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03/15/2019 01:47 PM Pages: 1 of 9 Fees: \$107.00
Skagit County Auditor

AFTER RECORDING RETURN TO:

Frank and Virginia Salt
24604 Hoehn Road
Sedro-Woolley, WA 98284

QUIT CLAIM DEED

GRANTOR(s): Virginia L. Salt, as Successor Trustee (Hazel L. Hopke/Virginia Salt Family Trust)
GRANTEE: Virginia L. Salt and Frank O. Salt, husband and wife
Abbreviated Legal: Dieter's Acreage, North part of Lots 18 and 19 to a depth of 525.14 feet measured so lines parallel to the northern boundary line (P64986 combined to this account)

The Grantor, VIRGINIA L. SALT, as Successor Trustee of "The Hazel L. Hopke/Virginia L. Salt Family Trust", for in consideration of love and affection, conveys and quit claims to VIRGINIA L. SALT and FRANK O. SALT, husband and wife, marital community, joints tenants with right of survivorship, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title to the grantor herein:

See Exhibit A.

Parcel/Tax Number: P64982 and ~~P64986~~ *ST*
XrefID: 3899-000-018-0008

DATED this 5th day of March, 2019.

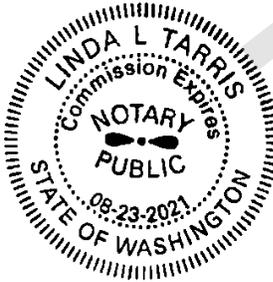
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019929
MAR 15 2019

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

Virginia L. Salt
VIRGINIA L. SALT, Successor Trustee

STATE OF WASHINGTON)
) SS
COUNTY OF SKAGIT)

On March 5, 2019, I certify that I know or have satisfactory evidence that VIRGINIA L. SALT, as Successor Trustee (of the Hazel L. Hopke/Virginia L. Salt Family Trust) signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.



L. Tarris

Notary Public, in and for the State of Washington
My appointment expires: August 23, 2021
Residing in: Bellingham, WA

Exhibit A

Eight acres, more or less, of Lots 18 and 19 of "Dieter's Acreage" according to the recorded plat thereof in the office of the auditor of Skagit County, in Volume 3 of Plats, page 53, described as follows:

The North part of lots 18 and 19 of "Dieter's Acres" to a depth of 525.14 ft. measured Southward along both East and West lot lines to a line paralegal to the Northern boundary line.

P 64982

Xref ID: 3899-000-018-0008

STATE OF WASHINGTON DEPARTMENT OF HEALTH



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TYPE OR PRINT IN PERMANENT BLACK INK

607 LOCAL FILE NUMBER

2 275174 STATE FILE NUMBER

146

CERTIFICATE OF DEATH

1. NAME: **HAZEL LUCILLE HOPKE**

2. SEX (M / F): **F.**

3. DEATH DATE (Mo, Day, Yr): **Sept. 19, 1992**

4. AGE LAST BIRTH DAY (Yrs): **88**

5. UNDER 1 YEAR: **MOS**

6. UNDER 1 DAY: **HOURS**

7. BIRTHDATE (Mo, Day, Yr): **[REDACTED]**

8. BIRTHPLACE (City, State or Foreign Country): **(unk.) Kansas**

9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): **No**

10. COUNTY OF DEATH: **Skagit**

11. CITY, TOWN OR LOCATION OF DEATH: **Sedro Woolley**

12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: **2258 Hoehn Road**

13. SMOKING IN LAST 15 YEARS? (Yes / No): **No**

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): **Widowed**

15. SURVIVING SPOUSE (If wife, give maiden name): **[REDACTED]**

16. SOCIAL SECURITY NO.: **[REDACTED]**

17. DECEDENT'S EDUCATION (Specify only highest grade completed): **College (1-4 or 5+)**

18. USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED): **Registered Nurse**

19. KIND OF BUSINESS OR INDUSTRY: **Health Care**

20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.): **No**

21. RACE (Specify): **White**

22. RESIDENCE—NUMBER AND STREET: **2258 Hoehn Road**

23. CITY/TOWN, OR LOCATION: **Sedro Woolley**

24. INSIDE CITY LIMITS? (Yes / No): **No**

25A. COUNTY: **Skagit**

25B. LENGTH OF RES. IN CO.: **70 Yrs.**

26. STATE: **WA**

27. ZIP CODE: **98284**

28. FATHER'S NAME—FIRST MIDDLE, LAST: **John Gronemeyer**

29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: **Mollie [REDACTED]**

30. INFORMANT—NAME: **Virginia Salt**

31. MAILING ADDRESS: **2260 Minkler Road, Sedro Woolley, WA 98284**

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Burial**

33. DATE (Mo, Day, Yr): **9/23/1992**

34. CEMETERY/CREMATORY—NAME: **Union Cemetery**

35. LOCATION—CITY/TOWN, STATE: **Sedro Woolley, Washington**

36. FUNERAL DIRECTOR SIGNATURE: **[Signature]**

37. NAME OF FACILITY: **Lemley Chapel, 1008 Third St., Sedro Woolley, WA 98284**

38. ADDRESS OF FACILITY: **[REDACTED]**

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

40. DATE SIGNED (Mo., Day, Yr.): **September 22, 1992**

41. HOUR OF DEATH (24 Hrs.): **0730 Hrs.**

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **D. Dietrich M.D.**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

44. DATE SIGNED (Mo., Day, Yr.): **[REDACTED]**

45. HOUR OF DEATH (24 Hrs.): **[REDACTED]**

46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): **Dean Dietrich, M.D., 1952 Hospital Drive, Sedro Woolley, WA 98284**

47. HOUR PRONOUNCED DEAD (24 Hrs.): **[REDACTED]**

48. PRONOUNCED DEAD (Mo., Day, Yr.): **[REDACTED]**

49. MEXICORNER FILE NUMBER: **[REDACTED]**

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death): **myocardial infarction**

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

A. **ASIA**

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: **[REDACTED]**

52. AUTOPSY? (Yes / No): **No**

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): **No**

54. ACC. SUICIDE, HDM., UNDET., OR PENDING INVEST. (Specify): **[REDACTED]**

55. INJURY DATE (Mo, Day, Yr): **[REDACTED]**

56. HOUR OF INJURY (24 Hrs.): **[REDACTED]**

57. DESCRIBE HOW INJURY OCCURRED: **[REDACTED]**

58. INJURY AT WORK? (Yes / No): **[REDACTED]**

59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify): **[REDACTED]**

60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE: **[REDACTED]**

61. RECORD AMENDMENT (Registrar use only) DOCUMENTARY EVIDENCE REVIEWED BY DATE: **[REDACTED]**

62. REGISTRAR SIGNATURE: **[Signature]**

63. DATE RECEIVED (Mo., Day, Yr.): **9-24-92**

FOR INSTRUCTIONS SEE BACK AND HANDBOOK. DOH 110-008 (Rev. 7/91) (formerly DS45 9-150)

NOT VALID IF PHOTOCOPIED OR ALTERED

DOH 422-131 (8/18)



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
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				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
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: PO Box or Street Address City State Zip				
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 using this form, 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). 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 January 2015



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

MAR 13 2019



0 2 7 4 5 3 8 2

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

THE HAZEL L. HOPKE/VIRGINIA L. SALT
FAMILY TRUST

ARTICLE I

TRANSFER IN TRUST

For good and valuable consideration, the Undersigned, Hazel L. Hopke, of Sedro-Woolley, State of Washington, hereby transfers and delivers to the Trustees and their successors the property listed in Schedule "A", annexed hereto and incorporated herein by reference, to have and to hold the same, and any cash, securities or other property which the Trustees may, pursuant to any of the provisions hereof, at any time hereafter hold or acquire, all of such property being hereinafter referred to collectively as the "Trust Estate", for the uses and purposes and upon the terms and conditions herein set forth.

ARTICLE II

ADDITIONS TO TRUST

A. It is understood that the Undersigned or any other person may grant and the Trustees may receive, as part of this Trust, additional real and personal property by assignment, transfer, deed or other conveyance, or by any other means, testamentary or inter vivos, for inclusion in the Trust herein created.

B. The Hazel L. Hopke/Virginia L. Salt Family Trust shall be divided into two separate Trusts, the Hazel L. Hopke/Virginia L. Salt Revocable Family Trust and the Hazel L. Hopke/Virginia L. Salt Irrevocable Family Trust. All property received by the Trustee from the undersigned shall first be placed in the Revocable Family Trust, unless otherwise specified. From time to time the Undersigned may, at her discretion, transfer undivided portions of the property by gift to the Beneficiaries. Such gifted portions of property will be transferred into the Irrevocable Family Trust subject to the terms of this agreement.

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"children" and "descendants" include adopted issue, adopted child, adopted children and adopted descendants, as well as natural issue, natural child, natural children and natural descendants, and include descendants of adopted issue, adopted child, adopted children and adopted descendants.

D. If any of the above beneficiaries are unable or unwilling to take any portion of the Trust Estate, then the Trustees shall distribute the portion of the property of that beneficiary to his issue by right of representation and, if none, then to the other beneficiaries proportionate to each beneficiary's interest in the Trust and, if no remaining beneficiaries, then, to the Washington Conference of Seventh-day Adventists.!

ARTICLE XXIII

PERSONAL PROPERTY DISTRIBUTIONS

All personal properties listed on the Personal Property List are to be distributed to the named designees and such items shall be conveyed to such persons in addition to their respective distributive shares of the Trust described herein.

ARTICLE XXIV

TRUSTEES AND FAMILY MEMBERS

A. The present living children of the Undersigned are:

Virginia L. Salt, daughter.

Delbert L. Hopke, son.

This Trust is specifically for property assigned for the use of daughter Virginia L. Salt and her spouse and descendants, there being a separate trust for the assignment of property to the use of son Delbert L. Hopke and his descendants.

B. The present living children of said daughter Virginia L. Salt are:

Kevin L. Salt

Randall R. Salt

Donovan R. Salt

Sherilyn F. Salt

C. The following people will act as Trustees in the following order of succession:

1. Hazel L. Hopke.
2. Virginia L. Salt.
3. Frank O. Salt.
4. All of the children of Virginia L. Salt age 21 or older jointly, or the survivors or survivor, and presently such children are:
 - Kevin L. Salt
 - Randall R. Salt
 - Donovan R. Salt
 - Sherilyn F. Salt
5. The Trust Department of the Washington Conference of Seventh-day Adventists.

C. Subject to the provisions of Article XXII, paragraph D, subparagraph 1, whenever more than one Trustee is designated to act concurrently, a majority of the Trustees, whether individual or corporate, shall have the power to make any decision, undertake any action, or execute any documents affecting the Trusts created herein. In the event of a difference of opinion among the Trustees, the decision of a majority of them shall prevail, but the dissenting or nonassenting Trustees shall not be responsible for any action taken by the majority pursuant to such decision. After the death of the Undersigned, if only two individual Trustees are in office, they must act unanimously. If an individual and a corporate Trustee are in office, the determination of the individual Trustee shall be binding.

IN WITNESS WHEREOF, the Undersigned has executed this Trust Agreement on the 31 day of Dec, 1990, as Grantor and Trustee:

Hazel L. Hopke
HAZEL L. HOPKE

STATE OF Utah)
) : ss.
COUNTY OF Skagit)

On the 31 day of Dec, 1990,
appeared before me Hazel L. Hopke, the signer of the within
instrument, who duly acknowledged to me that she executed the
same.

James H. Bushnell
Notary Public
Residing at: Burlington

My commission expires: 5-1-92