



201904010094

04/01/2019 11:16 AM Pages: 1 of 6 Fees: \$104.00
Skagit County Auditor

After recording, return to:

Joseph Worth Hyland
707 "T" Avenue
Anacortes, WA 98221

BARGAIN AND SALE DEED

Recorded at the request of Felicia Value, Attorney at Law. The drafter assumes no responsibility for the legal description and stated title owner(s) herein obtained from public record.

Grantor: Joseph Worth Hyland, as successor trustee of the Hyland Credit Shelter Trust.

Grantee: Joseph Worth Hyland, a married man, as his separate property.

Assessor's Tax/Parcel Number: 3772-141-010-0018 / P55913.

Abbrev. Legal Description: Anacortes Block 141, Lots 9 and 10.

Reference Numbers of Related Document: N/A

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2019 1151

APR 01 2019

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

GRANTOR, Joseph Worth Hyland, whose address is 707 "T" Avenue, Anacortes, WA 98221, as trustee of the Hyland Credit Shelter Trust, in consideration of distribution of that Trust according to its terms upon the death of Ansel Quigley Hyland, and for no other consideration, bargains, sells, and conveys to

GRANTEE: Joseph Worth Hyland, a married man, as his separate property

THE FOLLOWING DESCRIBED REAL ESTATE, situated in the County of Skagit, State of Washington, and legally described as follows:

Lots 9 and 10, Block 141, ORIGINAL MAP OF THE CITY OF ANACORTES, as per plat recorded in Volume 2 of Plats, pages 4 through 7, records of Skagit County, Washington.

SUBJECT TO: Easements, restrictions, and reservations of record.

Dated this 1st day of April, 2019.



Joseph Worth Hyland, Successor Trustee
Hyland Credit Shelter Trust

STATE OF WASHINGTON)

: ss

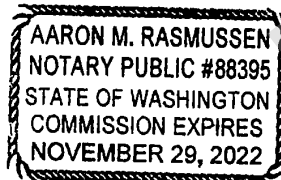
County of Skagit)

I certify that I know or have satisfactory evidence that Joseph Worth Hyland is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument, and acknowledged it as the successor trustee of the Hyland Credit Shelter Trust, to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 4/1/19



Notary Public in and for the State
of Washington, residing at Anacortes.
My Commission Expires: 11-29-22



COPY

REBECCA K. HYLAND**LAST WILL AND TESTAMENT**

I, REBECCA K. HYLAND, a resident of Anacortes, Washington, and a citizen of the United States, declare this to be my Last Will and Testament. I revoke all prior Wills and Codicils.

ARTICLE 1Family

1.1 IDENTIFICATION OF FAMILY. I am married to ANSEL Q. HYLAND, and all references in this Will to "my spouse" are to him. My only children, living or deceased, are JUSTICE SOMERS HYLAND and JOSEPH WORTH HYLAND, both of Anacortes, Washington. While I have love and affection for both of my children, the distributions I make to my children in this Will are not equal, and I state here that these unequal gifts are made intentionally, and after careful thought. I intentionally make no provision in this Will for any member of my family or their descendants except as specifically described.

ARTICLE 2Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative. If my spouse is unable or unwilling to serve as personal representative, I name JOSEPH WORTH HYLAND as my personal representative. If JOSEPH WORTH HYLAND is unable or unwilling to serve as personal representative, I name my sister, ZOANNE MYRA HYLAND of Anacortes, Washington as my personal representative.

2.2 TRUSTEE OF CREDIT SHELTER TRUST. I name my spouse as trustee of the Hyland Credit Shelter Trust created under this Will. If my spouse fails to qualify or ceases to act as my trustee, I name JOSEPH WORTH HYLAND as trustee. If JOSEPH WORTH HYLAND is unable or unwilling to act as my trustee, I name ZOANNE MYRA HYLAND as Trustee.

2.3 TRUSTEE OF JUSTICE SOMERS HYLAND TRUST. I name WILLIAM JABACK or his successor, executive director of PARTNERS IN CARE, with a mailing address of P O Box 21947, Seattle, Washington 98111, and a phone number of (206) 525-2729, as trustee of the Justice Somers Hyland Trust created under this Will. If PARTNERS IN CARE fails to qualify or ceases to act as my trustee, any court having jurisdiction may name a successor professional fiduciary to act as trustee.

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13.5 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 5 day of December, 2011.

Rebecca K. Hyland
Rebecca K. Hyland

This instrument, consisting of fifteen (15) typewritten pages, including this page and the attached Affidavit of Attesting Witnesses, was on the above date and in our presence, signed by REBECCA K. HYLAND, the testatrix. We, at her request, have signed our names as attesting witnesses this 5 day of December, 2011.

[Signature]
Signature

Felicia Valine
Printed Name

Residing at:

La Conner, WA

[Signature]
Signature

Gail I Taylor
Printed Name

Residing at:

La Conner, WA

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-046124

DATE ISSUED: 04/01/2019
FEE NUMBER:

FIRST AND MIDDLE NAME(S): ANSEL QUIGLEY
LAST NAME(S): HYLAND

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: OCTOBER 22, 2018
HOUR OF DEATH: 04:45 PM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: EUGENE, OR

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: MEDICAL DOCTOR
INDUSTRY: HEALTHCARE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: YES

INFORMANT: ZOANNE M HYLAND
RELATIONSHIP: SISTER
ADDRESS: 1501 20TH STREET, ANACORTES, WA 98221

CAUSE OF DEATH:
A: LEFT HEMOTHORAX
INTERVAL: 2 DAYS
B: STAGE IV LUNG CANCER
INTERVAL: 2 MONTHS
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: HOSPITAL
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 7556 WESTSHORE DRIVE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: ANSEL E HYLAND
MOTHER/PARENT: FRANCES MARJORIE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON
DISPOSITION DATE: OCTOBER 24, 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: BRYAN POTTER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 912 32ND STREET, SUITE A
CITY, STATE, ZIP: ANACORTES, WA 98221
DATE SIGNED: OCTOBER 23, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: BRYAN POTTER, MD

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO
DATE RECEIVED: OCTOBER 24, 2018



Affidavit for Correction

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

Mail to: Washington State Department of Health
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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:		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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:	Printed name:
Date:	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

- 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.
 - 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.
 - Documentary proof must be five or more years old or established within five years of birth.
- | | |
|---|---|
| Child under 18 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

APR 01 2019

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



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