

When recorded, return to:

Karen L. Lynn
12544 S.E. 233rd St.
Kent, WA 98031

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019-3940
SEP 11 2019

Amount Paid \$0
Skagit Co. Treasurer
By *mm* Deputy

201909110032

09/11/2019 11:18 AM Pages: 1 of 7 Fees: \$109.50
Skagit County Auditor

QUIT CLAIM DEED

THE GRANTORS, Karen L. Lynn and John C. Quanrud, Successor Co-Trustees of the CLEMENT O. QUANRUD and BEVERLY W. QUANRUD REVOCABLE TRUST DATED NOVEMBER 6, 1998, in consideration of fulfilling the terms of said Trust, hereby convey and quit claim to Karen L. Lynn, a single person, all interest of said Trust in the following described real property, situated in the County of Skagit, State of Washington, to wit:

Lot 11, Cavanawood Subdivision No. 1, as per plat recorded in Volume 6 of Plats, Page 33, under Auditor's File 423527, Records of Skagit County, Washington.

Tax Parcel No. 3875-000-011-0003

Together with all the tenements, hereditaments, and appurtenances thereto belonging, and all after acquired title and interest of the Grantors herein.

GRANTORS:

Karen L. Lynn

Karen L. Lynn

12-7-18

Date

John C. Quanrud

John C. Quanrud

12/7/18

Date

On this day personally appeared before me KAREN L. LYNN to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

A circular notary seal for Gary O. Olson. The outer ring contains the text "GARY O. OLSON" at the top and "STATE OF WASHINGTON" at the bottom. The inner ring contains "COMMISSION EXPIRES" at the top and "PUBLIC" at the bottom. The center of the seal features the date "10-10-19" and a small star.

On this day personally appeared before me JOHN C. QUANRUD to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

A circular notary seal for Gary O. Olson. The outer ring contains the text "GARY O. OLSON" at the top and "STATE OF WASHINGTON" at the bottom. The inner ring contains "COMMISSION EXPIRES" at the top and "10-10-19" at the bottom. In the center, the word "NOTARY" is arched over the word "PUBLIC". There are three small stars below "PUBLIC".

NOTARY PUBLIC in and for the State
of Washington, residing at Maple Valley
My commission expires: 10-10-19

STATE OF WASHINGTON
VITAL STATISTICS SECTION
DEPARTMENT OF HEALTH
CERTIFIED COPY OF DEATH CERTIFICATE

10651

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Beverly Wilma Quanrud					2. Death Date 24-Oct-2007		
3. Sex (M/F) Female	4a. Age - Last Birthday 79 Years	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 King		
7. Birthdate [REDACTED]	8a. Birthplace (City, Town, or County) Spokane	8b. (State or Foreign Country) Washington	9. Decedent's Education Bachelor's Degree				
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.) 22844 135th Ave SE					13b. City or Town Kent		
13c. Residence: County King	13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country WA	13f. Zip Code + 4 98042	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 44 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Clement Quanrud			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Elementary School Teacher				18. Kind of Business/Industry (Do not use Company Name) Education			
19. Father's Name (First, Middle, Last, Suffix) John Golden Cameron				20. Mother's Name Before First Marriage (First, Middle, Last) Wilma Elzada [REDACTED]			
21. Informant's Name Karen L Lynn		22. Relationship to Decedent Daughter		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 12544 SE 233rd St, Kent, WA 98031			
24. Place of Death, if Death Occurred in a Hospital: N/A				Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence			
25. Facility Name (if not a facility, give number & street or location) 22844 135th Ave SE				26a. City, Town, or Location of Death Kent	26b. State WA	27. Zip Code 98042	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Services		30. Location-City/Town, and State Kent, Washington			
31. Name and Complete Address of Funeral Facility Personal Alternative Funeral Services 749 N Central Ave, Kent, WA 98032-3051				32. Date of Disposition 31 - Oct-2007			
33. Funeral Director Signature X <i>[Signature]</i>				www.personalalternative.com			
Cause of Death (See instructions and examples)							
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. ASPIRATION PNEUMONIA Interval between Onset & Death							
Due to (or as a consequence of):							
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 b. CHRONIC LEUKEMIA Interval between Onset & Death							
Due to (or as a consequence of):							
c. CVA Interval between Onset & Death							
Due to (or as a consequence of):							
d.							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					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 checked="" 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 checked="" 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) N/A	42. Hour of Injury (24hrs) N/A	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) N/A		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: State: Zip Code + 4: N/A							
46. Describe how Injury occurred: N/A							
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 - In the heat of my knowledge, death was caused by the above stated cause and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, report, and history, I certify that the cause and manner of death are as stated above.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Shannon Johnson M.D. 16004 104th Ave SE #101 Kent, WA 98031 (425) 251-4040				50. Hour of Death (24hrs) 06:00 Hrs			
51. Name and Title of Attending Physician if other than Certifier (Type or Print) Dr. Shannon Johnson M.D.				52. Date Signed (mm/dd/yyyy) 10/26/07			
53. Title of Certifier	54. License Number	55. ME/Coroner File Number 07-5529	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) OCT 30 2007			
59. Amendments							

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number 2351		Washington State Certificate of Death		State File Number	
1. Legal Name (Print Name) First Middle LAST Clement O QUANRUD			2. Death Date 1-Mar-2014		
3. Sex (Print) Male	4a. Age - Last Birthday 92 Years	4b. Under 1 Year Months Days 11 11	4c. Under 1 Day Hours Minutes 11 11	5. Social Security Number [REDACTED]	6. County of Death King
7. Birth Date [REDACTED]	8a. Birthplace (City, Town, or County) Bismarck	8b. (State or Foreign Country) ND	9. Decedent's Education Bachelor's Degree		
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? Yes
13a. Residence Number and Street (e.g., 1234 SE 5th St.) (Include Apt. No.) 22844 135th Ave SE			13b. City or Town Kent		
13c. Residence County King			13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country WA	13f. Zip Code + 4 98042
14. Estimated length of time at residence. 52 Years			15. Marital Status at Time of Death Widowed		
16. Usual Occupation (Indicate type of work during most of working life. (Do not use retired).) Educator			17. Kind of Business/Industry (Print Use Category Name) Junior High-School Education		
18. Father's Name (First, Middle, Last, Suffix) Ludvig Quanrud			19. Mother's Name Before First Marriage (Print Name) Lena Berthia		
20. Informant's Name Karen L. Lynn			21. Relationship to Decedent Daughter		
22. Mailing Address: (Include and Street or Rte. 1 to 9999) 21544 SR 233rd Street, Kent, WA 98031			23. Place of Death, if Death Occurred Somewhere Other than a Hospital Decedent's Home		
24. Facility Name (If not a facility, give number & street or location) 22844 135th Ave SE			25. City, Town, or Location of Death Kent		
26. Method of Disposition Cremation			27. Zip Code 98042		
28. Place of Final Disposition (Name of cemetery, crematory, other place) First Cremation Services			29. Location-City/Town, and State Kent, WA		
30. Name and Complete Address of Funeral Facility Personal Alternative * Funeral Services 749 N Central Ave, Kent, WA 98032-3031			31. Date of Disposition 7-Mar-2014		
32. Funeral Director Signature X J. S. [Signature]			www.personalalternative.us		
33. 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) → Pneumonia Interval between Onset & Death 2 weeks					
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					
b. Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
d. Due to (or as a consequence of):					
34. Other significant conditions contributing to death but not resulting in the underlying cause given above COPD, TIAR, CHRONIC ONS/MOKE, CAP, Lung Dz, Coronary Disease					
35. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
38. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.					
39. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending					
40. Date of Injury (mm/dd/yyyy)					
41. Hour of Injury (24-hr)					
42. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)					
43. Location of Injury: Number & Street City or Town State Zip Code 4: 2351 Kent WA 98042					
44. Describe how injury occurred					
45. If transportation injury, specify: <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
46. Certifying Physician - To be filled in by the physician, dentist, or other qualified person who attended the decedent at the time of death, or by the medical examiner or coroner. (Type or Print) C. C. [Signature]					
47. Medical Examiner/Coroner - On the basis of examination, a determination as to the cause(s) and manner of death, and the date, time, and place of death, and the cause(s) and manner of death.					
48. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) C. C. [Signature]					
49. Name and Title of Attending Physician (if other than Certifier) (Type or Print)					
50. Hour of Death (24hrs) 9:00					
51. Date Signed (mm/dd/yyyy) 3/4/14					
52. Title of Certifier MD					
53. License Number 0021172					
54. Medical Examiner/Coroner File Number 174-1745					
55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
56. Registrar Signature [Signature]					
57. Date Received (mm/dd/yyyy) MAR 6 2014					
58. Amendments					



Affidavit for Correction

09/11/2019 11:18 AM Page 6 of 7
 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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Use the section below for requesting any changes on the record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (For Birth) (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (For Birth) (Spouse B for Marriage or Dissolution)
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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: ☐ Self ☐ Parent ☐ Guardian ☐ Informant Telephone Number:
☐ Funeral Director ☐ Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:	Birth Record	Numident Report (Social Security Administration)	Voter's Registration Card (if it bears an effective date)
	Certificate of Naturalization	Marriage/Divorce Record	School Transcripts (Official)
	Military Record (DD-214)	Life Insurance Policy	Alien Registration (front and back)
	Passport	Hospital/Medical Record	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- 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.
- Child under 18**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, three pieces of documentary proof are required.
 - If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
 - To correct parent's birth date, place of birth, or name, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates:

- 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 someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates:

- 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) or clerk of court (dissolution) must sign the affidavit.

Seattle - King County
 Department of Public Health

 David Fleming, MD
 Director and Health Officer

DOH 422-034 August 2013

MAR06.2014

ZZ00161786

CLEMENT O. QUANRUD AND BEVERLY W. QUANRUD**REVOCABLE LIVING TRUST AGREEMENT****DATED:** November 6, 1998**BETWEEN: CLEMENT O. QUANRUD AND BEVERLY W. QUANRUD
AS TRUSTORS,****AND: CLEMENT O. QUANRUD AND BEVERLY W. QUANRUD
AS TRUSTEES**

CLEMENT O. QUANRUD AND BEVERLY W. QUANRUD, residents of the State of Washington, County of King, establish a Trust upon the conditions and for the purposes hereafter set forth.

ARTICLE ONE**DECLARATION OF TRUST****Section 1.01 Trust Estate Defined And Trust Purpose.**

All property hereafter transferred or conveyed to and received by the Trustees to be held pursuant to the terms of this instrument is herein called the "Trust Estate" and shall be held, administered, and distributed by the Trustees as provided in this Trust Agreement. The Trustors have transferred and delivered to Trustees the property described in the various schedules accompanying this Trust including any and all property (real and personal), which has been transferred to this Trust by The Declaration of Intent, Addendum, and other legal documents. Such title and interests the trustees have received or may hereafter acquire in that property, and such other property as may hereafter be added to the Trust, shall be vested in the Trustees.

The primary Trust purposes shall be to provide for the health, support and maintenance of the Trustors during their lifetimes, in their accustomed manner of living. The secondary Trust purposes shall be to permit the Trustors to provide funds for the reasonable health, support, and education of the Trustors' designated beneficiaries.

It is each Trustor's intention that the Trust to the extent revocable by a trustor, and the Survivor's Trust be classified as "grantor trusts" of which all of such trust (income and corpus) is treated as owned by the respective Trustor under Subpart E of Part I of Subchapter J of Chapter 1 of Subtitle A of the Internal Revenue Code of 1986, as amended (the "Code").

accounts or beneficiaries by reason of the manner in which the fiduciaries thus carry out said direction.

ARTICLE NINE
OFFICE OF THE TRUSTEES

Section 9.01 Succession of Trustees.

The following will act as Trustees in the following order of succession:

First: The undersigned, CLEMENT O. QUANRUD AND BEVERLY W. QUANRUD.

Second: The survivor of the undersigned as Trustee of the Disclaimer Trust (if any), and Family Trust.

Third: At the death, incapacity, or resignation of the survivor of the undersigned, then Karen L. Lynn and John C. Quanrud shall serve as First Successor Co-Trustees. They shall serve without bond.

Fourth: A Trustee chosen by the majority of beneficiaries, with a parent or legal guardian voting for minor beneficiaries; provided, however, that the issue of any deceased beneficiary shall collectively have only one vote.

All rights, titles and interest in the property of the trust shall immediately vest in the successor Trustee(s) at the time of appointment. The prior Trustee shall, without warranty, transfer to the successor Trustee(s) the existing trust property.

Section 9.02 Trustee May Appoint Co-Trustee.

Any trustee, sole, co-trustee, or special may appoint a co-trustee, individual or corporate. If the appointing trustee ceases to act, the appointed co-trustee may also exercise this power. Such appointments shall supersede any successor trustee designated in this instrument. Provisions relating to the merger of Trusts, as provided in Section 7.11, also apply to Article Nine.

Section 9.03 Co-Trustee May Allocate Duties.

Any co-trustee may allocate duties between those serving by a written agreement and concurrence by a majority of the adult income and principal beneficiaries. After such delegation, any one trustee may unilaterally revoke such delegation at will and without cause by written notice to the other trustees and adult income beneficiaries.