



202002100042

02/10/2020 10:53 AM Pages: 1 of 8 Fees: \$110.50
Skagit County Auditor

When recorded, return to:
Carole J. Buffum
1911 Tweed Place
Anacortes, WA 98221

QUITCLAIM DEED

Under Wash. Rev. Code § 64.04.050

The grantor,
The Harvey E. Buffum "B" Trust, dated 3 March, 2000, Helen A. Buffum, Trustee,
Kathryn E. Buffum and Carole J. Buffum, successor Trustees

for and in consideration of distribution to the beneficiary of an irrevocable trust

conveys and quitclaims to the grantee,
Carole J. Buffum

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2020491
FEB 10 2020

Amount Paid \$
By Skagit Co. Treasurer Deputy

all interest in the following described real estate, situated in the County of
State of Washington:

Skyline No. 17 - condominium - Lot 128, according to plat recorded in Volume 9 of Plats, pages 101 and 102, records of Skagit County, Washington; Also known as Slip 30, Dock D, Skyline Marina, Flounder Bay.

TOGETHER WITH an undivided 0.6474 percentage interest in the land lying within the plat of Skyline No. 17 according to the plat recorded in Volume 9 of Plats, pages 101 and 102 records of Skagit County, Washington, except the portion thereof lying within Lots 1 to 142, inclusive of said plat.

APN: 3830-000-128-0007 P60219

Commonly known as: Slip 30, Dock D, Skyline Marina, Flounder Bay
Reference numbers of documents assigned or released:

Dated this 6th day of February, 2020.

Signed, sealed, and delivered in the presence of:

Kathryn E. Buffum
 Signature
Kathryn E. Buffum
 Print name
Grantor Trustee
 Capacity

Carole J. Buffum
 Signature
Carole J. Buffum
 Print name
Grantee
 Capacity

 Signature

 Print name

 Capacity

 Signature

 Print name

 Capacity

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

STATE OF Washington }

ss.

COUNTY OF Skagit }

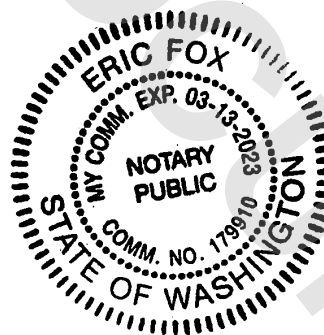
On this day personally appeared before me Kathryn Buffum and
Carole Buffum

to me known to be the individual or individuals described in and who executed the within and foregoing instrument, and acknowledged that he (she or they) signed the same as his (her or their) free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 6th day of February, 2020.

Eric Fox
 Notary Public
 in and for the State of Washington, residing at:
Anacortes

ERIC FOX
 Print name
 My commission expires:
03-13-2023



**THE BUFFUM 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 Buffum Family Trust, dated July 25, 1996, Harvey E. Buffum and Helen A. Buffum, Trustors and/or Trustees."

Notice of Arbitration

The Trustors and Trustees of this Trust have agreed that alternative dispute resolution should be utilized to preserve the total Trust Estate from the expenses of legal fees and litigation. For that reason, THIS TRUST IS SUBJECT TO ARBITRATION. The Trustee shall submit all disputes to arbitration as provided in this Trust and arbitration awards shall be fully enforceable under the terms of state law and common law to the extent they are not inconsistent.

Parties to the Trust

This Trust is entered into by and between Harvey E. Buffum and Helen A. Buffum of the County of Skagit, State of Washington, hereinafter called "Settlors" or "Trustors" or separately, "Husband" or "Wife", and Harvey E. Buffum and Helen A. Buffum of the County of Skagit, State of Washington, hereinafter called "Trustees" or "Trustee", and "Beneficiaries" or "Beneficiary" while living.

Trustee Authority to Act Independently

The above named Trustors who are Trustees shall serve jointly and severally and either shall have full authority for the Trust without the consent of the other and to act independently in performing transactions on behalf of the Trust, except as to transactions involving real property owned by the Trustors which shall require the joint consent and signatures on all sale and transfer documents of both the Trustors while they are both living and competent. Notwithstanding the foregoing, property held in any Trust created herein as the separate property of either Trustee shall be solely administered under the authority of the Trustor whose property it is so long as he or she is living and competent. This authority shall extend to all powers granted to the Trustees under "Trustee Powers" hereof and shall include the right to contract for and on behalf of the Trust and to execute, negotiate, and compromise such instruments as may be necessary to carry out the purposes and intents of this Trust.

who transferred such property to the Trustee, subject to the provisions of this Agreement.

SUCCESSOR TRUSTEE

Upon the death, resignation, disappearance or incompetence of a Trustee, the next acting Trustee will immediately assume the duties of Trustee and manage the Trust according to its terms.

Surviving Trustee

In the event of the death, resignation, or incompetency of an original Trustee, or if for any reason any ceases, or is unable, to serve as Trustee hereunder, the Trustors nominate and appoint the remaining original Trustee to continue to serve as Trustee hereunder without the approval of any court.

First Successor Trustee

In the event of the death, resignation, or incompetency of the remaining or surviving original Trustee who is a Trustor, or if for any reason such person ceases, or is unable, to serve as Trustee hereunder, the Trustors nominate and appoint **Kathryn E. Buffum and/or Carole J. Buffum** to serve as Co-Successor Trustee(s) hereunder without court approval.

Second Successor Trustee

In the event of the death, resignation, or incompetency of the above named Co-Successor Trustee(s), or if for any reason the named Co-Successor Trustee(s) cease(s), or is unable, to serve as Trustee hereunder, the Trustors nominate and appoint **Edwin H. Buffum and Kenneth A. Buffum** to serve as Co-Successor Trustee(s) hereunder without court approval.

No Bond Requirement

No Trustee shall be required to post bond or any other security for the faithful performance of any duty or obligation of such office.

Multiple Successor Trustees Must Act Together

When there is more than one Successor Trustee serving, the multiple trustees must unanimously agree in order to act. If the Trustors are serving as Trustee this provision does not apply.

Resolution of Conflict

Any controversy between the Trustees and any controversy between the Trustee and any other parties to this Trust, including Beneficiaries, involving the construction or application of any of the terms, provisions, or conditions of this Trust shall, on the

The Buffum Family Trust

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IN WITNESS WHEREOF, the provisions of this Declaration of Trust shall bind Harvey E. Buffum and Helen A. Buffum as Trustors, and Harvey E. Buffum and Helen A. Buffum as Trustee(s); Successor Trustees assuming the role of Trustee hereunder, and the Beneficiaries of this Trust as well as their successors and assigns.

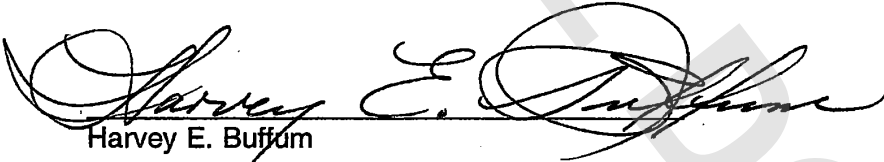
Dated on July 25, 1996, at Mount Vernon, Washington

TRUSTORS:


Harvey E. Buffum


Helen A. Buffum

TRUSTEES:


Harvey E. Buffum


Helen A. Buffum

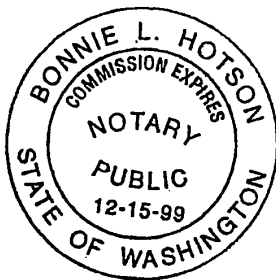
Witness Kathi Osborne
Address 702 Main St.
Mt. Vernon, WA 98273

Witness Rosemary Lamb
Address 702 Main St.
Mount Vernon, Wa. 98273

(STATE OF WASHINGTON
ss. (
(COUNTY OF SKAGIT

On this day, personally appeared before me Harvey E. Buffum and Helen A. Buffum, to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 25 July, 1996



Bonnie L. Hotson
Notary Public in and for the State of Washington,
residing at Mt. Vernon, WA 98273

My commission expires: 12-15-99

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-055826

DATE ISSUED: 12/26/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HELEN AMANDA

LAST NAME(S): BUFFUM

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: DECEMBER 17, 2019

HOUR OF DEATH: 05:30 PM

SEX: FEMALE

AGE: 97 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: DENISON, IA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOME MAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: CAROLE J BUFFUM

RELATIONSHIP: DAUGHTER

ADDRESS: 1911 TWEED PLACE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: VASCULAR DEMENTIA

INTERVAL: YEARS

B: RECURRENT CEREBROVASCULAR ACCIDENTS

INTERVAL: YEARS

C: HYPERTENSION

INTERVAL: YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RECURRENT URINARY TRACT INFECTIONS

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: 1105 27TH STREET, #C206 - ROSARIO CARE

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1105 27TH STREET, #C206

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: ALBERT WILHELM REIMERS

MOTHER: ALMA LISETTA [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: JANUARY 07, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOSEPH J. WAHAM

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

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: DECEMBER 20, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: DECEMBER 20, 2019



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
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Required information must match current information on record

Required	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
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 foregoing is true and correct

16a. Signature:	16b. Signature of 2nd 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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

- 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



CERTIFIED

DEC 26 2019

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


0 3 2 6 6 8 5 0

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