



**202010130109**

10/13/2020 02:32 PM Pages: 1 of 8 Fees: \$110.50  
Skagit County Auditor

When Recorded Return To:  
**Joseph D Bowen, Attorney at Law P.S.**  
401 S. 2<sup>nd</sup> Street  
Mount Vernon, WA

Grantors: MARY M. STANTON AND KENNETH W. SMITH LIVING TRUST  
Grantee: MARY M. STANTON, individually  
Property Address: 17019 Sockeye Drive, Mount Vernon, WA  
Abbreviated Description: Lot 108, 'PLAT OF NOOKACHAMP HLLS PUD PHASE IIA,'  
Parcel No.: P120788 Xrefid: 4821-000-108-0000

**QUIT CLAIM DEED**

KNOW ALL BY THESE PRESENTS that the grantor the MARY M. STANTON and KENNETH W. SMITH LIVING TRUST for and in consideration a change in form of ownership now quit claims to MARY M. STANTON, individually, all interest in the following described real estate:

Lot 108, 'PLAT OF NOOKACHAMP HLLS PUD PHASE IIA,' as per plat recorded on September 15, 2003, under Auditor's File No. 200309150157, records of Skagit County, Washington

Situate in the City of Mount Vernon, State of Washington, identified in the records of Skagit County as P120788.

WITNESS MY HAND THIS 8<sup>th</sup> day of October, 2020.

MARY M. STANTON, Trustee

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX  
20204199  
OCT 13 2020

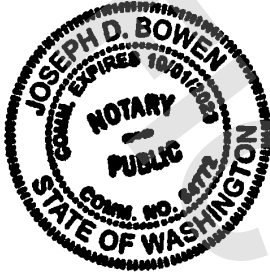
Mary M Stanton  
Grantor

Amount Paid \$ 0  
Skagit Co. Treasurer  
By HB Deputy

**NOTARY CERTIFICATION**

I certify that I know or have satisfactory proof that MARY M. STANTON appeared on the date set forth above, that she is the Trustee of the MARY M. STANTON and KENNETH W. SMITH LIVING TRUST, and that she executed this instrument for the uses and purposes expressed herein.

DATED THIS 8<sup>th</sup> day of Oct, 2020.



Joseph D. Bowen

NOTARY PUBLIC

State of WA

My Commission Expires 10/1/23

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-026073

DATE ISSUED: 06/12/2019  
FEE NUMBER:FIRST AND MIDDLE NAME(S): KENNETH W  
LAST NAME(S): SMITHCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 05, 2019  
HOUR OF DEATH: 05:15 PM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 17019 SOCKEYE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITERESIDENCE STREET: 17019 SOCKEYE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WA 98273  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 9 YEARSBIRTH DATE: [REDACTED]  
BIRTHPLACE: ST PAUL, AB CANADAFATHER/PARENT: KENNETH SMITH  
MOTHER/PARENT: BARB [REDACTED]MARITAL STATUS: MARRIED  
SPOUSE: MARY SYDNORMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYOCCUPATION: LUMBER  
INDUSTRY: FORESTRY  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: JUNE 24, 2019INFORMANT: MARY STANTON  
RELATIONSHIP: WIFE  
ADDRESS: 17019 SOCKEYE DRIVE MOUNT VERNON, WA 98273

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 393  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: THOMAS CUFLEYCAUSE OF DEATH:  
A: CARDIAC ARREST FROM PRESUMED MYOCARDIAL INFARCTION  
INTERVAL: IMMEDIATE  
B: TYPE 2 DIABETES MELLITUS  
INTERVAL: YEARS  
C: HYPERTENSION  
INTERVAL: YEARS  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PARKINSON'S DISEASE

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 RESPONSEDATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK:  
PLACE OF INJURY:CERTIFIER NAME: ERIK R. BYLUND, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2116 EAST SECTION STREET  
CITY, STATE, ZIP: MOUNT VERNON, WA 98274  
DATE SIGNED: JUNE 11, 2019

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: JUNE 12, 2019



# 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
<b>Required information must match current information on record</b>				
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:
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
6. Name of Person Requesting Correction:		Relationship to Person on Record:	<input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)	

7. Return Mailing Address:

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 <sup>nd</sup> parent (if required):		
Printed name:	Date:	Printed name:	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.

#### 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

#### 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

\*To change any part of the name of a child, 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). The informant may change marital status with proof. 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 October 2015

# \*CERTIFIED\*

JUN 12 2019

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

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



0 2 1 4 0 2 9 9

**THE MARY M. STANTON AND KENNETH W. SMITH LIVING TRUST**

ESTABLISHED 5<sup>th</sup> of January, 2017

**CONTENTS**

Article I	Establishment, Purpose and General Terms
Article II	Directions to the Personal Care Trustee
Article III	Directions to the Financial Management Trustee
Article IV	Directions Regarding Duties and Obligations of the Trust Monitor
Article V	Personal Care and Budget Planning
Article VI	Administration
Article VII	Distribution of the Rest, Residue, and Remainder of the Trust Estate
Article VIII	Definitions

**ARTICLE I.  
ESTABLISHMENT, PURPOSE AND GENERAL TERMS**

**(1) TRUST ESTABLISHMENT**

(a) The MARY M. STANTON AND KENNETH W. SMITH LIVING TRUST is established through this document.

(b) MARY M. STANTON and KENNETH W. SMITH will deliver to the MARY M. STANTON MANAGEMENT LIVING TRUST without consideration the property described in Attachment A, and referred to herein as the "Trust Estate."

(c) Upon establishment of this Trust, MARY M. STANTON AND KENNETH W. SMITH shall become the First Trustee of the Trust.

(d) The Trustors hereby declare that:

I, MARY M. STANTON have two sons CHRISTOPHER M. MERREL and KEITH D. MERREL, whom I intentionally omit from sharing in my estate or benefiting from this Trust. I also have one natural child who was adopted in infancy for whom I choose to make no provision

or gift. I make no provision for any child unknown to me at this time.

I, KENNETH W. SMITH have two children: BRIAN K. SMITH of Parksville, B.C. and DEBRA HARRISON of Los Angeles, CA, whom I intentionally omit from sharing in my estate or benefiting from this Trust. I make no provision for any child unknown to me at this time.

Trustors shall have the right, at any time, to add property to the Trust, remove property from the Trust, or take any and all actions with respect to the Trust, so long as he or she has not been determined to be incapacitated according to the terms contained in Article I (5) below. In the event of incapacity of Trustors, or the death of Trustors, a Successor Trustee named herein shall have the right and authority to add property and funds to the Trust Estate, but not to remove property from the Trust, except as specified in this document.

## **(2) BENEFICIARIES**

(a) MARY M. STANTON and KENNETH W. SMITH shall be the only Beneficiaries of this Trust.

(b) References to "Beneficiaries" in this Trust shall be controlled by the definition of this section.

## **(3) PURPOSE**

(a) The primary and overriding purpose for establishment of the MARY M. STANTON AND KENNETH W. SMITH LIVING TRUST is to assure that the best possible reasonable care and support is provided for the Beneficiaries, to meet all of their needs for their lifetimes. All assets of the Trust are to be considered available for this purpose, and every Trustee shall at all times be guided by this purpose and intent of the Trustors. Further specific criteria for deciding upon the appropriate care and support to be provided for the Beneficiaries are included in Articles I, II and III of this Trust. This Trust is established to avoid any possible need for later appointment of a Guardian or Conservator and as an alternative to a Court-supervised guardianship or conservatorship.

(b) All of the terms and conditions of this Trust shall continue in full force and effect for the lifetimes of both Beneficiaries.

(c) Upon the deaths of both Beneficiaries, the rest, residue and remainder of the assets remaining in this Trust shall be distributed as set forth in Article VII. At no time, however, shall any Trustee make decisions regarding the use of funds during the lifetimes of the Beneficiaries in order to preserve and maintain funds so that these funds will pass to the remaindermen upon the death of the Beneficiaries. Rather, the funds that will pass through Article VII are only those that remain after the primary purpose of providing appropriate care and support for the Beneficiaries has been fully met for their lifetimes.

## **(4) AMENDMENT OR REVOCATION OF TRUST; TRUST TO BECOME**

(1) The Purpose of this Trust is to provide the "best possible reasonable care and support" for the Beneficiaries. Reasonable care options are those that address all aspects of the Beneficiaries' care needs, in light of financial and other relevant issues, and which could be suggested by a reasonable person with experience and understanding in geriatric care management. The best possible of these options is to be selected by the Personal Care Trustee.

(2) Care Plans are to be prepared in "reasonable detail." The definition of "reasonable detail" is as follows: a reasonable person with experience and understanding in geriatric care management, when evaluating the various care options available, would determine the detailed requirements for such a plan. Accepted standards of Geriatric Care Managers and geriatric social workers may be relied upon as the minimum basis for such plans.

(3) Budgets are to be prepared in "reasonable detail." The definition of "reasonable detail" is as follows: a reasonable person with experience and understanding in financial management and accounting, when evaluating the financial impact of a care plan, would determine the detailed requirements for such a plan. Generally accepted accounting principles shall provide the basis for such a plan.

#### EXECUTION AND ACKNOWLEDGMENT

The Trustors certify that they have read or have had read to them the foregoing document and confirms that it correctly states the terms and conditions under which the First Trustees and the Alternate (Successor) Trustees are to hold, manage and distribute the Trust assets.

DATED this 6 day of JAN, 2018.

MARY M. STANTON

KENNETH W. SMITH

Mary M Stanton  
TRUSTOR

Ken W Smith  
TRUSTOR

ATTACHMENT A - TRUST ESTATE

1. EDWARD JONES Taxable Investment Account, (No. 5810306711)  
delivered by MARY M.STANTON.

AFFIRMED this 6 day of JAN, 20 18.

MARY M. STANTON

KENNETH W. SMITH

Mary M. Stanton  
TRUSTOR

Ken W. Smith  
TRUSTOR