

RECORDING REQUESTED BY and  
WHEN RECORDED MAIL TO:

Bradley W. Nemeth  
9635 Granite Ridge Drive, Ste. 320  
San Diego, CA 92123

MAIL TAX STATEMENTS TO

Steven J. Hellman  
4034 Edith Point Road  
Anacortes, WA 98221

APN NO. 3975-000-070-0000



202008070120

08/07/2020 01:10 PM Pages: 1 of 15 Fees: \$117.50  
Skagit County Auditor

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2020 2020  
AUG 07 2020

Amount Paid \$0  
By Skagit Co. Treasurer  
Deputy

### QUITCLAIM DEED

The undersigned Grantor(s) declare(s) under penalty of perjury that this is a transfer between parent and Child. This transfer is exempt under Revenue and Taxation Code Section 63.1. THERE IS NO CONSIDERATION FOR THIS TRANSFER.

DOCUMENTARY TRANSFER TAX is \$0; CITY TAX \$0

County of Skagit

**GRANTOR:** STEVEN J. HELLMAN, Successor Trustee of the John S. Hellman and Barbara F. Hellman Family Trust dated August 19, 1992

hereby **REMISE(S), RELEASE(S) and FOREVER QUITCLAIM(S)** to:  
STEVEN J. HELLMAN

the following described real property in the County of Skagit, State of Washington:

Lot 68 in the Plat of "RANCHO SAN JUAN DEL MAR SUBDIVISION NO. 4, Plat 3" as per plat recorded in Volume 6, of Plats, pages 18 to 21, records of Skagit County, Washington together with that portion of Lot 69 of said plat, lying northerly of the following described line:

Commencing at the most easterly corner of lot 70 in said Plat of "RANCHO SAN JUAN DEL MAR SUBDIVISION No. 4"; thence North 72°43'30" West, 96.15 feet along the northerly lines of lots 69 and 70 of said plat to the true point of beginning of said line; thence South 87°00'55" West 204.50 feet to a point on the most westerly line of said lot 69 and the terminus of said line.

Commonly known as 4034 Edith Point Road, Anacortes, WA 98221

Dated: 8/6/2020

STEVEN J. HELLMAN, Successor Trustee of the John S. Hellman and Barbara F. Hellman Family Trust dated August 19, 1992

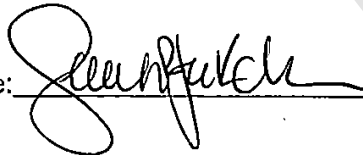
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF WASHINGTON  
COUNTY OF SKAGIT } SS

On 8-6-2020 before me, Sarah R Jurkovich  
\_\_\_\_\_, A Notary Public, personally appeared STEVEN J. HELLMAN, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Washington that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Notary Signature: \_\_\_\_\_



**FIRST AMENDMENT  
TO THE  
HELLMAN FAMILY TRUST "A"**

That certain JOHN S. HELLMAN and BARBARA HELLMAN FAMILY TRUST, executed on August 19, 1992 and as amended on September 5, 2003, wherein JOHN S. HELLMAN and BARBARA F. HELLMAN (now deceased) were the Trustors, with JOHN S. HELLMAN now serving as Trustee, is hereby amended pursuant to that power to alter and amend reserved therein by the Trustor as follows:

1. Section 1.03 shall be deleted in its entirety and the following shall be added:

"1.03     Distribution of Income and Principal of Trust  
"A":

1.031     During Lifetime of Surviving Trustor:

A.     Income: The Trustee shall pay to the Surviving Trustor the entire net income of Trust "A" for and during his or her lifetime no less frequently than annually.

B.     Withdrawal of Principal: Anything herein to the contrary notwithstanding, the Surviving Trustor shall have the absolute power exercisable only by a written instrument other than a will delivered to the Trustee during the Surviving Trustor's lifetime to appoint any part of the principal and any undistributed net income. Such appointment may be in favor of the Surviving Trustor, Surviving Trustor's Estate, or any person or entity. Such appointment shall be effective at any time that the Surviving Trustor shall desire.

C.     Invasion of Principal: If at any time the Surviving Trustor shall become incompetent or shall for any other reason be unable to act on his or her own behalf, the Trustee may in his or her absolute discretion pay to or apply for the benefit of the incapacitated Trustor such amounts of the principal from the Trust up to the whole thereof, as the Trustee may from time to time deem necessary or advisable for the Trustor's use and benefit.

Incapacity shall be proven by the opinion of two (2) licensed physicians who certify in writing that the Trustor

has become physically or mentally incapacitated. These opinions shall control regardless of whether or not a court of competent jurisdiction has declared the Trustor to be incompetent, mentally ill, or in need of a conservator. The Successor Trustee may therefore expend for the benefit of the incapacitated Trustor the amount of net income and principal necessary in the Trustee's discretion for the Trustor's proper health, support, and maintenance, until the Trustor, in the opinion of two (2) licensed physicians is again able to manage his or her own affairs.

1.032 Upon Death of Surviving Trustor:

A. Payment of Debts, Funeral Expenses and Taxes: The Trustee may, in his or her absolute discretion, pay from the principal of the Trust Estate the Surviving Trustor's last illness and funeral expenses, income, gift, estate or inheritance taxes and all other debts incurred for the surviving Trustor's support including any estate or inheritance tax attributable to the Trust by reason of the Surviving Trustor's death. Notwithstanding anything in this instrument to the contrary, the Trustee shall not pay any death taxes, including interest and penalties, last illness and funeral expenses, attorneys' fees, administration expenses, debts or other obligations of the Deceased Trustor or of his or her estate from funds received from qualified retirement plans that are excludable from the Deceased Trustor's gross estate for federal Estate Tax purposes under Section 2039 of the Internal Revenue Code or any successor statute or from proceeds of life insurance policies on the Deceased Trustor's life owned by other individuals. However, to the extent there are no other assets available for such purposes, or to the extent the Trust corpus includes insurance proceeds, the Trustee, in his or her discretion, may use insurance proceeds that are otherwise taxable in the Deceased Trustor's estate for Federal Estate Tax purposes for such payments.

1.033 Distribution of Personal Property: Upon the death of the Trustor, the Trustee hereof shall distribute all of the personal property of the Trustor in accordance with a letter of direction which may be found among the Trustors' papers at death. In the event no such letter of direction exists, and as to the property not disposed of by said letter of direction, all jewelry, clothing, household furniture and furnishings, personal automobiles, and all other tangible articles of a personal nature, or any interest in such property, not otherwise specifically disposed of by this Trust or in any other manner, together with any insurance on said property shall be distributed in accordance with Section 1.034 of this First Amendment to Trust "A".

liberal manner to disburse principal for the education, including a collegiate and professional education of a beneficiary of the Trustors, provided that in the Trustee's opinion said education is being reasonably pursued to the advantage of the beneficiary. The Trustee shall take into consideration all reasonable related living expenses in determining disbursements hereunder.

E. Additionally, if the payments from these Trusts to which any beneficiary may be entitled, together with other income of such beneficiary, of which the Trustee has actual knowledge, shall be insufficient in the discretion of the Trustee to provide for the reasonable health, support, care and comfort of such beneficiary, the Trustee may pay to such beneficiary or apply for his or her benefit so much of the principal, up to and including the whole of the respective Trust, as the Trustee may deem advisable.

F. Upon the death of a beneficiary of the Trustors prior to distribution of his or her share of the Trust Estate, his or her share of the Trust Estate shall be distributed to his or her then living lawful issue upon the principle of representation. Anything herein to the contrary notwithstanding, each lineal descendant of a beneficiary of the Trustors shall have a power to appoint his or her Trust to any person by Will.

G. Upon the death of a beneficiary of the Trustors for whom a Trust is held who dies leaving no lawful issue, said Trust shall be distributed upon the principle of representation to the then living lawful issue of his or her nearest ancestor having living lawful issue, providing they are issue of the Trustors.

H. Any of the Trust Estate not disposed of under the foregoing provisions shall be distributed one-half ( $\frac{1}{2}$ ) to the legal heirs of the Trustor Husband and one-half ( $\frac{1}{2}$ ) to the legal heirs of the Trustor Wife; their identity and respective shares to be determined by the laws of intestacy of the State of California then in effect as apply to the distribution of separate property, such determination to be made as if the death of the Husband and Wife had immediately preceded the event requiring such distribution."

2. Section 3.011 shall be deleted and the following provision added in its place:

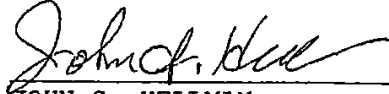
"3.011 3.011 Designated Trustee: There shall be two Trustees under this Amendment: JOHN S. HELLMAN and STEVEN J.

HELLMAN. Upon the death, resignation or inability of either JOHN S. HELLMAN or STEVEN J. HELLMAN to serve as a Trustee, then the other shall be the sole Trustee. It is the intent that while JOHN S. HELLMAN and STEVEN J. HELLMAN, either may sign on behalf of the Trust and bind the Trust without the signature of the other. Upon the death, resignation or inability of both JOHN S. HELLMAN and STEVEN J. HELLMAN to serve as Trustee, then KENDRA TENNANT shall serve as Successor Trustee. Any Successor Trustee shall be relieved of any and all liability for any acts or omissions of the predecessor Trustee in respect to administration of this Trust. The Trustor directs that no individual while serving as Trustee hereof shall be required to provide any bond or other security to insure the faithful performance of his or her duty as Trustee hereof.

Upon the death, resignation or inability of all of the above persons to serve as Trustee or Successor Trustee of this Trust, then in that event, the Trustee last to serve who is then living shall be empowered to designate any individual or institution to serve as Successor Trustee."

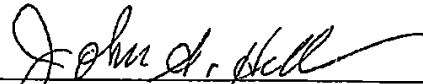
3. The remainder of the Trust shall remain unchanged, and in full force and effect.

EXECUTED IN TRIPLICATE at Skagit County, Washington on July 25, 2020, 2107.




JOHN S. HELLMAN,  
Trustee

I certify that I have read the foregoing Amendment to the Declaration of Trust, and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed and disposed of by the Trustee. I approve the Amendment to the Declaration of Trust in all particulars and request the Trustee to execute it.



JOHN S. HELLMAN,  
Trustor

APPROVED:



Bradley W. Nemeth  
Attorney for Trustor

Bradley W. Nemeth  
A Professional Corporation  
9635 Granite Ridge Drive, Suite 320  
San Diego, CA 92123  
(858) 571-2929

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

## ALL PURPOSE ACKNOWLEDGMENT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

On July 25th, 2017 before me, Sarah R Jurkovich, a Notary Public in and for the State of Washington, personally appeared JOHN S. HELLMAN, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacities, and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Washington that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Sarah R Jurkovich  
NOTARY SIGNATURE



# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-017115

DATE ISSUED: 04/16/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JOHN STEPHEN

LAST NAME(S): HELLMAN

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 12, 2020

HOUR OF DEATH: 04:15 PM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: SEATTLE, WA

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: NAVAL AVIATOR

INDUSTRY: US NAVY

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: STEVE HELLMAN

RELATIONSHIP: SON

ADDRESS: 5213 MARITIME COURT, ANACORTES, WA 98221

CAUSE OF DEATH:

A: LEWY BODY DEMENTIA

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OBSTRUCTIVE UROPATHY WITH CHRONIC FOLEY CATHETER

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: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: MIRA VISTA REHABILITATION AND CARE CENTER

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 4034 EDITH POINT ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: HENRY J HELLMAN

MOTHER: FRANCES R [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: FERN HILL CEMETERY

CITY, STATE: ABERDEEN, WASHINGTON

DISPOSITION DATE: APRIL 17, 2020

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

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: MARY RAMSBOTTOM, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 EAST KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: APRIL 15, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: APRIL 15, 2020



# Affidavit for Correction

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

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
<b>Required information must match current information on record</b>				
<b>Record Type:</b> <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 2nd parent (if required):
Printed name:	Printed name:
Date:	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

- 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
 

<b>Child under 18</b> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• 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)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul>	<b>Adult (18 years or older)</b> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul>
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- \*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\***

APR 16 2020

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

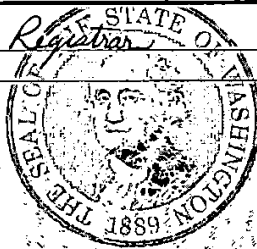


0 3 8 0 3 7 3 4

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

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: <b>883-11</b>		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST		2. Death Date					
Barbara Frances Hellman		Oct 28, 2011					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
F	73	Months Days	Hours Minutes	437-50-7601	Skagit		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Dec 21, 1937	Washington	District of Columbia		Some college credit, no degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces? No	
No				Caucasian			
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)						13b. City or Town	
4034 Edith Point						Anacortes	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
Skagit				Washington	98221		
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
7 Years		Married		John Stephen Hellman			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Robert Kenneth Gingles				Helen Louise Darling			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
John Stephen Hellman		Husband		4034 Edith Point Anacortes WA 98221			
24. Place of Death, if Death Occurred in a Hospital							
Decedent's Residence							
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	27. Zip Code
4034 Edith Point				Anacortes		WA	98221
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)				30. Location-City/Town, and State	
Burial		Fernhill Cemetery				Anacortes, Washington	
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Evans Funeral Chapel & Crematory, Inc. 1105 32nd Street Anacortes Washington 98221						November 4, 2011	
33. Funeral Director Signature X <i>Lennie Hella</i>							
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. Abdominal Abscess with Colocutaneous Fistula Interval between Onset & Death: 1 month							
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) Interval between Onset & Death:							
c. Due to (or as a consequence of) Interval between Onset & Death:							
d. Due to (or as a consequence of) Interval between Onset & Death:							
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	
Type 2 Diabetes, Interstitial lung D2							
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<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		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: 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, death occurred at the time, date, and place and due to the cause(s) and manner stated				48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.			
X <i>Nancy H. Llewellyn</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
Nancy H. Llewellyn, M.D. 912 32nd Street, Suite A Anacortes, WA 98221				1043			
52. Date Signed (mm/dd/yyyy)				53. Title of Certifier		54. License Number	
10/31/2011				Dr.		MD00027709	
55. ME/Coroner File Number				56. Was case referred to ME/Coroner?		57. Registrar Signature	
NJA # 575				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		X <i>Maria S. Uwano, Deputy Registrar</i>	
58. Date Received (mm/dd/yyyy)				59. Amendments			
OCT 31 2011							



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.



202008070120

08/07/2020 01:10 PM Page 12 of 15

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

**Affidavit for Correction****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: 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:****The Record now shows:****The True fact is:**

6.	7.
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ 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:
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All vital records are registered as received.

**All changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof: Certificate of Naturalization  
Hospital Records  
Insurance Records  
Marriage/Divorce Records

Medical Record  
Military Record (DD-214)  
Birth Record  
Passport

School Transcripts  
Voter's Registration Card (if it bears an effective date)  
Alien Registration Card (front and back)  
We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
- Proof must be five (or more) years old or have been established within five years of birth.
- 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.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- 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:**

- 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.

DOH/CHS 023a 2/14/11

**\*CERTIFIED\***

NOV 01 2011

*Howard L. Brand*  
Skagit County Health Department  
Howard L. Brand M.D., Health Officer

VV00086159

Recording Requested By and  
When Recorded Mail to:

Bradley W. Nemeth  
9635 Granite Ridge Dr. #320  
San Diego, CA 92123

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APN:

STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF SKAGIT       )

**AFFIDAVIT OF SUCCESSOR TRUSTEE**

The undersigned, STEVEN J. HELLMAN, declares under penalty of perjury that the decedents in the attached Certificates of Death are the same persons named as the Co-Trustees of the JOHN S. HELLMAN and BARBARA F. HELLMAN Family Trust executed by JOHN S. HELLMAN and BARBARA, on August 19, 1992.

The Trust provides that upon the death of JOHN S. HELLMAN and BARBARA F. HELLMAN, STEVEN J. HELLMAN, shall act as Successor Trustee of all Trusts created pursuant to said Trust.

BARBARA FRANCES HELLMAN died on October 28, 2011, as evidenced by the attached certified copy of the Certificate of Death which is attached hereto and incorporated herein by reference.

JOHN STEPHEN HELLMAN died on April 12, 2020, as evidenced by the attached certified copy of the Certificate of Death which is attached hereto and incorporated herein by reference.

BARBARA FRANCES HELLMAN and JOHN STEPHEN HELLMAN, whose deaths are reported in the attached certified copies of the Certificates of Death, are the same persons named as the Co-Trustees pursuant to the terms of the Trust.

STEVEN J. HELLMAN is filing this Affidavit with the Skagit County Recorder to establish his succession as Successor Trustee pursuant to the aforesaid Trust and to enable him to administer and distribute the real property pursuant to the terms of the Trust.

The Trust estate includes the real property located in the County of Skagit, State of Washington, which is more fully described as follows:

An undivided one-half interest in Tracts 68, 69 and 70, RANCHO SAN JUAN DEL MAR, SUBDIVISION NO. 4, as per plat recorded in Volume 6 of Plats, pages 18 to 21, records of Skagit County.

I am Successor Trustee of the same trust under which said decedents held title as Co-trustees pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Successor Trustee thereto. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

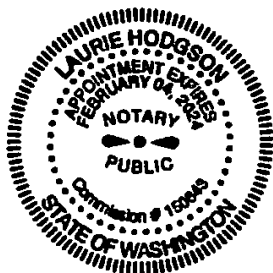
Dated: 06/03/2020

  
STEVEN J. HELLMAN

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF SKAGIT )

Subscribed and sworn to (or affirmed) before me                       
Laurie Hodgson (Name of Notary) on this 3 day of  
June, 2020, by STEVEN J. HELLMAN proved to me on the basis of  
satisfactory evidence to be the person who appeared before me.



Laurie Hodgson  
Notary Signature