

When recorded return to:

Ace Concrete Cutting LLC PO Box 1965 Anacortes, WA 98221

GUARDIAN NORTHWEST TITLE CO. 19-1824 STATUTORY WARRANTY DEED

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

Eisenzimer Trust

By: Sec patreso Barbara Eisenzimer Larsen, Trustee

Alexander Trust

Ralph Alexander, Trustee

SKAGIT COUNTY WASHINGTON REAL ESTATE EXCISE TAX
2019 1324 APR 1 5 2019

Amount Paid \$ 36/ Skagit Co. Treasurer
By warn Deputy

*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

When recorded return to:

Ace Concrete Cutting LLC PO Box 1965 Anacortes, WA 98221

STATUTORY WARRANTY DEED

THE GRANTOR(S) Barbara Eisenzimer Larsen, Trustee of the AMARIAN and Ralph Alexander, Trustee of the AMARIAN ADDRESS, 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: March 26, 2019

Eisenzimer Trust

By Garbara 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

STATE OF WASHINGTON COUNTY OF SKAGIT

I certify that I know or have satisfactory evidence Barbara Eisenzimer Larsen, is the person who appeard 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 volulntary act of such party for the uses and purposes mentioned in this instrument.

Signature Title My appointment expires:

STATE OF WASHINGTON COUNTY OF SKACIT KING

I certify that I know or have satisfactory evidence Ralph Alexander, is the person who appeard 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.

Title

My appointment expires:

CHRISTINE SHIER **Notary Public** State of Washington Commission # 140175 My Comm. Expires Jun 11, 2022

Statutory Warranty Deed LPB 10-05

STATE OF WASHINGTON ARIZONA POPONTY OF SKAGIT MKICOPA

I certify that I know or have satisfactory evidence Barbara Eisenzimer Larsen, is the person who appeard 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 volulntary act of such party for the uses and purposes mentioned in this instrument.

Justin C Whitten Notary Public Maricopa County, Arizona My Comm. Expires 10-14-2019

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 appeard 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:

Statutory Warranty Deed LPB 10-05

EXHIBIT ALEGAL 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 Deed LPB 10-05

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 Deced LPB 10-05

PLAT/SHORT PLAT/SURVEY:

Name: Survey Recorded: January 25, 2019 Auditor's No: 201901250015

Statutory Warranty Deed LPB 10-05

STATE OF OREGON

CERTIFICATION OF VITAL RECORD.

672787

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

	. 11.	:						0.15	1	" D .	
	Legal Name	First Kathryn	Midd Lor	ene ene	Last Eisenzim	er		Suffix	(2) De	ath Date May 28, 201	4
	Sex	4. Age		5. Social Sec	curity Number			6. County	of Death	May 20, 201	T
	Female Birthdale	1 9	95 years I. Birthplace	101 01		_		9. Decede	DR nt's Educati	ion	
<u>ا</u> ح			Cushing,	Oklahoma				Bache	elor's dec	gree .	- :
10	No Nas Decedent	of Hispanic Origin	?	11.	Decedent's Raci White	e(s)		12	. Was Dec U.S. Arm	edent Ever in ed Forces? Yes	
BE COMPLETED BY FUNERAL FACILITY 12 12 12 12 12 12 12 12 12 12 12 12 12	Residence: Nu 4050 12th Si	mber and Street	4121	5000	VVIIICE	14,	City/Town Salem				-
₹ 15	Residence Cou	inty	# 151.	ate or Foreign	Country	17. Zip	Code + 4		18. ln	side City Limits?	
¥	Marion			regon	<u> </u>	9	7302			'es	
	. Marital Status a Widowed			Ferd	e's Name Prior I linand Earl E	isenzimer					
<u>}</u> 21	. Usual Occupat Registered N				4.1	22. Me	Kind of Busine dical	ss/Industry	:		
1 23	. Father's Name			٠		24. Mother's N		st Marriage		·	
TT 25	Lloyd Lawren	nce Griffeth	26 Te	ienhone Niimhe	r [27 Relations	Eva	28. Mailing Ac	ldress		· · · · · · · · · · · · · · · · · · ·	<u>: </u>
	. Informant's Nei Lucinda Mae		Not	Available	Daughte	hip to Decedent	PO Box 21	177, Keiz	er, OR 9	7307	
පි ²⁹	Place of Death Licensed Ass	sisted Living	Facility	i da y	Redwood	ne Heights Rei	tirement &	Assisted L	iving Co	mmunity	1,
Ö 31	 Location of Dea 	ath			32 City/Town	or Location of D	eath	33. State Oregon	34. Zi	p Code + 4 97302	
	4050 12th Si . Method of Disp			of Disposition	Jaicin		· · · · · · · · · · · · · · · · · · ·	37. Location		37302	
	Burial I. Name and Con	4.5	Grand	l View Cen	etery			Anacort	es, Wasi	hington	
1	Howell, Edward	s, Doerksen Wit	h Rigdon-Ran	som Funeral I	Airectors 13	50 Commerci	al St SE, Sa	ilem, Ored	on 9730	02	
39	 Date of Disposit 	tion	40. Funera	Il Director's S	gnature Stopher J Al	-0-4 to the	Electronical	41. OR Li	cense Num	ber	
42	June 04, 201 2. Begistra 's Si	nature		Citi		Date Received	Signed	144	3896 Local File	Number	
▶	SANT	X			**	JU	N - 5 20	4	1	41113	
45	. Amendment	V			39144.						
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46	. Was case refer □ Yes KΩ No	red to Medical Ex	raminer?	47. Autopsy?		e autopsy finding: h? □ Yes 12		mplete the c	ause of	49. Time of Deat	
						OF DEATH					
50						iused the death.			EVENTS	Approximate I	nterval: eath
<u> </u>	Final disease	or condition	IMMEDIATE (AUSE +		tractive Pul	, D.				100
ıı∠ Se	resulting in equentially list cor	nditions, if any,	Due to (or as a	onsequence of)	Vonce Ubs	Pucture Put	minery "	seepe.			
⊞ lea Œ EN	ading to the cause NTER THE UNDE	e listed on line a. RLYING	b.	consequence of)	الله (الله الله الله الله الله الله الل		 			 	
E CA	AUSE LAST (dise at initiated the eve	ase or injury	C.	RI.A	144						
O de	at mualeu die evi eath).	enis resulting in	Due to (or as a o	onsequence of)	1						
51	-	1 .	ributing to dea	n, but not resu	lting in the under	tying cause given	above:		-		: :
10 BE COMPLETED BY MEDICAL CERTIFIER	Congestion. Manner of Dea		53. If Female	Covery	Hoter Visc	a-		E4	Did tobacc	o use contribute to	death?
M.	Natural C	Homiolde	Not pregnant	within pastyper	Not pregner	it, but pregnant 43 de pregnant within the p	ays to 1 year befor	e death	⊠:Yes :	☐ Probably	ucauir .
ğ	☐ Suicide ☐	Pending		but pregnant wi	nin 42 days before	death			1.1	Unknown	
<u> </u>	. Date of Injury	אואסא מסט איסא א	5. Time of Inju	ry 57. Place	of Injury (e.g., De	cedent's home, cons	truction site, resta	urant, wooded	area) 58.	. Injury at Work? □ Yes □ No □ Ur	iknown
59	. Location of Inju	Ify (Number & Street o	RFD No , City/Town	, State, Zip + 4)					—————		
Miles Miles	N Danasiba basis				1999	12.	lá				
ၓ). Describe how i	njury occurred				4.	16	If transport	perator 🗆	, specify ÌPassenger	estrian
m 62	2. Name and Add	ress of Certifier	Number & Street of F	PD No. CW/Town	Slatu Zid + 4)	<u> </u>		☐ Other (S	pecify)		 -
	Robert	Heil 5	1050 Styl	in Village		Salem,	OR 97306		457		
63	3. Name and Title	of Attending Phy	sician if Other	than Certiffer					-		
64	. Title of Certifier		7 - 1	- 11 / 1		65. License No		6		gried (MON DO YYYY)	
67	M D Medical Certific	or - To the heat of o	u knowledne de	all occurred of the	a timus dala and	10 150 68. Medical Exa			6/31	nvestigation, in my opi	nion devit
,	place, and due to	the cause(s) and m	anner stated.	elit Accounté au fl	च्याम्बर् यसम्	occurred at in	e time, date, and	lace, and due	to the cause(nvestigation, in my opi s) and manner slated.	mon, death
69	Amendment	251			<u> </u>						
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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 - 5 201

JENNIFER A. WOODWARD, Ph.D. STATE REGISTRAR

JUN - 5 2014
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VANDOR NAMED AND VALUE

CERTIFIED COPY OF DEATH CERTIFICATE

File Number 1159/ I. Legal Name (noude AVA & 8 erg) Fr	Washii	LAST	Su	amix 2. Death D	ate		
Ferdinand	Barl	EISENZI			6, 2004	6. County of	Death
3. Sex (M/F) 4a. Age – Le N 82	et Birthday Mb. Under 1 Yea Months Da		ider 1 Day Minutes	5. Social Security Nu	moer	King	Descri
7. Berthdale Ba.	Birthplace (City, Town, or Co			9. Decedent's E			
10. Was Decedent of Hispanic Ong	eattle	Washi:	ngton Decedent's Race(s		igh Schoo		<u>1ate</u> 12. Was Decedeni ever in U
No.	jan (100 a 110) = jos. spac)		White				Armed Forces? Yes
13a. Residence Number and Stree	-	Apt No)			13b. Cky or		
2918 West 2nd St:	reet 13d. Tribal Reservation	Name (d applicable	1 13e. State or Fore	eign Country	13f. Zip Code		13g. Inside City Limits
Skagit			Washingto	on	98221		C\$ Yes □ No □ I
14. Estimated length of time at resident 49 y	dence 15. Mantal Status	at Time of Death	16. Surviving Spo	ouse's Name (Gwe name		•)	
17. Usual Occupation (indicate type)	of work done during most of wo	orlung Me (DO NOT U	ISE RETIRED; 18. KIND	n Lorene Grif: of Business/Industry (i	On not use Company	Name)	 -
Electrician/Stock			Ply	wood Industry			
19, Father's Name (First, Middle, Lee			i	ner's Name B <u>efore Firs</u>	Mamage (First, M	dde, Lastj	
Ferdinand Josep	h Elsenzimer 22. Relationshi	n to Decedent		y Ellen Humber and Sereel or RFD (No City or Town	Suee	<i>L</i> φ
Kathryn L. Eisenzin			2918 West 2		Anacorte	s	WA 98221
24. Place of Death if Death Occurred in	a Hospital		Place of I	Death, if Death Occurred S	omewhere Other than	n a Hospital	
Inpatient 25. Facility Name (Minot a facility, give	a number & stead or breaten)			26a. City, Town, or Lo	cation of Death	26b. State	27. Zip Code
o. racmy Name (# not # now), gw Virginia Mason Hos		•		Seattle		HX	98101
28. Method of Disposition	29. Place of Final		e of cemetery, cremator	ry, other place)	30. Location-C	•	
Burial		ew Cemetery	<u>y</u>		Anacorte	BS, Wash B2. Date of	
31. Name and Complete Address : Evans Funeral Chape		met Anacor	tes. WA 982	21-		Nov 30	
33. Funeral Director Signature				·			-
ventricular fibrillation without show IMMEDIATE CAUSE (Final diseas	seases injuries, or complicing the eliclogy DO NOT	ABBREVIATE A	UVILLE due Due to (or as a co	n DO NOT enter term (necessary	emolygiz Cot	istrohy	anterval between Onset & De 11/2 6/3 ب م کی Interval between Onset & De
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04/15/2019 10:56 AM Page 11 of 12 Center for Health Statistics P.O. Box 9709 Olympia, WA 98507-9709

Affidavit for Correction

Washington State Depar Healt		Affidavit for Correction This is a legal Document. Complete in ink and do not alter						Center for Health Statistics P.O. Box 9709 Olympia, WA 98507-9709	
FIFTICITI		This is a legal L	ocument. (omple	te in ini	and do not	alter. (360) 236-4300	
State File Number		Fee Number	STATE OF	FICE U	Initials	Date		Affidavit Number	
	Us	the section be	low for req	uesting	any ch	anges on th	e record.		
Record Type:	Birth		Death			/larriage		☐ Dissolution	
1. Name on re	cord:				2. Date	of Event:	3. Pla	ce of Event: (City or County)	
4. Father's Full	Name (For Birth): (I	Husband for Marriag	ge or Dissolution	on) 5. M	l lother's l	Full Name (Fo	or Birth): (Wi	fe for Marriage or Dissolution)	
		The Pece	rd is Incorro	et or Inc	complete	e as follows:			
	The Record n		id is income	CLOSTIN	ompieu	as ioliovs.	The True fac	et is:	
6.	The nedora ii	ou anous.		7.			THE THE ILL		
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14. I represent	the person as:	Self	☐ Guard			ormant	Telepho	one Number:	
I declare unde	r penalty of perjury	under the laws	of the State	of Wash	ninaton 1	hat the force	nina is true	and correct	
15. Signature:	i pondity of poljary	16. Date:	17. Ad	ldress:	iii igtorr		<u> </u>		
	re registered as receive							made by court order. The incorrec	
	t be established by do					opy mod or origin	90.		
Examples of docu	mentary proof: Certif	cate of Naturalization	1 1	Medical R	ecord	04.43	School I		
		tal Records ance Records		Military He Birth Reco	ecord (DD ord	-214)	effective	Registration Card (if it bears an each	
		age/Divorce Records		Passport				gistration Card (front and back)	
Birth Certificates:									
2. The proof	rent, legal guardian (if t (s) must match exactly	the asserted true fac	t(s). For examp	ole, if the a	affidavit sa	ys the name is I	ge the birth c Mary Ann Doe	ertificate. e, then the proof must show the	
	be Mary Ann Doe. Mary st be five (or more) year								
4. Up to age	one, the parent(s) or le	aal quardian may ch	ange the child	's last nar	ne with an	affidavit for cor	rection, provi	ded:	
- This is a	one time only change. last name may be the	Subsequent change mother's maiden nan	s will require a ne or father's ni	certified (ame (if pr	copy of a c esent on t	court ordered na he certificate) o	ame cnange. r anv combina	ation of the two.	
- After age	e one, last name chang							s may be made with an affidavit and	
5. Parent(s)	ntary proof. may change their child avit cannot be used to	s first or middle nam add a father to a b	e by completin	g and sig . (Use the	ning an af	fidavit for correct	ction (until the	eir child's 18th birthday). 021)	
Death Certificates	;								
1. Only the i	nformant, the funeral di	rector, or executors/a	administrators ((if evidend	e confirm	ing such positio	n is presente	d) may change the non-medical	
information 2. The media	in. cal information (cause d	of death) may be cha	naed only by th	he certifvi	na physici	an or the coron	er/medical ex	aminer.	
3. If it is less	than sixty days from d	ate of death please o	ontact the cour	nty health	departme	nt where the de	ath occurred	to make changes.	
Marriage/Dissoluti	ion (Divorce) Certificate	s:	_						

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) er clerk of sourt (dissolution) must sign the affidavit.

023 (Rev. 9/2002) DOH/CHS 023 (Rev. 9/2002)

Seattle - King County
Department of Public Health

Alonzo L. Plough, Ph.D., MPH

Director and Health Officer

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
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
1) BARBARA LARSEN, and 2) NANCY GRAHAM, are designated to serve as Successor
Trustees.
Dated this day of, 2001.
RICHARD POPE, ATTORNEY WSBN_2118
STATE OF WASHINGTON)) SS.
COUNTY OF KING)
On this 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.
Joseph State & Washington
Notary Public in and for the State of Washington, Residing at: Bellevur, WA
Residing at: <u>Bellevur</u> , <u>WA</u> My Commission Expires: 9/12/05
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