

When recorded return to:

Skagit Law Group, PLLC
P.O. Box 336
Mount Vernon, WA 98273

Real Estate Excise Tax

Exempt

Skagit County Treasurer

By Lena ThompsonAffidavit No. 20240271Date 04/16/2024**AFFIDAVIT: LACK OF PROBATE**

GRANTOR:	WILLIAM WARWICK, now deceased
GRANTEE:	JANE MARTIN WARWICK, surviving spouse
LEGAL DESCRIPTION:	Tracts 19, 20, 21, and portion of Tract 17, Plat 1, Lakeview Tracts, Big Lake, Skagit Co., Wash.
ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NO.	3941-000-020-0002 / P67081
REFERENCE NOS. OF DOCUMENTS ASSIGNED OR RELEASED:	N/A

JANE MARTIN WARWICK, being first duly sworn, deposes and says:

The undersigned Affiant is the rightful heir, as listed in the section entitled Heirs at Law below, to the real property described below, and is the surviving spouse of **WILLIAM WARWICK**, who died on October 18, 2023, at Warrenton, Fauquier County, Virginia. A certified copy of the Death Certificate is attached hereto as Exhibit "A."

Real Property Description

Tracts 19, 20, and 21, and that portion of Tract 17, lying East of a line that is 68.6 feet West of and parallel with the East line of said Tract 17, "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington.

TOGETHER WITH that portion of vacated alley in "PLAT 1, LAKEVIEW TRACTS, BIG LAKE, SKAGIT CO., WASH.", as per plat recorded in Volume 5 of Plats, pages 2 and 3, records of Skagit County, Washington, lying between Tracts 17, 19, 20 and 21 of said Plat.

AND SUBJECT TO: Easements, restrictions, and reservations of record.

Situated in Skagit County, Washington.

Status of Will

Decedent left a Last Will and Testament dated November 25, 2019, in favor of the surviving spouse, which has not been probated or revoked, a copy of which is attached as Exhibit "B."

Heirs At Law

Affiant hereby identifies all heirs at law of the Decedent:

Name and Address	Age	Relationship to Decedent
Jane M. Warwick P.O. Box 41 Casanova, VA 20139	Adult	Surviving Spouse
William M. Warwick IV 340 Capon Woods Resort Road High View, WV 26808	Adult	Son
Rebekah D. Warwick P.O. Box 41 Casanova, VA 20139	Adult	Daughter
Elizabeth E. Warwick P.O. Box 41 Casanova, VA 20139	Adult	Daughter

Jefferson C. Warwick 334 Judy Drive Kimball, TN 37347	Adult	Son
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The Affiant states of her own knowledge that each of the obligations of the Estate of William Massie Warwick III, including but not limited to the debts of the Decedent, last illness, funeral and burial, promissory notes, installment contracts, mortgages, income tax, and state and federal succession taxes, if any, have been paid in full or provided for by the Affiant.

This Affidavit is made as an inducement to each purchaser and each title insurer of the above-described property to treat the title thereto, or title to an interest therein, relieved from interference of the said Decedent, his heirs, creditors, and the taxing authorities.

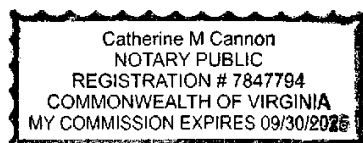
DATED this 4 day of ^{April}~~March~~, 2024. *JW*

Jane Martin Warwick
JANE MARTIN WARWICK, Affiant

Commonwealth of Virginia)
) :ss
County of Fauquier)

I certify that I know or have satisfactory evidence that **JANE MARTIN WARWICK** is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes in the instrument.

Dated this 4 day of ^{April}~~March~~, 2024. *C Cannon*



Catherine M Cannon
Print Name: Catherine M Cannon
Notary Public
My appointment expires 09/30/2025

Exhibit “A”
Death Certificate

Exhibit “A”
Death Certificate

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

1 FULL NAME OF DECEDENT (last) (first) (middle) (suffix) WILLIAM MASSIE WARWICK III		DATE RECORD FILED OCTOBER 19, 2023		STATE FILE NUMBER 23-059711	
2 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED	3 DATE OF DEATH OCTOBER 18, 2023	4 DATE OF BIRTH AUGUST 17, 1951	5 AGE 72	6 IF UNDER 1 YEAR Days	7 IF UNDER 1 DAY Hour Minute
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9 BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) VIRGINIA		10 IF NO SSN, CHECK APPROPRIATE BOX <input type="checkbox"/> NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN	
11 STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 5041 WESTON ROAD		12 CITY OR TOWN OF RESIDENCE CASANOVA			
13 COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) FAUQUIER COUNTY		14 U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE VIRGINIA		15 ZIP CODE 20139	
16 RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> OTHER (SPECIFY)					
17 DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN					
18 EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (0-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE 1 <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN					
19 CITIZEN OF WHAT COUNTRY? UNITED STATES OF AMERICA		20 USUAL OR LAST OCCUPATION OWNER/OPERATOR POOL MAINTENANCE			
21 MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		22 IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) JANE MARTIN WARWICK			
23 FULL NAME OF DECEDENT'S FATHER OR PARENT (last, middle, first, suffix) (maiden name, if any) WILLIAM MASSIE WARWICK II		24 GENDER MALE		25 FULL NAME OF DECEDENT'S MOTHER OR PARENT (last, middle, first, suffix) (maiden name, if any) RUTH MAE OSGOOD	
26 GENDER FEMALE		27 FULL NAME OF INFORMANT OR NAME OF SOURCE JANE MARTIN WARWICK			
28 NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) FAUQUIER HOSPITAL, INC.					
29 SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)					
30 CITY OR TOWN OF DEATH WARRENTON		31 STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 500 HOSPITAL DRIVE		32 ZIP CODE 20186	
33 COUNTY OF DEATH (if independent city, leave blank) FAUQUIER COUNTY		34 METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT/MAUSOLEUM <input checked="" type="checkbox"/> CREMATION/INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT/MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			
35 REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN) <input type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)					
36 PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY MOSER FUNERAL HOME, INC.					
37 PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 233 BROADVIEW AVENUE		38 CITY/COUNTY WARRENTON		39 STATE VIRGINIA	
40 ZIP CODE 20186		41 COUNTRY UNITED STATES OF AMERICA			
42 SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ CHRISTINA ANN HEUSTIS		43 LICENSEE'S NO. 0503000509		44 NAME OF FUNERAL HOME OR FACILITY MOSER FUNERAL HOME, INC.	
45 NAME OF FUNERAL DIRECTOR / LICENSEE, VSAP OR NEXT OF KIN CHRISTINA ANN HEUSTIS		46 STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 233 BROADVIEW AVE WARRENTON VIRGINIA 20186			
47 TIME OF DEATH: To the best of my knowledge, death occurred at 08:00 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND					
48 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) COVID 19 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) LIVER FAILURE (C) RENAL FAILURE (D)					
49 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
50 WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		51 AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		52 WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
53 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN		54 IF FEMALE 55 IF FEMALE 56 IF FEMALE 57 IF FEMALE 58 IF FEMALE 59 IF FEMALE 60 IF FEMALE 61 IF FEMALE 62 IF FEMALE 63 IF FEMALE 64 IF FEMALE 65 IF FEMALE 66 IF FEMALE 67 IF FEMALE 68 IF FEMALE 69 IF FEMALE 70 IF FEMALE 71 IF FEMALE 72 IF FEMALE 73 IF FEMALE 74 IF FEMALE 75 IF FEMALE 76 IF FEMALE 77 IF FEMALE 78 IF FEMALE 79 IF FEMALE 80 IF FEMALE 81 IF FEMALE 82 IF FEMALE 83 IF FEMALE 84 IF FEMALE 85 IF FEMALE 86 IF FEMALE 87 IF FEMALE 88 IF FEMALE 89 IF FEMALE 90 IF FEMALE 91 IF FEMALE 92 IF FEMALE 93 IF FEMALE 94 IF FEMALE 95 IF FEMALE 96 IF FEMALE 97 IF FEMALE 98 IF FEMALE 99 IF FEMALE 100 IF FEMALE			
59 IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
60 IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>					
61 ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS					
62 DATE OF INJURY		63 TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		64 INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
65 LOCATION OF INJURY - STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)		66 CITY / COUNTRY		67 STATE	
68 ZIP CODE		69 COUNTRY			
70 IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)					
71 DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED					
72 SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH /S/ SOK YI		73 TITLE <input checked="" type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER		74 DATE SIGNED OCTOBER 19, 2023	
75 NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH SOK YI		76 ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH 500 HOSPITAL DRIVE WARRENTON VIRGINIA 20186		77 MEDICAL LICENSE NO. 0101233853	
78 ARE YOU A DESKNER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		79 IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN 51 ADDRESS OF AUTHORIZING PHYSICIAN			

This is to certify that the true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

DATE ISSUED
October 19, 2023Do not seal unless on security provided by the seal of Virginia Department of Health, Virginia
Seth Austin, Director and State Registrar

Dear Sir or Madam,

This document is a record of the information provided at the time of the event. This certificate is a legal document and all information should be reviewed for accuracy.
If you have any questions or concerns please return the certificate (if necessary) with a letter of explanation to:

State Health Department
Office of Vital Records
P.O. Box 1000
Richmond, VA 23218

Exhibit “B”

Last Will and Testament of WILLIAM MASSIE WARWICK III

Last Will and Testament

of

WILLIAM MASSIE WARWICK III

MANNING | MURRAY^{PC}
ATTORNEYS AT LAW

Suite 300
6045 Wilson Boulevard
Arlington, Virginia 22205
703.532.5400

Last Will and Testament

OF

WILLIAM MASSIE WARWICK III

I, WILLIAM MASSIE WARWICK III, of the Commonwealth of Virginia, being of sound and disposing mind and memory, make and declare this to be my Last Will and Testament, and I revoke any and all other wills and codicils previously made by me.

ARTICLE I

Identification of Family

I am married to JANE MARTIN WARWICK (my "wife"), and we have four children: WILLIAM MASSIE WARWICK IV, born August 5, 1976; REBEKAH DOROTHY WARWICK, born September 18, 1979; ELIZABETH ERSKINE WARWICK, born April 22, 1982; and JEFFERSON CAPERTON WARWICK, born January 28, 1985.

ARTICLE II

Payment of Debts and Other Charges

My Executor shall pay or provide for the payment of the expenses related to my funeral and the disposition of my remains, the costs of administration of my estate, and all of my legally enforceable debts, secured and unsecured; however, my Executor may cause any debt to be carried, renewed or refinanced from time to time upon such terms and with such security for its repayment as my Executor may deem advisable, taking into consideration the best interests of the beneficiaries hereunder.

of WILLIAM MASSIE WARWICK, III
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ARTICLE III

Payment of Taxes

My Executor shall pay or provide for the payment of all estate and inheritance taxes payable by reason of my death, if any, which taxes shall be apportioned among the beneficiaries in accordance with the Virginia apportionment statute, provided, however, no such taxes shall be charged against the tangible personal property passing under Article IV hereinafter.

ARTICLE IV

Distribution of Tangible Personal Property

A. Subject to the provisions of paragraph C. below, which shall take priority, I give to my wife, JANE MARTIN WARWICK, if she survives me, all of my tangible personal property of every kind including, but not limited to, furniture and furnishings, appliances, personal effects, sports and entertainment equipment, art, silverware, china, glass, books, jewelry, wearing apparel, and automobiles and other vehicles.

B. If my wife does not survive me, I give all of the aforesaid tangible personal property to those of my children, WILLIAM MASSIE WARWICK IV, REBEKAH DOROTHY WARWICK, ELIZABETH ERSKINE WARWICK, and JEFFERSON CAPERTON WARWICK, who survive me, in approximately equal shares. If my children do not agree to the division of said property among themselves, my Executor shall make such division among them, the decision of my Executor to be in all respects binding upon my children. My Executor may sell any of said property that is either not desired by my children or, in the discretion of my

of WILLIAM MASSIE WARWICK III

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Executor, is not appropriate for distribution in kind, and my Executor shall add the proceeds of such sale to my residuary estate to be disposed of as hereinafter provided.

C. I direct that my Executor honor any written list that I may make regarding the disposition of any specific items of my tangible personal property.

ARTICLE V

Distribution of Remainder of Estate

A. I give all of the rest of my real and personal property to my wife, JANE MARTIN WARWICK, if she survives me.

B. If my wife does not survive me, then I give all of said property in equal shares to those of my children, WILLIAM MASSIE WARWICK IV, REBEKAH DOROTHY WARWICK, ELIZABETH ERSKINE WARWICK, and JEFFERSON CAPERTON WARWICK, who survive me, provided, however, that the descendants of a deceased child who survive me shall take *per stirpes* the share that my child would have taken if he or she had survived me, subject to the continuing trust provisions of Article VI below.

ARTICLE VI

Contingent Beneficiaries

If my wife and all of my descendants predecease me, I give all of the rest of my real and personal estate as follows:

A. One-half to my then living heirs-at-law as determined by the intestate laws of Virginia then in effect; and

Last Will and Testament
of WILLIAM MASSIE WARWICK III
Page 4

B. One-half to my wife's then living heirs-at-law as determined by the intestate laws of Virginia then in effect.

ARTICLE VII

Interests Vesting in Certain Beneficiaries

If any interest in my estate vests in a beneficiary under age twenty-five who is not a child of mine, such as a grandchild, my Executor may select a Trustee who shall hold the interest in trust. My Trustee may pay to or for the benefit of the beneficiary as much of the net income or principal of the trust as my Trustee may deem appropriate for the beneficiary's support, health care and education. When the beneficiary reaches age twenty-five, my Trustee shall distribute the trust assets to the beneficiary. If the beneficiary dies before reaching that age, my Trustee shall distribute the trust assets equally to the beneficiary's then living children, or if none, to the beneficiary's estate. No Trustee who serves hereunder shall be required to furnish any security on any bond that may be required by law for the faithful performance of the Trustee's duties, nor shall my Trustee be required to file annual accounts with a court as otherwise required by Virginia law. My Trustee shall be entitled to reasonable compensation and shall have the same powers as my Executor.

ARTICLE VIII

Executor

I nominate my wife, JANE MARTIN WARWICK, as Executor of this my Last Will and Testament. If for any reason she should be unable or unwilling to serve or continue serving, then I nominate my attorney, ANDREW F. MURRAY, as Executor. If for any reason he should be

**Last Will and Testament
of WILLIAM MASSIE WARWICK III**
Page 5

unable or unwilling to serve or continue serving, then I nominate the law firm of MANNING & MURRAY, or its successor, as Executor. No Executor who serves hereunder shall be required to furnish any security on any bond required by law for the faithful performance of the Executor's duties.

ARTICLE IX

Compensation of Executor

For rendering services as the Executor, my Executor shall receive reasonable compensation as provided by law and reimbursement for reasonable expenses.

ARTICLE X

- Powers of Executor

A. I give to my Executor, and any successor Executor, full power and discretion in the management and control of my estate, including the right and power to lease real estate for such term or terms as my Executor deems proper, and to sell, convey, transfer or otherwise dispose of all or any portion of any real or personal property at any time held hereunder which my Executor may deem necessary or advisable for the advantageous administration of my estate.

B. I also authorize my Executor, in the exercise of a reasonable discretion with respect to all property, real and personal, at any time forming part of my estate, to exercise any or all of the powers set forth in Virginia Code Section 64.2-105, and I incorporate that section into this Will by this reference.

**Last Will and Testament
of WILLIAM MASSIE WARWICK III**
Page 6

C. I grant my Executor authority over the content of electronic communications sent or received by me; to access, modify, delete or take down, control, transfer, or dispose of my digital assets; to take any action allowable under a Terms of Service agreement or online tool provided by a custodian; and to effect any disclosure request from a custodian; all within the meaning of Virginia Code Section 64.2-116, *et seq.* I direct that my Executor honor any letter of instruction that I may make regarding my digital assets or electronic communications.

D. My Executor may employ qualified professionals to assist my Executor with the administration of my estate, and to charge the compensation of such professionals as an expense of the estate.

E. My Executor may make all tax elections and allocations that my Executor considers appropriate, and any elections and allocations made in good faith shall not be subject to challenge by any person.

ARTICLE XI

Miscellaneous

A. No person shall be deemed to have survived me unless such person survives me by ten days.

B. The interest of a beneficiary in any trust shall be held as a "Spendthrift Trust" and shall not be liable for the debts of any beneficiary or subject to alienation or anticipation by a beneficiary.

**Last Will and Testament
of WILLIAM MASSIE WARWICK III
Page 7**

IN WITNESS WHEREOF, I have hereunto set my hand to this, my Last Will and Testament, this 25th day of November, 2019.


WILLIAM MASSIE WARWICK III

The foregoing instrument was, this 25th day of November, 2019, signed, published and declared by the said WILLIAM MASSIE WARWICK III as and for his Last Will and Testament, in the presence of us, and we, at his request and in his presence and in the presence of each other, have hereunto subscribed our names as attesting witnesses thereto, we and each of us believing the said WILLIAM MASSIE WARWICK III to be of sound and disposing mind and memory at the date hereof.


Witness

Address:
6045 Wilson Boulevard, Suite 300
Arlington, Virginia 22205


Witness

Address:
6045 Wilson Boulevard, Suite 300
Arlington, Virginia 22205

Last Will and Testament
of WILLIAM MASSIE WARWICK III
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COMMONWEALTH OF VIRGINIA,

COUNTY OF ARLINGTON, to-wit:

Before me, the undersigned authority, on this day personally appeared WILLIAM MASSIE WARWICK III, the Testator, Kelly Clark and LARA LARSEN, the witnesses, whose names are signed to the attached or foregoing instrument, and all of these persons being by me first duly sworn, WILLIAM MASSIE WARWICK III, the Testator, declared to me and to the witnesses in my presence that said instrument is his Last Will and Testament and that he had willingly signed or directed another to sign the same for him, and executed it in the presence of said witnesses as his free and voluntary act for the purposes therein expressed; that said witnesses stated before me that the foregoing Will was executed and acknowledged by the Testator as his Last Will and Testament in the presence of said witnesses who, in his presence and at his request, and in the presence of each other, did subscribe their names thereto as attesting witnesses on the day of the date of said Will, and that the Testator, at the time of the execution of said Will, was over the age of 18 years and of sound and disposing mind and memory.

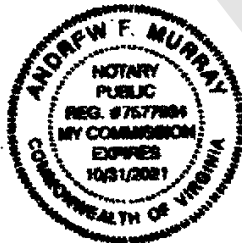
William M. Warwick III
WILLIAM MASSIE WARWICK III

Last Will and Testament
of WILLIAM MASSIE WARWICK III
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Kelly Clark
Witness

Lara Larsen
Witness

Subscribed, sworn and acknowledged before me by WILLIAM MASSIE WARWICK
III, the Testator, subscribed and sworn before me by Kelly Clark and
LARA LARSEN, the witnesses, this 25th day of November, 2019.



[Signature]
Notary Public