



**202012180070**

12/18/2020 09:14 AM Pages: 1 of 15 Fees: \$117.50  
Skagit County Auditor

When Recorded Please Return To:

BAILEY, DUSKIN & PEIFFLE, P.S.  
P.O. BOX 188  
ARLINGTON, WA 98223

Our File No: 11848

<b>Document Title(s)</b> (or transactions contained therein):  AFFIDAVIT (LACK OF PROBATE)
<b>Grantor(s)</b> (Last name first, then first name and initials)  OLSON, WAYNE E.
<b>Grantee(s)</b> (Last name first, then first name and initials)  OLSON, REGINA G.
<b>Legal Description</b> (abbreviated i.e. lot, block, plat or section, township, range, qtr./qtr.)  LOT 641 SHELTER BAY DIV 4
<b>Reference Number(s)</b> of Documents assigned or released:  N/A
<b>Assessor's Property Tax Parcel/Account Number</b>  P84638; 5100-004-641-0000
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information

**Return Address:**

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P.O. Box 188  
Arlington, WA 98223

Client No. 11848

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2020538  
DEC 17 2020

Amount Paid \$ ☒  
Skagit Co. Treasurer  
By *BS* Deputy

**AFFIDAVIT (LACK OF PROBATE)**

REGINA G. OLSON, being first duly sworn, deposes and says:

The undersigned affiant is the Trustee of the Wayne E. Olson & Regina G. Olson Family Trust dated July 27, 2015, who is the rightful heir to the real property described below, and was the wife of WAYNE E. OLSON (decedent) who died on October 24, 2019 at Bellingham, Whatcom County, Washington.

**A COPY OF THE DEATH CERTIFICATE IS ATTACHED.**

**REGARDING DISPOSITION OF REAL PROPERTY:**

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

641 Hoonah Place, La Conner, Washington 98257

Legal Description:

A LEASEHOLD INTEREST IN THE FOLLOWING DESCRIBED TRACT:  
LOT 641, "SURVEY OF SHELTER BAY DIV. 4, TRIBAL AND ALLOTTED LANDS OF SWINOMISH INDIAN RESERVATION," AS RECORDED IN VOLUME 48 OF OFFICIAL RECORDS, PAGE 627 THROUGH 631, INCLUSIVE, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Property Tax Parcel/Account Number: 5100-004-641-0000 P84638

2

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

DATE ISSUED: 10/28/2019  
FEE NUMBER:

CERTIFICATE NUMBER: 2019-047034

FIRST AND MIDDLE NAME(S): WAYNE ERLAND  
LAST NAME(S): OLSONCOUNTY OF DEATH: WHATCOM  
DATE OF DEATH: OCTOBER 24, 2019  
HOUR OF DEATH: 02:10 AM  
SEX: MALE AGE: 82 YEARS  
SOCIAL SECURITY NUMBER:HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE:  
BIRTHPLACE: OSCEOLA, WIMARITAL STATUS: MARRIED  
SURVIVING SPOUSE: REGINA JOBBOCCUPATION: OWNER  
INDUSTRY: SOFTWARE COMPANY  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES: YESINFORMANT: REGINA OLSON  
RELATIONSHIP: WIFE  
ADDRESS: 12301 MAPLE CREST DRIVE BURLINGTON, WA 98233CAUSE OF DEATH:  
A: ACUTE COMPENSATED HEART FAILURE  
INTERVAL: 2 DAY  
B: NON-ST ELEVATION MYOCARDIAL INFARCTION  
INTERVAL: 4 DAYS  
C: CORONARY ARTERY DISEASE  
INTERVAL: 1 YEAR  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPITAL  
FACILITY OR ADDRESS: PEACEHEALTH ST JOSEPH HOSPITAL  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225RESIDENCE STREET: 12301 MAPLE CREST DRIVE  
CITY, STATE, ZIP: BURLINGTON, WA 98233  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 23 YEARSFATHER: OLAF HELMER OLSON  
MOTHER: ALVIDA UTILDAMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORYCITY, STATE: MOUNT VERNON, WASHINGTON  
DISPOSITION DATE: OCTOBER 28, 2019

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
FUNERAL DIRECTOR: ADAM J. CRENNNAMANNER 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 RESPONSECERTIFIER NAME: PAUL BRINN, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 2901 SQUALICUM PARKWAY  
CITY, STATE, ZIP: BELLINGHAM, WA 98225  
DATE SIGNED: OCTOBER 28, 2019CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: PAUL BRINN, PALOCAL DEPUTY REGISTRAR: LEAH DEVRIES  
DATE RECEIVED: OCTOBER 28, 2019

 <b>Affidavit for Correction</b> This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4500	
STATE OFFICE USE ONLY			
State File Number	Fee Number	Initials	Date
		Affidavit Number	
Required	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		
	4. Father/Parent Full Birth 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 foregoing is true and correct			
16a. Signature:		16b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:		Printed name:	
Date:		Date:	
INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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:			
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Number Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Passport</li> <li>• Green Permanent Resident card (I-551)</li> </ul>			
<b>Birth Certificates</b>			
1. 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			
2. 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			
3. Documentary proof must be five or more years old or established within five years of birth			
<b>Child under 18</b>		<b>Adult (18 years or older)</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>		<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>	
*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, obtain 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)			
<b>Death Certificates</b>			
1. 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.			
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner			
<b>Marriage/Dissolution (Divorce) Certificates</b>			
1. 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			
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit			

\*CERTIFIED\*

OCT 28 2019

*H. H. H. H. H.*



## LAST WILL AND TESTAMENT

OF

WAYNE E. OLSON

### ARTICLE 1 DECLARATIONS

I, WAYNE E. OLSON, a resident of Skagit County, State of Washington, being of sound mind and not acting under the undue influence or duress of any person whomsoever, do hereby make, publish and declare:

**1.1 TESTAMENTARY INTENT:** This document is my Last Will and Testament and in making it, I revoke all other Wills and Codicils that I have previously made.

**1.2 FAMILY DECLARATIONS:** I declare that I am married to REGINA G. OLSON and all references to "my spouse" or "my wife" are to her. I have two (2) adult children from a previous marriage now living: ERIC LACROSS, who resides in Olympia, Washington; and THOR A. OLSON, who resides in Bothell, Washington. I also raised a stepdaughter from a previous marriage, ALYSSA OSTRANDER, who resides in Boulder, Colorado. My wife has three (3) adult children from a previous marriage now living: STACY L. DE LA O, who resides in North Potomac, Maryland; SEAN P. GERVAIS, who resides in Mount Vernon, Washington; and SPENCER A. GERVAIS, who resides in Airdrie, Alberta, Canada. I do not have any children now deceased with issue living. Except as provided below, I make no provision in this Will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

**1.3 IDENTIFICATION OF PROPERTY:** I intend by this Will to dispose of my separate property, my share of my spouse's and my community property, and that portion of our quasi-community property which I have the power of disposition. I hereby confirm to my spouse my spouse's interest in our community property and my spouse's expectant interest in any quasi-community property that I may own.

**1.4 GIFTS BY LIST:** At my death, I may have prepared a handwritten and/or signed list defining the persons to whom I wish certain items of tangible personal property to pass. I intend that list to conform to R.C.W. 11.12.260 as a consequence of which the property listed thereon shall pass in accordance with such list.

## ARTICLE 2 GIFTS

**2.1 DISPOSITION OF TANGIBLE PERSONAL PROPERTY:** I give all tangible personal property that I own at the time of my death of every nature whatsoever, unless otherwise disposed of under paragraph 1.4 above, including without limitation, automobiles, boats, furniture and furnishings, jewelry, household furnishings, rugs, pictures, books, silverware, linen, china, glassware, art objects, wearing apparel, sporting equipment, and items for personal use to my spouse, if my spouse survives me, otherwise I give said tangible personal property as equally as practicable to those of my children who survive me. If any article of personal property passes to more than one of my children, said children shall have ninety (90) days from the date of the filing of the probate of my Will to divide such property among themselves. My personal representative shall represent any child under the legal age or other legal disability in dividing such property. If such children do not agree among themselves to a division within that period, I give my personal representative authority to make an equitable distribution of such articles among such children and to sell unallocated items of personal property, adding to the residue of my estate the proceeds of such sales. In so doing, the personal representative may sell any or all of such property to one or more of my beneficiaries or to others.

**2.2 TRANSFER OF ESTATE RESIDUE TO REVOCABLE TRUST:** I declare that on July 27, 2015, my spouse and I established an *inter vivos* trust designated as the WAYNE E. OLSON and REGINA G. OLSON FAMILY TRUST ("Trust"). I give the remainder of my estate, whether real, personal or mixed wheresoever located, not already allocated to that Trust, to the Trustee(s) of the WAYNE E. OLSON and REGINA G. OLSON FAMILY TRUST, to be held, administered and distributed as a part of said Trust as it may be amended from time to time hereafter.

A. If for any reason the WAYNE E. OLSON and REGINA G. OLSON FAMILY TRUST, referred to above, is not operative or is invalid, I give my estate to the Trustee of that failed Trust to hold and administer, in trust, without bond, pursuant to the same terms and conditions of the WAYNE E. OLSON and REGINA G. OLSON FAMILY TRUST as contained in that Trust document as executed on July 27, 2015, and as may be amended thereafter. Such terms and conditions are specifically incorporated into this Will as though such terms and conditions were reproduced herein in their entirety.

## ARTICLE 3 OFFICE OF PERSONAL REPRESENTATIVE

**3.1 NOMINATIONS:** I nominate as Personal Representative and as Successor Personal Representative of this Will those named below. Each Successor Personal Representative shall serve in the order designated if the prior designated Personal Representative fails to qualify or ceases to act.

**Personal Representative:** REGINA G. OLSON

**Successor Personal Representative:** THOR A. OLSON

**Successor Personal Representative:** ALYSSA OSTRANDER

**3.2 BOND-WAIVER:** I request that the court not require bond of any Personal Representative nominated in this Will.

**3.3 NONINTERVENTION:** I request that this Will be treated without the intervention of any court as is provided under the laws of any state where this Will may be filed for probate.

**3.4 RETAIN ASSETS AND EXCULPATION:** The Personal Representative shall have the power to retain any asset of the estate, including unproductive, speculative, or fluctuating assets. The Personal Representative shall not be liable for any resulting losses unless he or she acts in bad faith, willful misconduct, or gross negligence.

**3.5 SELL ASSETS:** The Personal Representative shall have the power to sell, with or without notice, at either public or private sale, for cash or terms, any property of my estate as the Personal Representative, in the Personal Representative's reasonable discretion, considers necessary for the proper administration and distribution of my estate.

**3.6 LEASE PROPERTY:** The Personal Representative shall have the power to lease all or any property of my estate on such terms that the Personal Representative considers proper.

**3.7 DISTRIBUTION OF PROPERTY - IN KIND, NON PRO-RATA, AT DATE OF DISTRIBUTION VALUES:** The Personal Representative shall have the power to determine what property of my estate shall be allocated to the shares, parts, or bequests in selecting property for distribution or satisfaction of any bequest. Further, the Personal Representative may satisfy any general pecuniary bequest, except when specifically directed otherwise, by cash or in kind, or partly in each, with property distributed in kind valued at the date of distribution.

**3.8 FACILITY OF PAYMENT:** In making distributions to a minor, to a person under legal disability, or to a person not adjudicated incompetent but who, by reason of illness or mental or physical disability, is in the opinion of the Personal Representative unable to manage the distribution properly, then the Personal Representative in his or her reasonable discretion shall pay such distribution in any of the following ways: (1) to the beneficiary directly, (2) to the legally appointed guardian of the beneficiary, (3) to a custodian for the beneficiary under the Uniform Transfers to Minors Act (see following paragraph), (4) to a Trust for the benefit of the beneficiary, or (5) to an adult relative or friend in reimbursement for amounts properly advanced for the benefit of the beneficiary.

In the event any of my beneficiaries is under the age of twenty-five (25) years at the time of distribution and no Trust is provided, my Personal Representative shall designate a Custodian of his or her share under the Uniform Transfers to Minors Act, to be held and applied on the beneficiary's behalf until the beneficiary reaches the age of twenty-five (25) years, or any later



age then provided for under the Uniform Transfers to Minor's Act of the State of Washington, as amended. The Custodian may make discretionary distributions for the health, education, welfare, and support of the beneficiary. In no event shall the Custodian be required by the Court to post any bond whatsoever.

**3.9 PURCHASE OF ESTATE PROPERTY BY BENEFICIARY, PERSONAL REPRESENTATIVE:** Any beneficiary of my estate, even when acting as Personal Representative, shall have the power to purchase or exchange assets for assets of my estate or any fractional interest for adequate consideration.

**3.10 PAYMENTS OF DEBTS AND TAXES:** My Personal Representative shall pay all debts of my estate and all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this Will or outside it, from the proceeds of my estate before distribution of the specific bequests listed in paragraph 2.1.

#### **ARTICLE 4 GENERAL PROVISIONS**

**4.1 NO CONTEST - CONTESTANT DISINHERITED:** If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided herein as if that contesting beneficiary had predeceased me.

**4.2 DISINHERITANCE - GENERAL:** Except as otherwise provided in this Will, I have intentionally omitted to provide herein for any of my heirs, or persons claiming to be my heirs, living at the date of my death, whether or not known to me.

**4.3 SURVIVORSHIP REQUIREMENT:** For all gifts under this Will, I require that the beneficiary survive me for thirty (30) days before entitlement to such gift.

**4.4 DEFINITIONS:** As used in this Will, the following terms shall mean:

Reference to children and issue shall include adopted persons and persons hereafter born unless the context requires otherwise.

The masculine, feminine, or neuter gender and the singular or plural number shall each include the others whenever the context indicates.

Clause headings are for reading convenience and shall be disregarded when construing this Will.

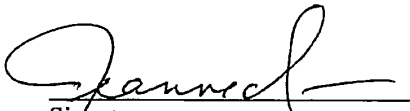
**ARTICLE 5  
EXECUTION**

**5.1 SIGNATURE CLAUSE:** IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Bellingham, Washington, on July 27, 2015.

  
WAYNE E. OLSON

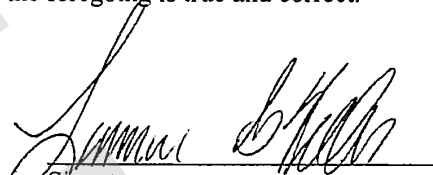
**5.2 ATTESTATION CLAUSE:** The Testator, WAYNE E. OLSON, declared to us, the undersigned, that this instrument consisting of five (5) typewritten pages, including the page signed by us as witnesses, was the Testator's Last Will and Testament and requested us to act as witnesses to it. The Testator thereupon signed this Will in our presence on July 27, 2015, all of us being present at the same time. We now subscribe our names as witnesses at the Testator's request, in the Testator's presence, and in the presence of each other.

We declare under penalty of perjury that the foregoing is true and correct.

  
Signature

JEANNA QUINN  
Printed Name of Witness

Address: 3600 Meridian St., Ste. 110  
Bellingham, WA 98226

  
Signature

LAWRENCE G. HELZER  
Printed Name of Witness

Address: 3600 Meridian St., Ste. 110  
Bellingham, WA 98226

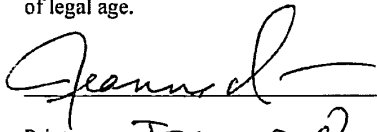
**AFFIDAVIT OF ATTESTING WITNESSES TO THE WILL  
OF**

**WAYNE E. OLSON**

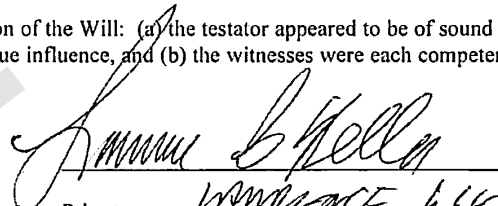
STATE OF WASHINGTON       )  
  ) ss.  
COUNTY OF WHATCOM       )

Each of the undersigned attesting witnesses, after being sworn, on oath states:

1. Request of Testator: WAYNE E. OLSON, testator herein, requested that all attesting witnesses make this affidavit.
2. Execution: The Will to which this affidavit is attached was executed by the above-named testator on July 27, 2015 at Bellingham, Washington.
3. Declarations: Immediately prior to execution, the testator declared the document to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names.
4. Signatures: The testator signed the document in the presence of all witnesses, and the witnesses attested the execution by subscribing their names in the presence of the testator and of each other.
5. Competency: At the time of execution of the Will: (a) the testator appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence, and (b) the witnesses were each competent and of legal age.

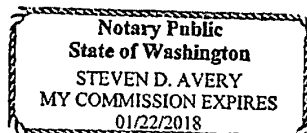
  
Print name: JEANNE QUINN

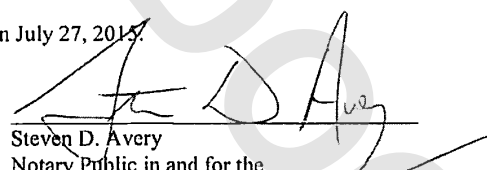
Address: 3600 Meridian St., Ste. 110  
Bellingham, WA 98226

  
Print name: LAWRENCE H. HELLER

Address: 3600 Meridian St., Ste. 110  
Bellingham, WA 98226

SUBSCRIBED AND SWORN before me on July 27, 2015:



  
Steven D. Avery  
Notary Public in and for the  
State of Washington  
Residing in Bellingham, Washington  
My commission expires: 1/22/2018

**COURT'S CERTIFICATE**

The foregoing affidavit in support of the documents offered as the Will of the above named Testator was filed on this date and accepted as proof of the above mentioned Will, pursuant to authority of RCW 11.20.020.

Date: \_\_\_\_\_

\_\_\_\_\_  
Probate Judge

AVERY ELDER LAW, P.S.  
4200 Meridian St., Ste. 103  
Bellingham, Washington 98226  
(360) 325-2550 [www.averyelderlaw.com](http://www.averyelderlaw.com)

**FILED FOR RECORD AT REQUEST OF:**

AVERY ELDER LAW, P.S.  
4200 Meridian St., Ste. 103  
Bellingham, WA 98226

**WHEN RECORDED RETURN TO:**

WAYNE E. OLSON  
REGINA G. OLSON  
12301 Maple Crest Drive  
Burlington, WA 98233

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**CERTIFICATION OF TRUST**  
**RE: THE WAYNE E. OLSON and REGINA G. OLSON FAMILY TRUST**  
**Created July 27, 2015**  
**Pursuant to RCW 11.98.075**

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**GRANTORS:**  
**GRANTEES:**

WAYNE E. OLSON and REGINA G. OLSON  
WAYNE E. OLSON and REGINA G. OLSON,  
Trustees, THE WAYNE E. OLSON and REGINA  
G. OLSON FAMILY TRUST

**LEGAL DESCRIPTION:**  
**ASSESSOR'S TAX PARCEL NUMBER:**  
**REFERENCE NUMBERS:**

None  
None  
None

WAYNE E. OLSON and REGINA G. OLSON, a married couple, ("Trustors") have this date created a revocable *intervivos* separate property trust entitled the THE WAYNE E. OLSON and REGINA G. OLSON ("Trust"). The terms of said Trust require that no amendment, revocations or modifications concerning the alternate Trustees or the powers granted to the Trustees or alternate Trustees of the Trust may be made without a concurrent amendment of this Certification of Trust.

The Trust was created and executed on July 27, 2015 and currently exists (repeat restated or amendments here). The name of the trust is THE WAYNE E. OLSON and REGINA G. OLSON. WAYNE E. OLSON and REGINA G. OLSON have accepted this appointment and currently serve as Trustees.

The initial Trustees of said Trust are WAYNE E. OLSON and REGINA G. OLSON of Skagit County, Washington. In the event that one of the above-named Co-Trustees fails to qualify or ceases to act as the initial Trustee, the remaining Co-Trustee shall continue to serve in the capacity of first successor sole Trustee with all the rights, powers, titles and immunities specified within the Trust. In the event both WAYNE E. OLSON and REGINA G. OLSON fail to qualify or cease to act in any capacity as Trustee, CINDY MAXWELL of Inslee, Maxwell & Associates of Bellingham, Washington shall thereafter serve as second successor Trustee with all

the rights, powers, titles, and immunities specified within the Trust(s). In the event that CINDY MAXWELL of Inslee, Maxwell & Associates fails to qualify or ceases to act in any capacity as Trustee, then Inslee, Maxwell & Associates of Bellingham, Washington shall thereafter serve as third successor Trustee with all the rights, powers, titles, and immunities specified within the Trust(s). The term "fails to qualify or ceases to act as Trustee" as used in the Trust shall include the decision of any Trustee not to serve as Trustee no matter for what reason made, and shall also include the incapability of any Trustee to serve as Trustee by reason of death or otherwise. The next named Trustee is directed to accept as evidence of such incapability to serve the written determination of such fact presented to them by the then regular doctor of such Trustee. Such determination shall be valid and accepted by the Trustee until the Trustee who is so declared to be incapable to serve files a petition disputing said fact with the Superior Court of the State of Washington. Any Trustee may also resign as Trustee at any time.

The Trustees shall have all the powers available to Trustees in accordance with the laws of Washington, and specifically RCW 11.98.070, including, but not limited to the following specific powers:

1. To receive reasonable compensation from the Trust Estate during each calendar year for Trustee's ordinary services and additional compensation for any extraordinary services without court order.
2. To employ custodians, attorneys, accountants, investment advisers, and other agents to assist Trustee in the administration of the Trust. Reasonable payment for these services shall be made from the Trust Estate out of either income or principal at the Trustee's discretion.
3. To retain any property, including shares of the Trustee's own stock, or to abandon any property that the Trustee receives or acquires.
4. To retain, purchase, or otherwise acquire unproductive property unless specifically restricted.
5. To manage, control, grant options on, sell (for cash or on deferred payments), convey, exchange, partition, divide, improve and repair Trust property.
6. To lease Trust property for terms within or beyond the term of the Trust and for any purposes, including exploration for and removal of gas, oil, and other minerals; and to enter into community oil leases, pooling and unitization agreements.
7. To invest and reinvest the Trust Estate in every type of property, real, personal, or mixed, and every kind of investment, including but not limited to corporate obligations, every type of stock, shares in investment trusts, companies, mutual funds, or life insurance policies on the life of any beneficiary that investors of prudence, discretion, and intelligence acquire for their own account.

8. To vote and/or give proxies for any securities held in trust, participate in voting trusts or shareholder's agreements, consent to foreclosure or merger liquidations, and exercise or sell stock subscriptions or conversion rights.

9. To invest in mortgage participations, in shares of investment trusts and regulated investment companies that investors of prudence, discretion, and intelligence acquire for their own account.

10. To hold securities or other property in the Trustee's name as Trustee under the Trust.

11. To carry, at the expense of the Trust, insurance of such kinds and in such amounts as the Trustee deems advisable to protect the Trust Estate against any damage or loss.

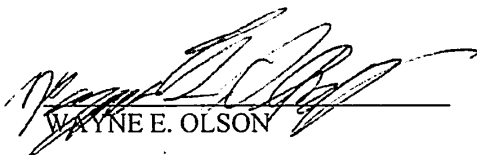
12. To loan money to any person, including a trust beneficiary, at the prevailing interest rates.

13. To take any action, in the Trustee's reasonable discretion, to minimize the tax liabilities of any trust and its beneficiaries, to allocate the benefits among the various beneficiaries, and to make adjustments in the rights of any beneficiary, or between the income and principal accounts, to compensate for the consequences of any tax election or any investment or administrative decision that the Trustee reasonably believes has had the effect directly or indirectly of preferring one beneficiary over others.

14. To pay from the Trust Estate any death taxes attributable to the Trust Estate or any part thereof and the last illness and/or funeral expenses or other obligations incurred for the beneficiary's support.

15. To distribute the Trust assets if, in the Trustee's reasonable discretion, the Trust becomes uneconomical to administer by (1) distributing the Trust assets to the beneficiaries in proportion to their interests in the Trust; (2) purchase and deliver to the income beneficiaries a restrictive savings account, certificate of deposit, annuity, or endowment; distribute the Trust assets to a custodian for the beneficiaries under the Washington Uniform Transfer to Minors Act; or (4) distribute the Trust assets as provided by law.

DATED: July 27, 2015

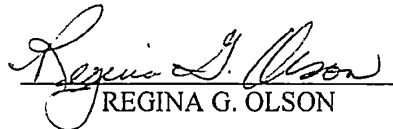
  
WAYNE E. OLSON

  
REGINA G. OLSON

I accept the duties of Trustee as set forth herein and agree to perform the same. I certify that to the best of my knowledge the Trust has not been revoked, modified or amended in any manner that would cause the representations contained in this certification of Trust to be incorrect.

DATED: July 27, 2015

  
WAYNE E. OLSON

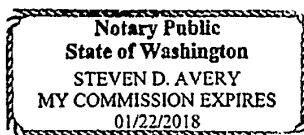
  
REGINA G. OLSON


#### ACKNOWLEDGMENT

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF WHATCOM )

I certify that I know or have satisfactory evidence WAYNE E. OLSON and REGINA G. OLSON are the persons who appeared before me, and said persons acknowledged they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: July 27, 2015



  
Steven D. Avery  
Notary public in and for the State of  
Washington, residing at Bellingham  
My appointment expires: 1/22/2018