



201904150112

04/15/2019 02:48 PM Pages: 1 of 7 Fees: \$105.00  
Skagit County Auditor

After Recording Return To:  
SKAGIT LAW GROUP, PLLC  
P. O. Box 336  
Mount Vernon, WA 98273

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20191346  
APR 15 2019

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

**QUIT CLAIM DEED**

**GRANTOR:** JUDY K. DUCKEN and TRUDY OLMSTED, Successor  
Co-Trustees of the SYDNEY K. EATON DECEDENT'S  
TRUST uwd 3/22/1994; and  
ROBERT J. OLMSTED and RICHARD J. OLMSTED,  
Co-Personal Representatives of the ESTATE OF HARRIET  
E. EATON, Deceased

**GRANTEE:** ROBERT J. OLMSTED and RICHARD J. OLMSTED,  
Co-Trustees of the HARRIET E. EATON TESTAMENTARY  
TRUST fbo TRUDY J. OLMSTED uwd 1/19/2010

**Legal Description:**

Abbreviated Form: Lot 8, Block 2, Chenoweth Add. to Mount Vernon

Additional on Page: Page 2

**Assessors Tax Parcel No:** 3712-002-008-0001; P52488

THE GRANTORS, JUDY K. DUCKEN and TRUDY OLMSTED, Successor Co-Trustees of the SYDNEY K. EATON DECEDENT'S TRUST uwd 3/22/1994 (the "Trust"), for and in consideration of the distribution and termination of the Trust upon the death of HARRIET E. EATON (the "Decedent"), the lifetime beneficiary of the Trust, and ROBERT J. OLMSTED and RICHARD J. OLMSTED, Co-Personal Representatives of the ESTATE OF HARRIET E. EATON, Deceased (the "Estate"), for and in consideration of the distribution of the Estate by the duly qualified and acting Co-Personal Representatives under Skagit County Cause No. 18 4 00408 29, convey and quitclaim to ROBERT J. OLMSTED and RICHARD J. OLMSTED, Co-Trustees of the HARRIET E. EATON TESTAMENTARY TRUST fbo TRUDY J. OLMSTED uwd 1/19/2010, all of Grantors' right, title and interest in and to the following

described real estate, together with all after-acquired title of the Grantors therein, situated in the County of Skagit, State of Washington, to-wit:

Lot 8, Block 2, "Chenoweth Addition to Mount Vernon," according to the recorded plat thereof in the office of the auditor of Skagit County, in Volume 6 of Plats, Page 39.  
Situate in the County of Skagit, State of Washington.

SUBJECT TO: Easements, restrictions and reservations of record.

**SYDNEY K. EATON DECEDENT'S TRUST** uwd 3/22/1994, Grantor

By Judy Ducken  
**JUDY K. DUCKEN**, Successor Co-Trustee  
Dated: April 5, 2019

By Judy O Olmsted  
**TRUDY OLMSTED**, Successor Co-Trustee  
Dated: Apr 12, 2019

**ESTATE OF HARRIET E. EATON, Deceased**, Grantor

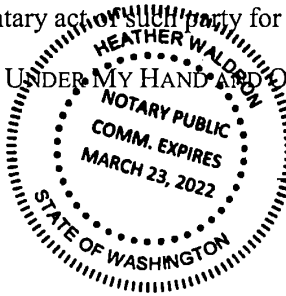
By Rob Olmsted  
**ROBERT J. OLMSTED**,  
Co-Personal Representative  
Dated: 4-12, 2019.

By Richard Olmsted  
**RICHARD J. OLMSTED**,  
Co-Personal Representative  
Dated: 4/12, 2019.

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **ROBERT J. OLMSTED** and **RICHARD J. OLMSTED** are the persons who appeared before me, and said persons acknowledged that they were authorized to execute the instrument and acknowledged it as the **Co-Personal Representatives** for the **Estate of HARRIET E. EATON, Deceased**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 12 day of April, 2019.



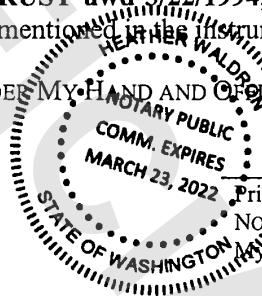
Heather Waldron

Printed Name HEATHER WALDRON  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 3-23-2022

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **JUDY K. DUCKEN** is the person who appeared before me, and said person acknowledged that she was authorized to execute the instrument and acknowledged it as a **Successor Co-Trustee** of the **SYDNEY K. EATON DECEDENT'S TRUST uwd 3/22/1994**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

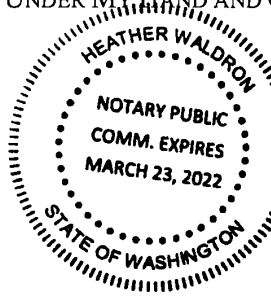
GIVEN UNDER MY HAND AND OFFICIAL SEAL this 5<sup>th</sup> day of April, 2019.

  
*Heather Waldron*  
Printed Name HEATHER WALDRON  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 3-23-2022

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **TRUDY OLMSTED** is the person who appeared before me, and said person acknowledged that she was authorized to execute the instrument and acknowledged it as a **Successor Co-Trustee** of the **SYDNEY K. EATON DECEDENT'S TRUST uwd 3/22/1994**, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 12 day of April, 2019.

  
*Heather Waldron*  
Printed Name HEATHER WALDRON  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires 3-23-2022

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



DATE ISSUED: 04/01/2019  
FEE NUMBER: 89369413

CERTIFICATE NUMBER: 2016-030548

FIRST AND MIDDLE NAME(S): HARRIET ELIZABETH  
LAST NAME(S): EATON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JULY 27, 2016  
HOUR OF DEATH: 10:29 AM  
SEX: FEMALE AGE: 96 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]  
BIRTHPLACE: SPOKANE, WA

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

OCCUPATION: REGISTERED NURSE  
INDUSTRY: NURSING  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: NO

INFORMANT: TRUDY OLMSTED  
RELATIONSHIP: DAUGHTER  
ADDRESS: 914 N 17TH ST MOUNT VERNON, WA 98273

CAUSE OF DEATH:  
A: NONTRAUMATIC HEMORRHAGIC INFARCT  
INTERVAL: 2 YEARS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DYSPHAGIA, HEMIPLEGIA

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: HOME  
FACILITY OR ADDRESS: 914 NORTH 17TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 914 N 17TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: YES COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 56 YEARS

FATHER/PARENT: WILLIAM S THORNDIKE  
MOTHER/PARENT: PHOEBE E S [REDACTED]

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JULY 28, 2016

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION SERVICE

ADDRESS: 2021 E COLLEGE WAY  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
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, WASHINGTON 98273  
DATE SIGNED: JULY 28, 2016

CASE REFERRED TO ME/CORONER:  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON  
DATE RECEIVED: JULY 28, 2016



Affidavit for Correction

04/15/2019 02:48 PM Page 5 of 7
Washington State Department of Health
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: Birth, Death, Marriage, Dissolution (Divorce)
1. Name on Record: First, Middle, Last, Date of Event, Place of Event
4. Father/Parent Full Birth Name, 5. Mother/Parent Full Birth Name
6. Name of Person Requesting Correction, Relationship to Person on Record

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:

Table with 2 columns: The record now shows, The true fact is. Rows 8-15.

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 2nd parent (if required)
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)

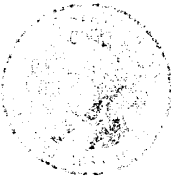
Death Certificates

- 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

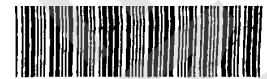


This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Jean Remsbecker, State Registrar.

Jean Remsbecker

ISSUED

APR 01 2019



0 2 7 5 0 3 8 0

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

18-4-00408-29  
LRTS 7  
Letters Testamentary  
4319733



**SUPERIOR COURT OF THE STATE OF  
WASHINGTON FOR SKAGIT COUNTY**

**FILED**  
Skagit County Clerk  
Skagit County, WA  
11/28/18

**Estate of HARRIET E. EATON:**

No. 18-4-00408-29

**LETTERS TESTAMENTARY**

**I. BASIS**

1.1 The last will of HARRIET E. EATON late of SKAGIT County, State of WASHINGTON was duly exhibited proven and recorded in this court on November 28, 2018.

1.2 In that will ROBERT J OLMSTED & RICHARD J. OLMSTED named personal representative.

1.3 The personal representative has qualified.

**II. CERTIFICATION**

THIS IS TO CERTIFY THAT ROBERT J. OLMSTED & RICHARD J. OLMSTED is authorized by this court to execute the will of the above decedent according to law.

DATED on this the 28th day of November, 2018.

**MELISSA BEATON**  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

Kristen Denton, Deputy Clerk

**III. CERTIFICATE OF COPY**

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SKAGIT )

I, ~~Melissa Beaton~~ Clerk of the Superior Court of Skagit County, certify that the above is a true and correct copy of the Letters Testamentary in the above-named case which was entered of record on November 28, 2018.

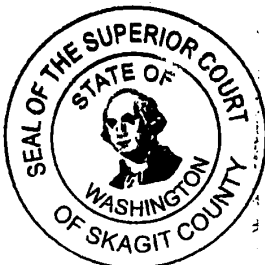
I further certify that these letters are now in full force and effect.

DATED: 3-22-19

**MELISSA BEATON**  
COUNTY CLERK AND CLERK OF THE SUPERIOR COURT

BY

Deputy Clerk



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ARTICLE V

Protective Provision

Neither the income nor the principal of the trust created by this Will shall be alienable by any beneficiary, whether income beneficiary or remainderman, either by assignment or by any other method, and the same shall not be subject to be taken by his or her creditors or by any representative thereof by any proceeds whatever including, but not limited to, proceedings in bankruptcy. This paragraph shall not limit the exercise of any power of appointment or right to disclaim.

ARTICLE VI

Appointment of Trustee and Successor Trustee

A. I have appointed my spouse, HARRIETT E. EATON, as trustee of the disclaimer trust established under Article IV of my Will. In the event she is unable or unwilling to act as trustee, then I appoint my daughters, JUDY K. DUCKEN and TRUDY OLMSTED, as alternate or successor co-trustees with respect to said trust. In the event one of my daughters is unable or unwilling to act, then the other daughter may act as sole successor trustee.

B. Any alternate or successor trustee, upon her acceptance, shall have the same powers and authorities herein conferred upon the replaced trustee unless otherwise provided in the trust (or court order, if any, appointing a successor trustee). The successor trustee shall be responsible only for the assets delivered by the predecessor trustee or by the legal representative of the predecessor trustee and takes as correct the statement of the predecessor or legal representative that the assets delivered constitute all of the assets of the trust estate without any duty to inquire as to the administration or accounting by the predecessor trustee. No successor trustee shall be responsible for any act or omission of a predecessor.

C. Any trustee may resign by giving 30 days written notice to all other acting trustee(s), if any, and each income beneficiary over the age of 18 years.

ARTICLE VII

Powers and Duties of Trustee

My trustee shall have the duties, powers and rights imposed and granted by law, including such powers and rights as may be granted under RCW 11.98.070 and as subsequently amended. In addition, my trustee shall have the following powers:

Testator's Initials: SKO  
Dated: 3/22/94  
jcl\ep\eaton-sk.will

LAW OFFICE OF BRIAN E. CLARK  
A PROFESSIONAL SERVICES CORPORATION  
415 PINE STREET  
MOUNT VERNON, WA 98273-3800  
TELEPHONE (206) 336-2191  
FACSIMILE (206) 336-6441

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