

WHEN RECORDED RETURN TO:

Guardian Northwest Title
3202 Commercial Avenue
Anacortes, WA 98221



201911270186

11/27/2019 03:20 PM Pages: 1 of 6 Fees: \$44.00
Skagit County Auditor

DOCUMENT TITLE(S):

Death Certificate

GUARDIAN NORTHWEST TITLE CO.

19-3300

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

41426

GRANTOR: STATE OF WASHINGTON

:

PATRICK GEOFFREY SMITH

ABBREVIATED LEGAL DESCRIPTION:

Tract 37, SKYLINE DIV. 4

TAX PARCEL NUMBER(S):

P59252 & 3820-000-037-0009

STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

1468 41426
STATE FILE NUMBER

1. DISTRICT
2. COUNTY
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRUST
7. OCCURRENCE
8. CAUSE OF DEATH
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1. NAME First: Patrick Middle: Geoffrey Last: Smith			2. SEX (M / F) M	3. DATE DEATH (Mo, Day, Yr) Nov 29, 1998
4. AGE LAST BIRTHDAY (Yrs) 78	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) [REDACTED]	8. BIRTHPLACE (City, State or Foreign Country) Jersey City, NJ
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes			10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Anacortes			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 4408 Bryce Drive	
13. SMOKING IN LAST 15 YEARS? (Yes / No) No				
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Lorraine D. Perkins		16. SOCIAL SECURITY NO. [REDACTED]
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator		19. KIND OF BUSINESS OR INDUSTRY Industrial Wrappings		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify) White				
22. RESIDENCE—NUMBER AND STREET 4408 Bryce Dr.		23. CITY/TOWN OR LOCATION Anacortes	24. INSIDE CITY LIMITS? (Yes / No) Yes	25. COUNTY Skagit
26. LENGTH OF RES. IN CO. 11 mo		27. STATE WA	28. ZIP CODE 98221	
29. FATHER'S NAME—FIRST, MIDDLE, LAST Russell (unk.) Smith			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Kathleen (unk.) [REDACTED]	
31. INFORMANT—NAME Lorraine D. Smith			32. MAILING ADDRESS 4408 Bryce Dr., Anacortes, WA 98221	
33. DATE (Mo, Day, Yr) Dec. 3, 1998			34. CEMETERY/CREMATORY—NAME Forest Lawn Long Beach	
35. LOCATION—CITY/TOWN, STATE Long Beach, CA				
36. FUNERAL DIRECTOR'S SIGNATURE [Signature]			37. NAME OF FACILITY Evans Funeral Chapel	
38. ADDRESS OF FACILITY 1105 32nd Street Anacortes, WA 98221-				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature] M.D.				
40. DATE SIGNED (Mo., Day, Yr) Dec. 1, 1998				
41. HOUR OF DEATH (24 Hrs.) 0110				
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert Raish M.D. 1415 E. Kincaid, Mount Vernon 98273				
43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE [Signature]				
44. DATE SIGNED (Mo., Day, Yr)				
45. HOUR OF DEATH (24 Hrs.)				
46. PRONOUNCED DEAD (Mo., Day, Yr)				
47. HOUR PRONOUNCED DEAD (24 Hrs.)				
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert Raish M.D. 1415 E. Kincaid, Mount Vernon 98273				
49. MEDICORNER FILE NUMBER NJA 477				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:				
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. Metastatic Merkel carcinoma to lung mets DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated 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:				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				
52. AUTOPSY? (Yes / No) No				
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No				
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)				
55. INJURY DATE (Mo, Day, Yr)				
56. HOUR OF INJURY (24 Hrs.)				
57. DESCRIBE HOW INJURY OCCURRED:				
58. INJURY AT WORK? (Yes / No)				
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)				
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				
62. REGISTRAR SIGNATURE [Signature]				
63. DATE RECEIVED (Mo., Day, Yr.) 12/11/98				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev. 7/91) (formerly DSHS 9-150)

DOH 422-131 (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED



Affidavit for Correction

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

P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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:
First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle Last/Maiden
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital				
Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				
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:

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 forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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
- 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

- 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

*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.

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

This affidavit cannot be used to add a father to a birth certificate (use 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 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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
- 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

OCT 28 2019



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**SMITH FAMILY TRUST
(Married - Living Trust AB)**

CREATION OF THE TRUST

This revocable Living Trust is formed to hold title to real and personal property for the benefit of the creators of this Trust and to provide for the orderly use and/or transfer of such assets during the life of this Trust and upon the demise of the creators of this Trust.

Name of Trust

This Trust shall be known as:

"The Smith Family Trust, dated DEC 31, 1992, Patrick G. Smith and Lorraine D. Smith, Trustor(s) and/or Trustee(s)."

Parties to the Trust

This Trust is entered into by and between Patrick G. Smith and Lorraine D. Smith of the County of Alameda, State of California, hereinafter called "Settlers" or "Trustors" or separately, "Husband" or "Wife", and Patrick G. Smith and Lorraine D. Smith of the County of Alameda, State of California, hereinafter called "Trustees" or "Trustee", and "Beneficiaries" or "Beneficiary" while living.

Trustee Authority to Act Independently

The above named Settlor Trustees shall serve jointly and severally and either shall have full authority for the Trust without the consent of the other, to act independently in performing transactions on behalf of the Trust, except as to transactions involving real property owned by the Settlers which shall require the joint consent and signatures on all sale and transfer documents of both the Settlor/Trustors while they are both living and competent. Notwithstanding the foregoing, property held in any Trust created herein as the separate property of either Settlor shall be solely administered under the authority of the Settlor whose property it is, so long as he or she is living and competent. This authority shall extend to all

Smith Family Trust, Page 1

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AMENDMENT OF TRUST AGREEMENT
SMITH FAMILY TRUST

Pursuant to the powers reserved in that certain Trust Agreement dated December 31, 1992, the "SMITH FAMILY TRUST," executed by and between PATRICK G. SMITH (deceased) and LORRAINE D. SMITH (Surviving Trustor), said Surviving Trustor, undersigned, hereby amends the Trust Agreement in the following respects:

1. The first two paragraphs in the provision set forth on page 7 of the Trust Agreement under the heading "Successor-Trustee" beginning "In the event of the death of the remaining or surviving original Trustee(s)..." is deleted and the following provisions, consisting of three paragraphs, are substituted as follows:

In the event of the death of the Surviving Trustee or, if for any reason she ceases to serve as Trustee hereunder, the Surviving Trustor nominates and appoints her sister-in-law, SHIRLEY M. SMITH, to serve as Successor Trustee hereunder without the approval of any Court. In the event of the death of SHIRLEY M. SMITH or, if for any reason she ceases to serve as Trustee hereunder, the Surviving Trustor nominates and appoints her sons, PATRICK G. SMITH JR. and MICHAEL W. SMITH, to serve as Successor Trustee(s) hereunder without the approval of any Court.

In the event of the death of the alternate Successor Trustees named hereinabove or, if for any reason the named Successor Trustee(s) cease to serve as Trustee(s) hereunder, the Trustor nominates and appoints her daughters, GEORGIA K. (SMITH) SCOTT and KATHLEEN A. (SMITH) PERRY, to serve as Successor Trustee(s) hereunder without the approval of any Court.

In all other respects, the undersigned Surviving Trustor hereby ratifies and confirms the provisions of the Trust Agreement.

IN WITNESS WHEREOF, I have executed this Amendment of Trust Agreement this 4th day of February, 2003.

Lorraine D. Smith
LORRAINE D. SMITH
Surviving Trustor

Lorraine D. Smith
LORRAINE D. SMITH
Surviving Trustee

STATE OF WASHINGTON)
) ss.
County of Skagit)

On this day personally appeared before LORRAINE D. SMITH, 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.

GIVEN under my hand and official seal this 4 day of Feb, 2003.

Martin Lind
Printed Name: Martin Lind
Notary Public in and for the State
of Washington, residing at: Bow
My commission expires: 12-17-03