-09		Washington State Certificate of Death		State File Number 9 69261	
1. Legal Name (Include ACA's if any) First Middle LAST Suffix MARY JO GLOMAN			2. Death Date Oct 31, 2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 68	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skagit
7. Birthplace (City, Town, or County) Sedro-Woolley	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor Degree-Education			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 10816 Peter Anderson Rd				13b. City or Town Burlington	
13c. Residence: County Skagit		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98233
14. Estimated length of time at residence. 8 yrs		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Joseph M. Gloman	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Tax Consultant			18. Kind of Business/Industry (Do not use Company Name) Income Tax Preparation		
19. Father's Name (First, Middle, Last, Suffix) Peter Fyfe Jr.			20. Mother's Name Before First Marriage (First, Middle, Last) Lorene		
21. Informant's Name Joseph M. Gloman		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 10816 Peter Anderson Rd Burlington, WA 98233		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (if not a facility, give number & street or location) 10816 Peter Anderson Rd			26a. City, Town, or Location of Death Burlington	26b. State WA	27. Zip Code 98233
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Bayview Cemetery		30. Location-City/Town, and State Bellingham, WA	
31. Name and Complete Address of Funeral Facility Lenley Chapel Inc 1008 Third St Sedro-Woolley, WA 98284				32. Date of Disposition Nov 9, 2009	
33. Funeral Director Signature <i>[Signature]</i>					
Cause of Death (See instructions and examples)					
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. Glioblastoma Multiforme		Interval between Onset & Death 6mo	
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. _____		Interval between Onset & Death	
		c. _____		Interval between Onset & Death	
		d. _____		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes, Sleepapnea, HTN				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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: Apt. No. 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) in manner stated. <i>[Signature]</i>				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.	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Paul C. Creelman MD 712 S. Burlington Blvd Burlington, WA 98233				50. Hour of Death (24hrs) 2030 hrs	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) November 2, 2009	
53. Title of Certifier Physician		54. License Number 15904		55. ME/Coroner File Number NJA-547	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Date Received (mm/dd/yyyy) NOV - 3 2009	
58. Registrar Signature <i>[Signature]</i>					
59. Amendments					

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (6/14)

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



Affidavit for Correction 201810240054

Mail to: Center for Health Statistics
P.O. Box 47814
Seattle, WA 98101-47814
360-236-4300
www.doh.wa.gov

This is a legal document. Complete in ink and do not alter.

10/24/2018 03:07 PM Page 5 of 7

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: 2. Date of Event: 3. Place of Event:

4. Father/Parent Full Birth Name 5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

The record now shows: The true fact is:

6. 7.

8. 9.

10. 11.

12. 13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof: Birth Record Full Numident Report (Social Security Administration) School Transcripts (Official) Certificate of Naturalization Marriage/Divorce Record Alien Registration (front and back) Military Record (DD-214) Life Insurance Policy Hospital/Medical Record Passport

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
 - 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.
 - Child under 18
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
 - To correct the sex of the child, submit one proof from a medical provider.
 - Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirms 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 of the decedent). 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 fact(s) (minor spelling changes in name, date of marriage) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution (divorce) or date of court (dissolution) must sign the affidavit.



DOH 422-034 June 2014

201810240054
Page 5 of 7

BB00005078

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-020566

DATE ISSUED: 09/15/2014

FEE NUMBER: 0000000029

GIVEN NAMES: JOSEPH MELDRUM
LAST NAME: GLOMAN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 11, 2014
HOUR OF DEATH: 08:00 P.M.
SEX: MALE
AGE: 85 YEARS
SOCIAL SECURITY NUMBER: 533-34-9066
HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 01, 1929
BIRTHPLACE: BELLINGHAM, WHATCOM CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: SCHOOL TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? YES

INFORMANT: JOE GLOMAN
RELATIONSHIP: SON
ADDRESS: PO BOX 1714, MUKILTEO, WASHINGTON, 98275

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 10816 PETER ANDERSON ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233

RESIDENCE STREET: 10816 PETER ANDERSON ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233
INSIDE CITY LIMITS? NO
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: JOSEPH S GLOMAN
MOTHER: EVELYN MELDRUM

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: SEPTEMBER 12, 2014

FUNERAL FACILITY: LEMLEY CHAPEL
ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY WA 98284
FUNERAL DIRECTOR: TOBI G. STIDMAN

CAUSE OF DEATH:
A. CONGESTIVE HEART FAILURE
INTERVAL: YEARS
B. CORONARY ARTERY DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC KIDNEY DISEASE

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

LOCATION OF INJURY:

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

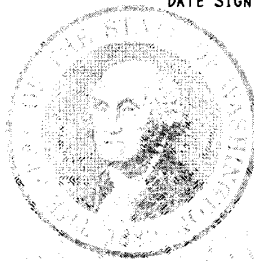
NUMBER(S): NONE
DATE(S): NONE

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANITA M. MEYER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 227 FREEWAY DRIVE, SUITE A
CITY, STATE, ZIP: MOUNT VERNON WA 98273
DATE SIGNED: SEPTEMBER 12, 2014

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-573
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: SEPTEMBER 12, 2014



DOH 01-003 (1/14)



Affidavit for Correction

201810240054

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300
www.doh.wa.gov

This is a legal document. Complete in ink and do not alter.

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6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: 16. Date: 17. Address:

(Printed Name)

All vital records are registered as received. **Most changes must be established by documentary proof submitted with the affidavit.**

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital /Medical Record	

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Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

CERTIFIED

SEP 15 2014

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

AA00222990