

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**
WALLS LAW FIRM
8861 WEST SAHARA AVENUE, SUITE 220
LAS VEGAS, NEVADA 89117

MAIL TAX STATEMENTS TO:
THE MAXSON FAMILY TRUST
3312 OAKES AVENUE
ANACORTES, WA 98221

APN: P58508

AFFIDAVIT OF DEATH OF TRUSTEE - CERTIFICATE OF INCUMBENCY

The undersigned, being duly sworn, deposes and says:

1. That on December 19, 2008, Robert C. Maxson and Sylvia P. Maxson executed a revocable living trust named the Maxson Family Trust ("Trust") wherein Robert C. Maxson and Sylvia P. Maxson were Grantors;
2. Pursuant to Article 2, Section 2.1 of the Trust, Robert C. Maxson and Sylvia P. Maxson were appointed as initial Trustees of the Trust;
3. Sylvia P. Maxson died on November 15, 2023, a true and correct copy of her death certificate is attached hereto;
4. Article 2, Section 2.2 of the Trust further provided that upon the death of either Robert C. Maxson or Sylvia P. Maxson, the other shall serve as sole Trustee;
5. That Robert C. Maxson hereby agrees to serve as successor Trustee, accepts the duties and responsibilities thereof, and be bound by the terms of the Trust;
6. That the successor Trustee has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving Trust assets as the Trustee deem appropriate;
7. In addition to personal property owned by the Trust, the Trust owns certain real property described as follows:

Lots 5, 6, and 7, Block 801, NORTHERN PACIFIC ADDITION TO ANACORTES, according to the plat thereof, recorded in Volume 2 of Plats, Pages 9 through 11 records of Skagit County, Washington; and that portion of the former railway right of way in Section 23, Township 35 North, Range 1 East of the Willamette Meridian more fully described on Exhibit "A" attached hereto and made a part thereof.

Commonly known as: 3312 Oakes Avenue, Anacortes, WA 98221

8. The mailing address for the Trustee is: 3312 Oakes Avenue, Anacortes, WA 98221

Dated 12-21, 2023


Robert C. Maxson

NOTARY CERTIFICATE FOR CERTIFICATE OF INCUMBENCY

STATE OF Washington)
)ss:
COUNTY OF Skagit)

Subscribed and sworn to before me on this 21st day of December, 2023, by Robert C. Maxson who proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.



Deneane Marie Robbins
NOTARY PUBLIC

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-056017

DATE ISSUED: 11/17/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SYLVIA PARRISH

LAST NAME(S): MAXSON

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: NOVEMBER 15, 2023

HOUR OF DEATH: 04:08 PM

SEX: FEMALE AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: RALEIGH, NC

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: ROBERT MAXSON

OCCUPATION: PROFESSOR

INDUSTRY: EDUCATION

EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE

US ARMED FORCES: NO

INFORMANT: ROBERT MAXSON

RELATIONSHIP: HUSBAND

ADDRESS: 3312 OAKES AVENUE, ANACORTES, WA 98221

CAUSE OF DEATH:

A: FALLOPIAN TUBE CARCINOMA

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: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 3312 OAKES AVENUE

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: RICHARD PARRISH

MOTHER: ROSANN [REDACTED]

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: GRAND VIEW CEMETERY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: NOVEMBER 21, 2023

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: COLE B. ERIKSON

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: JOHN R. MATHIS, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1211 24TH STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

DATE SIGNED: NOVEMBER 16, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN G. STECHER

DATE RECEIVED: NOVEMBER 17, 2023