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09/28/2022 03:36 PM Pages: 1 of 7 Fees: \$209.50
Skagit County Auditor

After Recording Return To:

BETTS AUSTIN JOHNSON, pllc
2200 Rimland Drive, Suite 230
Bellingham, WA 98226-6695

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2022-3977
SEP 28 2022

Amount Paid \$ 0
By Skagit Co. Treasurer
Deputy

Document Title(s): Statutory Warranty Deed

Reference No. of Documents Released/Assigned: N/A

Grantors: STEPHANIE ALENE SCHAYES COON, Personal Representative of the Estate of SHARON R. SCHAYES, and STEPHANIE ALENE SCHAYES COON, Personal Representative of the Estate of ROY MILTON SCHAYES

Grantee: STEPHANIE A. COON, Trustee of the SHARON R. SCHAYES TESTAMENTARY TRUST

Abbreviated Legal: (1) Lot 4-A of Short Plat #45-84, filed under Skagit County Auditor File #8502200050, Section 28, Township 36 North, Range 2 East, W.M., together with adjacent tidelands; and

(2) Lot 4-B Short Plat #45-84, filed under Skagit County Auditor File #8502200050, Section 28, Township 36 North, Range 2 East, W.M.

TWN 36N, R 02E, SEC 28

Full Legal Description Attached as Exhibit "A" to Statutory Warranty Deed, page 3

Assessor's Tax Parcel ID Nos.: (1) P115741; and

(2) P47286

STATUTORY WARRANTY DEED

The GRANTORS, STEPHANIE ALENE SCHAYES COON, Personal Representative of the Estate of SHARON R. SCHAYES, and STEPHANIE ALENE SCHAYES COON, Personal Representative of the Estate of ROY MILTON SCHAYES, for and in consideration of a transfer to an irrevocable trust, convey and warrant to STEPHANIE A. COON, Trustee of the SHARON R. SCHAYES TESTAMENTARY TRUST, all of their interest in the following described real estate, situated in the County of Skagit, State of Washington, including any after acquired title:

See legal description attached hereto as Exhibit "A".


DATED: September 7, 2022.

GRANTORS:

ESTATE OF SHARON R. SCHAYES

ESTATE OF ROY MILTON SCHAYES


By: STEPHANIE ALENE SCHAYES COON
Personal Representative

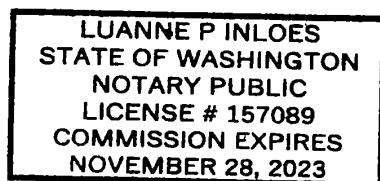

By: STEPHANIE ALENE SCHAYES COON
Personal Representative

STATE OF WASHINGTON)
) ss.
COUNTY OF WHATCOM)

I certify that I know or have satisfactory evidence that STEPHANIE ALENE SCHAYES COON is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged it as the Personal Representative of the ESTATE OF SHARON R. SCHAYES and the Personal Representative of the ESTATE OF ROY MILTON SCHAYES to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: September 7, 2022.

(SEAL/STAMP)




NOTARY PUBLIC
My commission expires: 11/28/2023

E:\FILES\Clients\tr-v\Schayes, Milt & Sharon\Estate of Sharon\Real Estate\Samish Island\SWD Sharon & Milt Estates to Test Tr.docx

EXHIBIT A

- (1) **Site Address:** Point Williams Place, Bow, Washington
(5.80 acres open space)
Tax Parcel No.: P115741

Lot 4-A as shown in Short Plat No. 45-84, together with adjacent tidelands, recorded in Volume 7 of Short Plats, page 8, under Skagit County Auditor's File No. 8502200050, Section 28, Township 36 North, Range 2 East, W.M.

SUBJECT TO: Covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

- (2) **Site Address:** Point Williams Place, Bow, Washington
(5.82 acres designated forest land)
Tax Parcel No.: P47286

Lot 4-B as shown in Short Plat No. 45-84, together with adjacent tidelands, if any, recorded in Volume 7 of Short Plats, page 8, under Skagit County Auditor's File No. 8502200050, Section 28, Township 36 North, Range 2 East, W.M.

SUBJECT TO: Covenants, conditions, restrictions and easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.



STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-018363

DATE ISSUED: 08/23/2022
FEE NUMBER: 25862

FIRST AND MIDDLE NAME(S): SHARON RUTH
LAST NAME(S): SCHAYES

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: APRIL 20, 2018
HOUR OF DEATH: 03:10 AM
SEX: FEMALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: LOS ANGELES, CA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROY MILTON SCHAYES

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: ROY MILTON SCHAYES
RELATIONSHIP: SPOUSE
ADDRESS: 206 SOUTH GARDEN STREET BELLINGHAM, WA 98225

CAUSE OF DEATH:
A: ADVANCED END STAGE DEMENTIA
INTERVAL: 6 YRS

B:
INTERVAL:

C:
INTERVAL:

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: LAKESIDE GARDENS
CITY, STATE, ZIP: LYNDEN, WASHINGTON 98264

RESIDENCE STREET: 130 MISTY WATERS LANE
CITY, STATE, ZIP: LYNDEN, WA 98264
INSIDE CITY LIMITS: NO COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: WILLIAM HUTHMAN
MOTHER: FAITH [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

CITY, STATE: FERNDALE, WASHINGTON
DISPOSITION DATE: APRIL 27, 2018

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229
FUNERAL DIRECTOR: BRIAN L. FLOWERS

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: MARGARET BURDEN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1610 GROVER ST., D-1
CITY, STATE, ZIP: LYNDEN, WA 98264
DATE SIGNED: APRIL 23, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LEEANN IMPERO
DATE RECEIVED: APRIL 23, 2018

Affidavit for Correction

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

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

STATE OFFICE USE ONLY

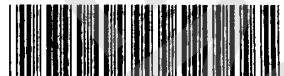
State File Number	Fee Number	Initials	Date	Affidavit Number
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Required Information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: First: _____ Middle: _____ Last: _____		2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First: _____ Middle: _____ Last/Maiden: _____		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) 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 currently shows:		The true fact is:		
8. _____		9. _____		
10. _____		11. _____		
12. _____		13. _____		
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
14a. Signature: _____		14b. Signature of 2 nd parent (if required): _____		
Printed name: _____ Date: _____		Printed name: _____ Date: _____		
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> • Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report • Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Green/Permanent Resident card (I-551) 				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
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. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<u>Child under 18</u>				
<ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required. • To correct the sex of the child, one proof documentation from a medical provider is required. 				
<u>Adult (18 years or older)</u>				
<ul style="list-style-type: none"> • Only the adult can change his or her birth certificate. • If the first or middle name is missing, three pieces of proof documentation are required. • If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required. • To correct parent's birth date, place of birth, or name, one proof documentation 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.				
Death Certificates				
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.				
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.				

This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Greg Thompson, Health Officer.



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



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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-023612

DATE ISSUED: 05/10/2022
FEE NUMBER: 37

FIRST AND MIDDLE NAME(S): ROY MILTON
LAST NAME(S): SCHAYES

COUNTY OF DEATH: WHATCOM
DATE OF DEATH: MAY 05, 2022
HOUR OF DEATH: 10:05 AM
SEX: MALE AGE: 84 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: ARDMORE, OK

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SURGEON
INDUSTRY: HEALTH CARE
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: GREGORY WILLIAM SCHAYES
RELATIONSHIP: SON
ADDRESS: 2305 G STREET, BELLINGHAM, WA 98225

CAUSE OF DEATH:
A: LATE ONSET ALZHEIMER'S DISEASE WITHOUT BEHAVIORAL DISTURBANCE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: SILVERADO MEMORY CARE
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98226

RESIDENCE STREET: 4400 COLUMBINE DRIVE 205
CITY, STATE, ZIP: BELLINGHAM, WA 98226
INSIDE CITY LIMITS: YES COUNTY: WHATCOM
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 MONTHS

FATHER: TELESFORE GEORGE SCHAYES
MOTHER: JOSEPHINE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: GREENACRES MEMORIAL PARK CREMATORY

CITY, STATE: FERNDALE, WASHINGTON
DISPOSITION DATE: MAY 12, 2022

FUNERAL FACILITY: MOLES FAREWELL TRIBUTES - BELLINGHAM

ADDRESS: 2465 LAKEWAY DR
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98229
FUNERAL DIRECTOR: BRIAN L. FLOWERS

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: SHELLEY RICE, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2800 & 2806 DOUGLAS
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225
DATE SIGNED: MAY 06, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: BETH A. DECKER
DATE RECEIVED: MAY 06, 2022



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
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:
First	Middle	Last	MM/DD/YYYY	City, State, Zip
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
First	Middle	Last/Maiden	First	Middle
6. Name of Person Requesting Correction:			Relationship to 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:				
PO Box or Street 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 currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.				
14a. Signature:		14b. Signature of 2 nd parent (if required):		
Printed name:		Printed name:		Date:
Date:		Date:		
INSTRUCTIONS – go to www.doh.wa.gov for more information				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> Birth/Marriage/Divorce record Military record (DD-214) School transcripts Social Security Numident Report Certificate of Naturalization Hospital/medical record Copy of Passport / Enhanced ID Green/Permanent Resident card (I-551) 				
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.				
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.				
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3. Proof documentation must be five or more years old or established within five years of birth.				
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Child under 18				
<ul style="list-style-type: none"> If legal guardian(s), include certified court order proving guardianship. Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required. To correct the sex of the child, one proof documentation from a medical provider is required. 				
Adult (18 years or older)				
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