



201906110021

06/11/2019 11:02 AM Pages: 1 of 6 Fees: \$104.00  
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  
2019 2245  
JUN 11 2019

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

**SPECIAL WARRANTY DEED**

GRANTOR: **ROBERT B. NIXON, Successor Trustee of the  
D & D Pearson Family Revocable Trust uid 5/11/2012**

GRANTEE: **ROBERT B. NIXON, a single man**

Legal Description: Ptn SE ¼ SW ¼ S4 T33N R4E WM;  
Abbreviated Form: Ptn E ½ SW ¼ SW ¼ S4 T33N R4E WM

Additional on Page: Page 1

Assessor's Tax Parcel No: 330404-0-028-0001; P16278;  
330404-3-009-0008; P16308

THE GRANTOR, **ROBERT B. NIXON**, in his capacity as the **Successor Trustee** of the **D & D Pearson Family Revocable Trust uid 5/11/2012**, in distribution of said Trust following the death of the Surviving Grantor, **DARRELL W. PEARSON**, hereby grants, bargains, conveys and confirms to the GRANTEE, **ROBERT B. NIXON**, a single man, all of Grantor's interest in and to that certain real property, situated in the County of Skagit, State of Washington, and legally described as follows, together with all after-acquired title of the Grantor therein:

The North 250 feet of the West half of the Southeast quarter of the Southwest quarter, Section 4, Township 33 North, Range 4 East, W.M.  
ALSO the North 250 feet of that portion of the East half of the Southwest quarter of the Southwest quarter, Section 4, Township 33 North, Range 4 East, W.M., lying Easterly of Bacon Road No. 343.  
SUBJECT TO reservations of record and Privilege of building a reservoir of record.  
Situated in the County of Skagit, State of Washington.

The Grantor, for himself and for his successors in interest, does by these presents expressly limit the covenants of this deed to those herein expressed and excludes all covenants arising or to arise by statutory or other implication, and does hereby covenant to warrant and defend said real estate against all persons whomsoever lawfully claiming or to claim by, through, or under said Grantor, and not otherwise.

DATED: June 6<sup>th</sup>, 2019.

**D & D PEARSON FAMILY REVOCABLE TRUST uid 5/11/2012**

By: [Signature]  
Robert B. Nixon,  
Successor Trustee

STATE OF WASHINGTON }  
COUNTY OF SKAGIT } ss.

I certify that I know or have satisfactory evidence that **ROBERT B. NIXON** is the person who appeared before me, and said person acknowledged that he was authorized to execute the instrument and acknowledged it as the **Successor Trustee** of the **D & D Pearson Family Revocable Trust uid 5/11/2012**, 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 6<sup>th</sup> day of June, 2019.

[Signature]  
Printed Name Gratianna E Martin  
NOTARY PUBLIC in and for the State of Washington  
My Commission Expires May 27<sup>th</sup> 2020



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-013175

DATE ISSUED: 04/08/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DARRELL W  
LAST NAME(S): PEARSON

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MARCH 21, 2019  
HOUR OF DEATH: 11:00 PM  
SEX: MALE AGE: 88 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL  
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

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

RESIDENCE STREET: 20156 EAST STACKPOLE ROAD  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 55 YEARS

BIRTH DATE: [REDACTED]  
BIRTHPLACE: STANWOOD, WA

FATHER/PARENT: ARVID PEARSON  
MOTHER/PARENT: LIT [REDACTED]

MARITAL STATUS: WIDOWED  
SPOUSE: NOT APPLICABLE

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

OCCUPATION: TEACHER  
INDUSTRY: EDUCATION  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YES

CITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: MARCH 25, 2019

INFORMANT: ROBERT NIXON  
RELATIONSHIP: SON  
ADDRESS: 20156 EAST STACKPOLE ROAD MOUNT VERNON, WA 98274

FUNERAL FACILITY: ALPHA-OMEGA BURIAL & CREMATION

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEY

CAUSE OF DEATH:  
A: HYPOXIC RESPIRATORY FAILURE  
INTERVAL: DAYS  
B: ASPIRATION PNEUMONIA  
INTERVAL: DAYS  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: NO RESPONSE

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:

CERTIFIER NAME: RYAN TRINH, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1415 E. KINCAID STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: MARCH 22, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL  
DATE RECEIVED: MARCH 25, 2019



# Affidavit for Correction

06/11/2019 11:02 AM Page 4 of 6  
Wash. State Department of 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
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<b>Required</b>	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 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:

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 foregoing is true and correct

16a. Signature:      16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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, 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). 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.
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 October 2015

# \*CERTIFIED\*

APR 08 2019

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



0 2 1 3 8 2 7 4

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

**FIRST AMENDMENT**

*to the*

**D & D PEARSON FAMILY REVOCABLE TRUST**

THIS AMENDMENT, dated this 28<sup>th</sup> day of August, 2013, is the First Amendment to that certain revocable trust agreement known as the *D & D Pearson Family Revocable Trust* made by **DARRELL W. PEARSON** and **DARLENE L. PEARSON**, husband and wife, of Mount Vernon, Skagit County, Washington, as the "Grantors" and **DARRELL W. PEARSON**, as "Trustee," adopted on May 11, 2012, during the joint lives of the Grantors (the "Trust"). Grantor **DARLENE L. PEARSON** passed away on July 18, 2013. This amendment is made by Grantor **DARRELL W. PEARSON** (hereinafter "Grantor") pursuant to the authority to revoke or modify the Trust granted in Article 3, paragraph 3.1.2, of said Trust.

NOW, THEREFORE, the Grantor hereby directs as follows:

**I**

Paragraph 6.1 (Trustee; Successor Trustee) of Article 6 of the Trust dated May 11, 2012, shall be deleted in its entirety and the following substituted therefor:

**6.1 Trustee; Successor Trustees.** **DARRELL W. PEARSON** is the initial and current Trustee of the *D & D Pearson Family Trust*. If he should resign, die, become incapacitated (as defined in Section 7.12) or be removed, then the Grantor appoints **ROBERT B. NIXON** as the alternate or successor Trustee. In the event **ROBERT B. NIXON** is unable or unwilling to act for any reason, the Grantor appoints **JOHN L. GRAN** and **JAYNIE ROOZEN** as alternate or successor Co-Trustees. If either is unable or unwilling to act, then the other may act as sole alternate or successor Trustee.

GRANTOR'S INITIALS: 

DATED: AUGUST 28, 2013

