

**WHEN RECORDED RETURN TO:**

**S&G Sundquist Family Trust  
10016 Edmonds Way, Set. C #115  
Edmonds, WA 98020**

**Land Title & Escrow  
Order No. 01-183802-OE**

**DOCUMENT TITLE(S):**

**Death Certificate**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**

**STATE OF WASHINGTON**

**GRANTEE:**

**John Charles Hammar**

**ABBREVIATED LEGAL DESCRIPTION:**

**Ptw NW 1/4, 28-35-9 E W.M.**

**TAX PARCEL NUMBER(S):**

**P44822; P44824; P44826; P44850; P44851; P44869; P44870**

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

(~~BST# 8552833913~~)  
(BST# 2415)

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-020584

LOCAL FILE NUMBER: 2812

DATE ISSUED: 01/22/2016

FEE NUMBER: 0000310116

GIVEN NAMES: JOHN CHARLES  
LAST NAME: HAMMAR

COUNTY OF DEATH: SNOHOMISH  
DATE OF DEATH: JULY 22, 2015  
HOUR OF DEATH: 12:30 P.M.  
SEX: MALE  
AGE: 62 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE:  
BIRTHPLACE: WORCESTER, MASSACHUSETTS

MARITAL STATUS: MARRIED  
SPOUSE: PATRICIA DIANE SUNDQUIST

OCCUPATION: LAWYER  
INDUSTRY: LAW  
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE  
US ARMED FORCES? NO

INFORMANT: PATRICIA DIANE HAMMAR  
RELATIONSHIP: SPOUSE  
ADDRESS: 18220 SUNSET WAY EDMONDS, WA 98026

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 18220 SUNSET WAY  
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026

RESIDENCE STREET: 18220 SUNSET WAY  
CITY, STATE, ZIP: EDMONDS, WASHINGTON 98026  
INSIDE CITY LIMITS? YES  
COUNTY: SNOHOMISH  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER/PARENT: FRANCIS GUSTAV  
MOTHER/PARENT: ELMI ALINA

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CALL CREMATORY  
CITY, STATE: PORTLAND, OR  
DISPOSITION DATE: JULY 27, 2015

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON  
ADDRESS: 6942 S. 196TH ST.  
CITY, STATE, ZIP: KENT WA 98032  
FUNERAL DIRECTOR: KATRINA M. MITCHELL

CAUSE OF DEATH:

- A. LUNG METASTASES  
INTERVAL: 1 YEAR
- B. PLOMATRIX CARCINOMA  
INTERVAL: 2 YEARS
- C. INTERVAL:
- D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:  
LIVER METASTASES, BONE METASTASES, LYMPH NODE METASTASES

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ERIC FELDMAN, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 125 16TH AVE E  
CITY, STATE, ZIP: SEATTLE WA 98112  
DATE SIGNED: JULY 24, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER? NO  
FILE NUMBER: 15SN-2885

ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
KELLY CANNON  
DATE RECEIVED: JULY 27, 2015

# 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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**Required information must match current information on record**

Record Type:  Birth  Death  Marriage  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:  Self  Guardian  Informant  Hospital  Parent(s)  Funeral Director  Other (specify): \_\_\_\_\_

7. Return Mailing Address: \_\_\_\_\_

8. Telephone Number: \_\_\_\_\_ 9. 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:
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**

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

**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 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)**

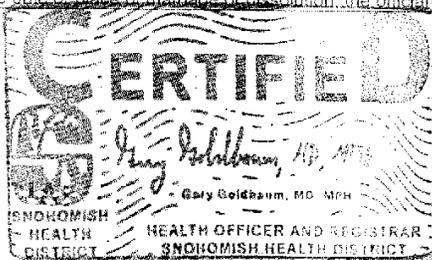
**Death Certificates**

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.

**Marriage/Dissolution (Divorce) Certificates**

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

DOH 422-034 January 2015



descendants, and include descendants of adopted issue, adopted child, adopted children and adopted descendants.

D. If any of the above beneficiaries are unable or unwilling to take any portion of the Trust Estate, then the Trustees shall distribute the portion of the property of that beneficiary to his or her issue by right of representation and, if none, then to the other Trust beneficiaries proportionate to each beneficiary's interest in the Trust and, if no remaining beneficiaries, then: one-half to the living heirs at law of the first of the Undersigned to die and one-half to the living heirs at law of the last of the Undersigned to die; provided further, that said heirs at law of each of the Undersigned shall take the Trust property in the same priority and in the same distributive order as listed in the law of intestate succession of the state referred to in Article I as in force on the date of the signing of this Trust Agreement.

#### ARTICLE XXIV

##### PERSONAL PROPERTY DISTRIBUTIONS

All personal properties listed on the Personal Property List are to be distributed to the named designees and such items shall be conveyed to such persons in addition to their respective distributive shares of the Trust described herein.

#### ARTICLE XXV

##### TRUSTEES AND FAMILY MEMBERS

- A. The present living children of the Undersigned are:  
Sylvia R. Krug  
Patricia Diane Hammar

B. The following people shall serve as Trustees:

1. Gustav E. Sundquist and Sylvia J. Sundquist, Grantors, as Co-Trustees of The S & G Sundquist Family Trust.
2. Gustav E. Sundquist, Grantor, as Trustee of The Gustav E. Sundquist Trust.
3. Sylvia J. Sundquist, Grantor, as Trustee of The Sylvia J. Sundquist Trust.
4. When a Grantor is unable or unwilling to serve as Trustee, the remaining Grantor shall serve as Trustee.
5. When neither Grantor is able or willing to serve as Trustee, the following persons are appointed as Trustees in the following order of succession:
  - a. Patricia Diane Hammar and John Hammar, jointly or survivor,
  - b. O.A. Sundquist and L.B. Sundquist, jointly or survivor.
  - c. A Trustee chosen by a majority of beneficiaries, with a parent or legal guardian voting for minor beneficiaries.

C. Whenever more than one Trustee is designated to act concurrently, a majority of the Trustees, whether individual or corporate, shall have the power to make any decision, undertake any action, or execute any documents affecting the Trusts created herein. In the event of a difference of opinion among the Trustees, the decision of a majority of them shall prevail, but the dissenting or nonassenting Trustees shall not be responsible for any action taken by the majority pursuant to such decision. After the death of the first of the Undersigned to die, if only two individual Trustees are in office, they must act unanimously. If an individual and a corporate Trustee are in office, the determination of the individual Trustee shall be binding.