

WHEN RECORDED RETURN TO:
Guardian NW Title Escrow
1301 Riverside Dr. Suite B
Mount Vernon, WA 98273



201908300197

08/30/2019 02:23 PM Pages: 1 of 5 Fees: \$43.00
Skagit County Auditor

DOCUMENT TITLE(S):

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

1A-296A

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

Grantor State of Washington

Grantee:

Terri Maik, Successor Trustee of the Jerry H. Walton Revocable Living Trust dated March 6, 2001
of Jerry H. Walton Revocable Living Trust dated March 6, 2001

ABBREVIATED LEGAL DESCRIPTION:

Two portions of the SW 1/4 of Sec. 29, Twp. 35N., R. 4 E., W.M.

TAX PARCEL NUMBER(S):

P101101 & 350429-3-004-0500

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Local File Number: 958		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKAs if any) First Middle LAST JERRY HAROLD WALTON			2. Death Date 08-18-2011		
3. Sex (M/F) MALE	4a. Age - Last Birthday 72	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death WHATCOM
7. Birthplace (City, Town, or County) BELLINGHAM		8b. (State or Foreign Country) WA		9. Decedent's Education HIGH SCHOOL GRADUATE	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: NO			11. Decedent's Race(s) WHITE		12. Was Decedent ever in U.S. Armed Forces? NO
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 4307 SUCIA DRIVE			13b. City or Town FERNDAL		
13c. Residence: County WHATCOM		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country WA	13f. Zip Code + 4 98248
14. Estimated length of time at residence. 22 YEARS		15. Marital Status at Time of Death DIVORCED		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) IRENE [REDACTED]	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). BUSINESS OWNER			18. Kind of Business/Industry (Do not use Company Name) BEVERAGE		
19. Father's Name (First, Middle, Last, Suffix) HAROLD WALTON			20. Mother's Name Before First Marriage (First, Middle, Last) IRENE [REDACTED]		
21. Informant's Name TERRI MAIK		22. Relationship to Decedent FRIEND		23. Mailing Address: Number and Street (Include Apt. No.) City, Town, or State Zip 23921 SWIDE CREEK LN, SEDRO WOOLLEY, WA 98284	
24. Place of Death: If Death Occurred in a Hospital: DECEDENT'S HOME 25a. City, Town, or Location of Death FERNDAL 25b. State WA 25c. Zip Code 98248					
26. Facility Name (If not a facility, give number & street or location) 4307 SUCIA DRIVE					
28. Method of Disposition BURIAL		29. Place of Final Disposition (Name of cemetery, crematory, other place) GREENACRES-MOLES MEMORIAL PARK		30. Location-City/Town, and State FERNDAL, WA	
31. Name and Complete Address of Funeral Facility WESTFORD FUNERAL HOME 1301 BROADWAY, BELLINGHAM, WA 98225					32. Date of Disposition 08-25-2011
33. Funeral Director Signature X Megan Karoly MEGAN KAROLY					
34. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Liver Failure Interval between Onset & Death Due to (or as a consequence of): b. Liver Cancer Interval between Onset & Death Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. Alcoholic Cirrhosis Liver Interval between Onset & Death Due to (or as a consequence of): d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____			46. Describe how injury occurred: 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - To the best of my knowledge, information and belief, I am a duly licensed and qualified physician, and I am satisfied that the cause and manner of death are as stated on this form. Date and place of death are stated on this form. Signature and title of the certifier(s) and manner of death.			48b. Medical Examiner/Coroner - To the best of my knowledge, information and belief, I am a duly licensed and qualified medical examiner or coroner, and I am satisfied that the cause and manner of death are as stated on this form. Date and place of death are stated on this form. Signature and title of the certifier(s) and manner of death.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Sean H. Marshall MD 722 N. STATE ST., BELLINGHAM, WA 98225			50. Hour of Death (24hrs) 1821		
51. Name and Title of Attending Physician (if other than Certifier): Type or			52. Date Signed (mm/dd/yyyy) 8/19/2011		
53. Title of Certifier M.D.		54. License Number MD 00017496		55. ME/Coroner File Number	
57. Registrar Signature Guy Sten MD			58. Date Received (mm/dd/yyyy) 8-23-2011		
59. Amendments:					



DOHCHS 003 Rev 07/09/07

DOH 01-003 (6/10)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.



Affidavit for Correction

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

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY																
State File Number	Fee Number	Initials	Date	Affidavit Number												
Use the section below for requesting any changes on the record.																
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:												
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Transcripts</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td>We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</td> </tr> </table>					Certificate of Naturalization	Medical Record	School Transcripts	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	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.
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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.																

CERTIFIED

AUG 24 2011

Greg Stein MD
Whatcom County Health Department
Greg Stein M.D., Health Officer
UU00481687

103473
Death Certificate
Included

FIRST AMENDMENT AND RESTATEMENT
Dated December 20, 2010

OF THE

JERRY H. WALTON LIVING TRUST
u/a March 6, 2001

THIS IS THE RESTATEMENT TO that certain Trust Agreement dated March 6, 2001, by JERRY H. WALTON as Trustor ("Grantor" herein), and JERRY H. WALTON as Trustee, ("the Agreement"). Grantor retained the right to amend the Agreement in whole or in part, having never previously amended the Agreement, and now desires to amend and restate the Agreement in its entirety as follows.

WITNESSETH:

Grantor desires to establish a revocable trust for the benefit of Grantor and other beneficiaries, including a charitable foundation.

The assets transferred to the Trustee, together with such additional property as may be hereafter added to the trust, shall be held, administered and distributed by the Trustee under the following terms and provisions.

ARTICLE 1: TRANSFER OF PROPERTY

Grantor transfers and delivers to the Trustee the property itemized on Schedule "A" attached to this Agreement. The Trustee shall hold, administer, and distribute this property and any other property added to this trust in accordance with this Agreement. This trust shall be known as the "JERRY H. WALTON LIVING TRUST".

ARTICLE 2: IDENTIFICATION OF FAMILY

Grantor's family presently consists of Grantor and Grantor's son, JEFFREY J. WALTON, born May 9, 1973. Reference in this trust to "child" or to "children" shall refer to the above named child.

Except as provided below, Grantor makes no provision in this trust for any of Grantor's children who survive Grantor, nor for the descendants of any child who does not survive Grantor.

5.3.5 Grantor recommends and requests, but does not require, that the directors employ Barron Smith Daugert PLLC, or its successor in interest, as the Foundation's law firm. The appointed attorney may serve as director, provided that he/she does not participate in any determination of his/her compensation.

5.3.6 Grantor intends that the bequest to the Foundation shall qualify for a charitable deduction in Grantor's estate pursuant to Section 2055 of the Internal Revenue Code, and Grantor directs that if for any reason the bequest to the Foundation does not so qualify, that the Trustee shall distribute to such organizations as shall so qualify, for such purposes as are described in Section 5.3.2 above.

ARTICLE 6: TRUSTEE

6.1 **General.** Grantor shall serve as Trustee of the trust. Grantor may at any time request an individual and/or a corporate Trustee to serve with Grantor as Co-Trustee or to serve as Successor Trustee without court proceedings. If a Co-Trustee or a Successor Trustee is serving as Trustee at the time of Grantor's death or inability to serve as Trustee, such Trustee shall continue to serve as Trustee following Grantor's death or inability to serve. If at any time there would otherwise be a vacancy in the position of Trustee of any trust herein established, ~~TERRI MAIK shall serve as Successor Trustee without court proceedings.~~ If at any time there would otherwise be a vacancy in the position of Trustee of any trust or trust share established herein, then the last serving Trustee of such trust or trust share shall designate in writing an individual and/or corporate Trustee to serve as Successor Trustee without court proceedings. In the event there is no Successor Trustee available to act, any trust beneficiary may petition the Superior Court having jurisdiction over the trust for the appointment of a Successor Trustee under RCW 11.98.039.

6.2 **Resignation.** The Trustee or any Successor Trustee may resign at any time by providing written notice signed by the Trustee and filed with the trust records, to be effective upon the Trustee's discharge as provided in RCW 11.98.041.

6.3 **Removal.** If at any time a corporate Trustee is serving, such Trustee may be removed without court proceedings by delivery to it of a written notice of removal signed by a majority of the beneficiaries who are then entitled to receive or have the benefit of the income of the trust. Upon the removal or the resignation of a corporate Trustee, the majority of the beneficiaries who are then entitled to receive or have the benefit of the income of the trust shall select a successor corporate Trustee to serve as Trustee without court proceedings, and such selection shall be accomplished by a written statement acknowledged by the designated Successor Trustee. For purposes of this subsection, the Guardian of a beneficiary under a disability may act on behalf of such beneficiary.

6.4 **Limitation of Liability of Successor Trustee.** Any Successor Trustee taking office shall have no responsibility for the acts or omissions of any prior Trustee, and no duty to audit or investigate the accounts or administration of any prior Trustee.