

201904150059  
04/15/2019 10:56 AM Pages: 1 of 12 Fees: \$110.00  
Skagit County Auditor

When recorded return to:

Ace Concrete Cutting LLC  
PO Box 1965  
Anacortes, WA 98221

GUARDIAN NORTHWEST TITLE CO.

STATUTORY WARRANTY DEED 19-1826

THE GRANTOR(S) Barbara Eisenzimer Larsen, Trustee of the ~~Eisenzimer Trust~~ \* and Ralph Alexander, Trustee of the ~~Alexander Trust~~, 1989 Adeline T. Alexander Trust

for and in consideration of **ten dollars and other valuable consideration**

in hand paid, conveys, and warrants to Ace Concrete Cutting LLC, a Washington Limited Liability Company

the following described real estate, situated in the County Skagit, State of Washington:

Lots 4 and 5, Block 43, "TUTTLE AND BUCKLEY'S PLAT OF ANACORTES, SKAGIT COUNTY, WASHINGTON", as per plat recorded in Volume 2 of Plats, Page 23, records of Skagit County, Washington.

This conveyance is subject to covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey as described in Exhibit "B" attached hereto

Tax Parcel Number(s): P60486 & 3834-043-005-0001

Dated: April 2, 2019

Eisenzimer Trust

By: see pg two  
Barbara Eisenzimer Larsen, Trustee

Alexander Trust

By: [Signature]  
Ralph Alexander, Trustee

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
2019 1324  
APR 15 2019

Amount Paid \$ 361.00  
Skagit Co. Treasurer  
By [Signature] Deputy

4/12/19

\*Ferdinand E. Eisenzimer Trust, which was created under the terms of the Ferdinand E. and Kathryn L. Eisenzimer Living Trust, dated October 18, 2001, by the death of Ferdinand E. Eisenzimer on November 26, 2004, As Their Interest May Appear

Statutory Warranty Deed  
LPB 10-05

Order No.: 19-1826-KS

When recorded return to:

Ace Concrete Cutting LLC  
PO Box 1965  
Anacortes, WA 98221

**STATUTORY WARRANTY DEED**

\*

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Tax Parcel Number(s): P60486 & 3834-043-005-0001

Dated: March 26, 2019

Eisenzimer Trust

By: Barbara Eisenzimer Larsen  
Barbara Eisenzimer Larsen, Trustee

Alexander Trust

By: \_\_\_\_\_  
Ralph Alexander, Trustee

\* Ferdinand E. Eisenzimer Trust, which was created under the terms of the Ferdinand E. and Kathryn L. Eisenzimer Living Trust, dated October 18, 2001, by the death of Ferdinand E. Eisenzimer on November 26, 2004, As Their Interest May Appear

Statutory Warranty Deed  
LPB 10-05

Order No.: 19-1826-KS

STATE OF WASHINGTON  
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence Barbara Eisenzimer Larsen, is the person who appeared before me and said person acknowledged that she signed this instrument, on oath stated she is authorized to execute the instrument and is Trustee of the Eisenzimer Trust to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

My appointment expires:

STATE OF WASHINGTON  
COUNTY OF ~~SKAGIT~~ *King*

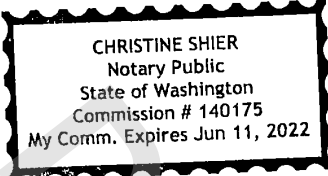
I certify that I know or have satisfactory evidence Ralph Alexander, is the person who appeared before me and said person acknowledged that he signed this instrument, on oath stated he is authorized to execute the instrument and is Trustee of the Alexander Trust to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: *April* day of *March*, 2019

*[Signature]*  
Signature

*Branch Assist. Manager*  
Title

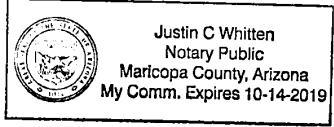
My appointment expires: *6/11/2022*



STATE OF WASHINGTON ARIZONA  
COUNTY OF SKAGIT MARICOPA

I certify that I know or have satisfactory evidence Barbara Eisenzimer Larsen, is the person who appeared before me and said person acknowledged that she signed this instrument, on oath stated she is authorized to execute the instrument and is Trustee of the Eisenzimer Trust to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Justin C Whitten  
Signature  
Notary Public  
Title



My appointment expires: 10-14-2019

STATE OF WASHINGTON  
COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence Ralph Alexander, is the person who appeared before me and said person acknowledged that he signed this instrument, on oath stated he is authorized to execute the instrument and is Trustee of the Alexander Trust to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: \_\_\_\_ day of March, 2019

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title

My appointment expires:

**EXHIBIT A**  
**LEGAL DESCRIPTION**

Property Address: NHN Pennsylvania Ave., Anacortes, WA 98221

Tax Parcel Number(s): P60486 & 3834-043-005-0001

Property Description:

Lots 4 and 5, Block 43, "TUTTLE AND BUCKLEY'S PLAT OF ANACORTES, SKAGIT COUNTY, WASHINGTON" as per plat recorded in Volume 2 of Plats, Page 23, records of Skagit County, Washington.

Statutory Warranty Decd  
LPB 10-05

Order No.: 19-1826-KS

**EXHIBIT B**

19-1826-KS

1. Taxes or assessments which are not shown as existing liens by the records of any taxing authority that levies taxes or assessments on real property or by the public records.

2. (A) Unpatented mining claims.

(B) Reservations or exceptions in patents or in Acts authorizing the issuance thereof.

(C) Water rights, claims or title to water; whether or not the matters excepted under (A), (B), or (C) are shown by the public records.

(D) Indian Tribal Codes or Regulations, Indian Treaty or Aboriginal Rights, including easements or equitable servitudes.

3. Any service, installation, connection, maintenance, construction, tap or reimbursement charges/costs for sewer, water, garbage or electricity.

4. Any facts, rights, interest, or claims which are not shown by the public records but which could be ascertained by an inspection of said land or by making inquiry of persons in possession thereof.

(Said Exception will not be included on Extended Coverage Policies)

5. Easements, claims of easement or encumbrances which are not shown by the public records.

(Said Exception will not be included on Extended Coverage Policies)

6. Discrepancies, conflicts in boundary lines, shortage in area, encroachments, or any other facts which a correct survey would disclose, and which are not shown by the public records.

(Said Exception will not be included on Extended Coverage Policies)

7. Any lien, or right to a lien, for services, labor or materials or medical assistance heretofore or hereafter furnished, imposed by law and not shown by the public records.

(Said Exception will not be included on Extended Coverage Policies)

8. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof, but prior to the date the proposed insured acquires of record for the value the escrow or interest or mortgage(s) thereon covered by this Commitment.

(Said Exception will not be included on Standard or Extended Coverage Policies)

9. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING PLAT/SHORT PLAT/SURVEY:

Name: Tuttle & Buckley's Plat of Anacortes

Recorded: February 21, 1890

Auditor's No.: Volume 2 of Plats, Page 23

10. ANY AND ALL OFFERS OF DEDICATIONS, CONDITIONS, RESTRICTIONS, EASEMENTS, FENCE LINE/BOUNDARY DISCREPANCIES, NOTES, PROVISIONS AND/OR ANY OTHER MATTERS AS DISCLOSED AND/OR DELINEATED ON THE FACE OF THE FOLLOWING

Statutory Warranty Deed  
LPB 10-05

Order No.: 19-1826-KS

PLAT/SHORT PLAT/SURVEY:

Name: Survey

Recorded: January 25, 2019

Auditor's No: 201901250015

Order No.: 19-1826-KS

Statutory Warranty Dccd  
LPB 10-05

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
**CERTIFICATE OF DEATH**

672787  
I.D. TAG NO.

STATE FILE NUMBER

\*4395380\*

1. Legal Name First: Kathryn Middle: Lorene Last: Eisenzimer Suffix:		2. Death Date May 28, 2014	
3. Sex Female	4. Age 95 years	5. Social Security Number	
6. County of Death Marion	8. Birthplace Cushing, Oklahoma		
7. Birthdate		9. Decedent's Education Bachelor's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 4050 12th St Cut Off SE #131	
14. City/Town Salem		15. Residence County Marion	
16. State or Foreign Country Oregon		17. Zip Code + 4 97302	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Widowed	
20. Spouse's Name Prior to First Marriage Ferdinand Earl Eisenzimer		21. Usual Occupation Registered Nurse	
22. Kind of Business/Industry Medical		23. Father's Name Lloyd Lawrence Griffeth	
24. Mother's Name Prior to First Marriage Eva		25. Informant's Name Lucinda Mae Williams	
26. Telephone Number Not Available		27. Relationship to Decedent Daughter	
28. Mailing Address PO Box 21177, Keizer, OR 97307		29. Place of Death Licensed Assisted Living Facility	
30. Facility Name Redwood Heights Retirement & Assisted Living Community		31. Location of Death 4050 12th Street Cutoff SE	
32. City/Town or Location of Death Salem		33. State Oregon	
34. Zip Code + 4 97302		35. Method of Disposition Burial	
36. Place of Disposition Grand View Cemetery		37. Location Anacortes, Washington	
38. Name and Complete Address of Funeral Facility Howell, Edwards, Doerksen With Rigdon-Ransom Funeral Directors 1350 Commercial St SE, Salem, Oregon 97302			
39. Date of Disposition June 04, 2014		40. Funeral Director's Signature Christopher J Allen	
41. OR License Number CO-3896		42. Registrar's Signature	
43. Date Received JUN - 5 2014		44. Local File Number 141113	
45. Amendment:			
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 9:30 pm	
CAUSE OF DEATH:			
50. 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.			Approximate Interval Onset to Death
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ a. Chronic Obstructive Pulmonary Disease Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Congestive Heart Failure, Coronary Artery Disease			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death	
54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		55. Date of Injury (MM/DD/YYYY)	
56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)	
60. Describe how injury occurred			
61. If transportation injury, specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Robert Heil 5055 Skyline Village Loop S, Salem, OR 97306	
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier MD		65. License Number MD 156720	
66. Date Signed (MM/DD/YYYY) 6/3/2014		67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Heil R	
68. Medical Examiner - 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.		69. Amendment	

45-ZDP (01/06)



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: JUN - 5 2014  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER



UNOFFICIAL DOCUMENT



\* 0 0 4 5 5 3 9 3 1 \*

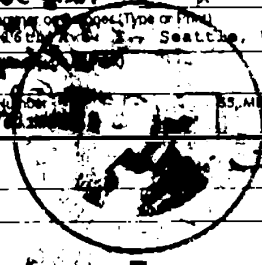
004553931

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Washington State Certificate of Death. File Number 11694. Decedent: Ferdinand Earl EISENZIMER, 82 years old, died Nov 26, 2004 in Anacortes, WA. Cause of death: Cardiac respiratory arrest due to probable neurologic disturbance. Certifying Physician: Peter I. Chuang, M.D.

Part 1 completed by Funeral Director Part 2 completed by City, County, or State Health Officer





### Affidavit for Correction

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
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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: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

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 forgoing is true and correct.

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

All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

- |                                |                               |                          |   |
|--------------------------------|-------------------------------|--------------------------|---|
| Examples of documentary proof: | Certificate of Naturalization | Medical Record           | School Record   |
|                                | Hospital Records              | Military Record (DD-214) | Voter's Registration Card (if it bears an effective date) |
|                                | Insurance Records             | Birth Record             | Alien Registration Card (front and back)                  |
|                                | Marriage/Divorce Records      | Passport                 |   |

**Birth Certificates:**

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

Seattle - King County  
Department of Public Health

*Alonzo L. Plough*  
Alonzo L. Plough, Ph.D., MPH  
Director and Health Officer

DEC. 14. 2004

MM00098160

### ATTORNEY CERTIFICATION OF REVOCABLE LIVING TRUST

I, Richard Pope, do hereby CERTIFY that I prepared the Revocable Living Trust referred to as:

FERDINAND E. EISENZIMER and KATHRYN L. EISENZIMER, Trustees, or their successors in trust, under the FERDINAND E. AND KATHRYN L. EISENZIMER LIVING TRUST, dated October 18<sup>th</sup>, 2001, and any amendments thereto.

I do hereby CERTIFY that the attached first (page 1) and last (page 26) pages of the FERDINAND E. AND KATHRYN L. EISENZIMER LIVING TRUST, dated October 18<sup>th</sup>, 2001, are true and correct duplicate originals of such document, and furthermore, that FERDINAND E. EISENZIMER and KATHRYN L. EISENZIMER are the Trustors and Trustees of the FERDINAND E. AND KATHRYN L. EISENZIMER LIVING TRUST, dated October 18<sup>th</sup>, 2001.

1) ~~BARBARA LARSEN~~, and 2) NANCY GRAHAM, are designated to serve as Successor Trustees.

Dated this 9<sup>th</sup> day of October, 2001.

Richard Pope  
RICHARD POPE, ATTORNEY  
WSBN 21118

STATE OF WASHINGTON )  
 ) SS.  
COUNTY OF KING )

On this 9<sup>th</sup> day of October, 2001, I certify that I know or have satisfactory evidence that RICHARD POPE is the person who appeared before me, and said person acknowledged that he signed this Attorney Certification of Revocable Living Trust and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

WITNESS under my hand and official seal.

Geniel M. Ashcraft  
Notary Public in and for the State of Washington,  
Residing at: Bellevue, WA  
My Commission Expires: 9/12/05

