

FILED FOR RECORD AT REQUEST OF:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

Real Estate Excise Tax
Exempt
Skagit County Treasurer
By Lena Thompson
Affidavit No. 20240582
Date 05/10/2024

WHEN RECORDED RETURN TO:

ELDER LAW OFFICES OF
MEYERS, NEUBECK & HULFORD, P.S.
2828 Northwest Avenue
Bellingham, WA 98225-2335

LACK OF PROBATE AFFIDAVIT

GRANTOR:**GRANTEE:****PARCEL NUMBER:****LEGAL DESCRIPTION:****REFERENCE NUMBERS:**

~~MARTA MARIA GORNY,~~
Surviving spouse of
MARC NEIL KRANDEL

MARTA MARIA GORNY

P114437

SP MV-4-98, LOT 2, APN 9903300018 (Additional legal found on page 3)

202106250078 (Previous Deed)

STATE OF WASHINGTON)

) ss.

COUNTY OF SKAGIT)

I, MARTA MARIA GORNY ("Affiant"), being first duly sworn on oath, depose and say:

THAT I am the surviving spouse of MARC NEIL KRANDEL ("Decedent"), who died testate on March 26, 2024, in Mount Vernon, Skagit County, Washington, and was at the time of their death a resident of Mount Vernon, Skagit County, Washington, as evidenced by the Death Certificate attached hereto as **Exhibit A**.

THAT the Decedent and I were married on the 27th day of September, 1980.

THAT no children were born and/or adopted by the Decedent

THAT the Decedent executed their Last Will and Testament on March 23, 2023, and said Will has been filed with the Skagit County Clerk, under Skagit County Cause No. 24-4-

LACK OF PROBATE AFFIDAVIT

Page 1

ELDERLAW
MEYERS, NEUBECK & HULFORD

2828 Northwest Ave, Bellingham, WA 98225

T: 360.647.8846 F: 360.647.8854

00237-29 with a conformed copy attached hereto as **Exhibit B**. Since title to the subject property herein passed to Affiant via operation of law, it is Affiant's intent not to probate said Will (as it is not required).

THAT pursuant to the above referenced documentation and pursuant to the operation of law, I am the sole and rightful heir to the real property described herein below. My name, age, relationship and address is as follows:

MARTA MARIA GORNY, age 75, Surviving Spouse
1219 N. 17th Street
Mount Vernon, WA 98273

THAT all obligations, expenses of last illness and funeral and burial services owing at the date of death of the Decedent have been paid in full or provided for, and all future and currently unknown expenses connected therewith shall be provided for by the Affiant.

THAT the Decedent had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.

THAT probate of the Estate of the Decedent has not been instituted nor contemplated.

THAT all of the real property owned by the Decedent at the time of their death, or in which they had an interest was community property, was situated in Mount Vernon, Skagit County, Washington, and is legally described as follows:

LOT 2 OF CITY OF MOUNT VERNON SHORT PLAT NO. MV-4-98, APPROVED MARCH 24, 1999, AND RECORDED MARCH 30, 1999, IN VOLUME 14 OF SHORT PLATS, PAGES 13 AND 14, UNDER AUDITOR'S FILE NO. 9903300018, RECORDS OF SKAGIT COUNTY, WASHINGTON; BEING A PORTION OF THE EAST ½ OF THE SOUTHWEST ¼ OF THE SOUTHEAST ¼ OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.

Subject to:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

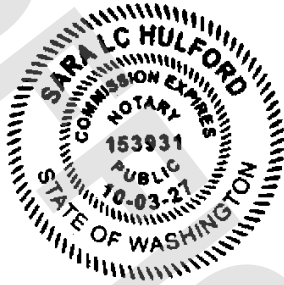
THAT this affidavit is made solely to induce a title company to issue its policies of title insurance on real property passing to MARTA MARIE GORNY in reliance upon the representations set forth above. Affiant agrees to indemnify and hold the title company harmless

from loss or damage which it may suffer as a result of said reliance. The transfer of real property by this affidavit is made pursuant to WAC 458-61A-202(6)(h).

Dated this 9th day of May, 2024.


MARTA MARIA GORNY

SUBSCRIBED AND SWORN to before me, by MARTA MARIA GORNY, this 9th
day of May, 2024.



A handwritten signature in black ink, appearing to read "Sara L. Hulford", written over a horizontal line.

SARA L. HULFORD
Notary Public in and for the
State of Washington
Residing in Bellingham
My commission expires: 10/03/2027

EXHIBIT "A"
Exceptions

1. **SKAGIT COUNTY RIGHT TO MANAGE NATURAL RESOURCES LANDS**
DISCLOSURE: This disclosure applies to parcels designated or within 1 mile of designated agricultural – land or designated or within ¼ mile of rural resource, forest or mineral resource lands of long-term commercial significance in Skagit County. A variety of Natural Resource Land commercial activities occur or may occur in the area that may not be compatible with non-resource uses and may be inconvenient or cause discomfort to area residents. This may arise from the use of chemicals; or from spraying, pruning, harvesting or mineral extraction with associated activities, which occasionally generates traffic, dust, smoke, noise, and odor. Skagit County has established natural resource management operations as priority use on designated Natural Resource Lands, and area residents should be prepared to accept such incompatibilities, inconveniences or discomfort from normal, necessary Natural Resource Land operations when performed in compliance with Best Management Practices and local, State, and Federal Law.

In the case of mineral lands, application might be made for mining-related activities including extraction, washing, crushing, stockpiling, blasting, transporting and recycling of minerals. If you are adjacent to designated NR Lands, you will have setback requirements from designated NR Lands.

2. Covenants, conditions, restrictions, recitals, reservations, easements, easement provisions, dedications, building setback lines, notes, statements, and other matters, if any, but omitting any covenants or restrictions, if any, including but not limited to those based upon race, color, religion, sex, sexual orientation, familial status, marital status, disability, handicap, national origin, ancestry, or source of income, as set forth in applicable state or federal laws, except to the extent that said covenant or restriction is permitted by applicable law, as set forth on Short Plat No. SP MV-4-98:

Recording No: 9903300018

3. Reservations and exceptions in United States Patents or in Acts authorizing the issuance thereof; Indian treaty or aboriginal rights.
4. Assessments, if any, levied by City of Mount Vernon.
5. City, county or local improvement district assessments, if any.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 03/27/2024
FEE NUMBER:EXHIBIT
A

CERTIFICATE NUMBER: 2024-014745

FIRST AND MIDDLE NAME(S): MARC N
LAST NAME(S): KRANDELCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: MARCH 26, 2024
HOUR OF DEATH: 05:00 AM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: CHICAGO, ILMARITAL STATUS: MARRIED
SURVIVING SPOUSE: MARTA GORNYOCCUPATION: PRINCIPAL PLANNER
INDUSTRY: STATE PARK
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: MARTA GORNY
RELATIONSHIP: WIFE
ADDRESS: 1219 N 17TH STREET, MOUNT VERNON, WA, 98273CAUSE OF DEATH:
A: DEMENTIA, PROBABLY MIXED ALZHEIMER'S AND VASCULAR
INTERVAL: MANY YEARS
B: HYPERTENSION
INTERVAL: MANY YEARS
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: 400 GILKEY ROAD
CITY, STATE, ZIP: BURLINGTON, WASHINGTON 98233RESIDENCE STREET: 1219 N 17TH ST
CITY, STATE, ZIP: MOUNT VERNON, WA 98273-2527
INSIDE CITY LIMITS: YES COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 2 YEARSFATHER: LEWIS KRANDEL
MOTHER: [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARKCITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: MARCH 27, 2024

FUNERAL FACILITY: ALPHA-OMEGA BURIAL AND CREMATION

ADDRESS: PO BOX 398
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
FUNERAL DIRECTOR: THOMAS CUFLEYMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NOT APPLICABLECERTIFIER NAME: LESLIE A. ESTEP, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: MARCH 26, 2024CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: MARCH 27, 2024



DOH 422-034 August 2019

Affidavit for Correction

 05/10/2024 09:33 PM
 Printed on Recycled Paper
 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

Required information must match current information on record

Required	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 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 _____ 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: _____ Date: _____
 Printed name: _____
 14b. Signature of 2nd parent (if required): _____ Date: _____
 Printed name: _____
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:

- 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- 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.

*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.

Adult (18 years or older)

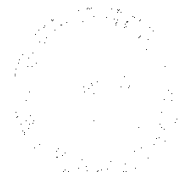
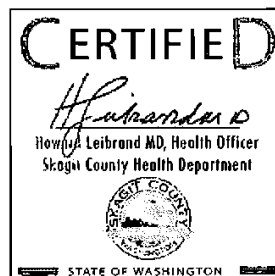
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.


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


0 6 7 8 3 2 9 4

24-4-00237-29
LWAT 1
Last Will and Testament
16592412



FILED
SKAGIT COUNTY CLERK
SKAGIT COUNTY, WA

2024 APR 25 PM 1:38

EXHIBIT

B

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR SKAGIT COUNTY**

In re the Estate of:

Cause No. 24-4 00237-29

MARC N. KRANDEL,

LAST WILL AND TESTAMENT

Deceased.

Attached hereto and incorporated herein by reference is the LAST WILL AND
TESTAMENT of MARC N. KRANDEL, dated March 23, 2023.

LAST WILL AND TESTAMENT

1

E ELDERLAW
MEYERS, NEUBECK & HULFORD

2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

LAST WILL AND TESTAMENT

OF

MARC N. KRANDEL

**ARTICLE 1
DECLARATIONS**

I, MARC N. KRANDEL, a resident of Skagit County, Washington, being of sound mind, competent, 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 over eighteen years of age and married. My spouse's name is MARTA M. GORNY. My spouse and I are both citizens of the United States. We have no children living or deceased. Except as provided below, I make no provision in this Will for any child who survives me, whether 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 over 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.

**LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL**

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ARTICLE 2
DISTRIBUTION OF MY ESTATE

2.1 GIFT BY LIST (TANGIBLE PERSONAL PROPERTY): 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 RCW 11.12.260. As such, the personal property listed thereon shall pass in accordance with such list. Any remaining tangible personal property shall be distributed according to the provisions below.

2.2 SPECIFIC BEQUESTS: Should my spouse, MARTA M. GORNY, survive me, I leave any tangible personal property not disposed of by a written memorandum to my spouse.

If my spouse does not survive me, I give and bequeath the property to my beneficiaries, in shares of substantially equal value, to be divided among my beneficiaries as my beneficiaries agree. If my Personal Representative determines that a beneficiary is incapable of acting in their own best interest, my Personal Representative will appoint a person to represent the beneficiary in the division of the property. If my beneficiaries are unable to agree upon the division of the property within six (6) months after my death, my Personal Representative will make the division according to the Personal Representative's discretion. My Personal Representative may use a lottery, rotation system, or any other method of allocation to determine the order of selection and distribution of the property. As an alternative, my Personal Representative may sell all or any portion of the property and distribute the net proceeds equally among my beneficiaries.

2.3 ESTATE RESIDUE: If my spouse, MARTA M. GORNY, survives me, I give the rest, residue, and remainder of my estate to my spouse outright, free of trust. However, if at the time of fulfilling this distribution, my spouse is a Supplemental Needs Person, then the rest, residue, and remainder of my estate will instead be administered for her benefit according to the provisions of Article 3, entitled "Testamentary Special Needs Trust."

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

PAGE 2

If my spouse does not survive me, my estate shall be distributed as follows:

- A. I give forty percent (40%) of my estate to JAMILA GODFREY. If JAMILA GODFREY does not survive me, this share of my estate shall be distributed in substantially equal shares to SYNELLE MARTINIQUE HOOVER and ROSE MAGNOLIA SCHANEN.
- B. I give five percent (5%) of my estate to SYNELLE MARTINIQUE HOOVER.
- C. I give ten percent (10%) of my estate to DIANA KRANDEL. If DIANA KRANDEL does not survive me, this share of my estate shall be distributed in substantially equal shares to JACOB ALAN KRANDEL and BETH ERIN HANSEN.
- D. I give ten percent (10%) of my estate to JACOB ALAN KRANDEL. If JACOB ALAN KRANDEL does not survive me, this share of my estate shall be distributed in substantially equal shares to his then living issue.
- E. I give ten percent (10%) of my estate to BETH ERIN HANSEN. If BETH ERIN HANSEN does not survive me, this share of my estate shall be distributed in substantially equal shares to her then living issue.
- F. I give five percent (5%) of my estate to ISAAC MOUNTAIN BLUM. If ISAAC MOUNTAIN BLUM does not survive me, this share of my estate shall be distributed in substantially equal shares to his then living issue.
- G. I give five percent (5%) of my estate to AVRAM STANLEY BLUM. If AVRAM STANLEY BLUM does not survive me, this share of my estate shall be distributed in substantially equal shares to his then living issue.
- H. I give five percent (5%) of my estate to JOSHUA CASEY SCHANEN. If JOSHUA CASEY SCHANEN does not survive me, his share of my estate shall be distributed to ROSE MAGNOLIA SCHANEN.
- J. I give ten percent (10%) of my estate to ROSE MAGNOLIA SCHANEN. If ROSE MAGNOLIA SCHANEN does not survive me, her share of my estate shall be distributed in substantially equal shares to her then living issue.

If any of the above bequests should fail for lack of a surviving beneficiary or disclaimer, that share shall be divided proportionally between the respective beneficiaries for each share.

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

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ARTICLE 3
TESTAMENTARY SPECIAL NEEDS TRUST

3.1 INTRODUCTION: The share of my estate that is set aside for my spouse or any other beneficiary in trust shall be held by the Trustee named below or their successor, IN TRUST for said beneficiary's benefit in a Special Needs Trust in accordance with the following provisions:

- A. NOMINATION OF TRUSTEES:** The initial Trustee of said Trust is JAMILA GODFREY. In the event that JAMILA GODFREY fails to qualify or ceases to act as the initial Trustee, then ROSE MAGNOLIA SCHANEN shall thereafter serve as Successor Trustee with all the rights, powers, titles and immunities specified within the Trust. In the event there is no successor Trustee, the last acting trustee shall nominate a suitable professional to act as the successor Trustee shall thereafter serve as Successor Trustee with all the rights, powers, titles and immunities specified within the Trust. 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 a court of competent jurisdiction. Any Trustee may also resign as Trustee at any time. If there is no acting Trustee or the nominated successor Trustee refuses to accept their appointment, then the beneficiary may petition a court of competent jurisdiction for the limited purpose of seeking a suitable professional Trustee to be nominated and appointed by court order.
- B. INTENT:** It is my intention by this trust to create a purely discretionary special needs fund for the beneficiary, and not to displace financial assistance that may otherwise be available to them. Illustrative of the kinds of special, non-support disbursements that would be appropriate for my Trustee to make from this trust for the beneficiary include, but are not limited to: sophisticated medical or dental or diagnostic work or treatment for which there are not funds otherwise available, including plastic surgery or other non-necessary medical procedures; private

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

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rehabilitative training; dental care; recreation and transportation; differentials in cost between housing and shelter for shared and private rooms in institutional settings; supplemental nursing care and similar care that assistance programs may not otherwise provide; telephone and television service, companions for travel, reading, driving and cultural experiences; and payments to bring their siblings or others for visitation in the event my Trustee deems that appropriate and reasonable.

- C. It is important that the beneficiary maintain a high level of human dignity and that their care be humane. If this trust were to be eroded by creditors, subjected to liens or encumbrances, or cause assistance benefits to be unavailable or terminated, it is likely that the trust corpus would be depleted prior to my spouse's death, especially if the cost of care for them would be high. In such event there would be no coverage for emergencies or supplementation to basic needs. The trust provisions contained in this instrument should be interpreted by my Trustee in light of these concerns and this intent.
- D. My Trustee shall pay or apply for the benefit of the beneficiary for their lifetime such amounts from the principal or income, or both, of this trust up to the whole thereof, as the Trustee, in the Trustee's sole and absolute discretion, may from time to time deem necessary or advisable for the satisfaction of my spouse's special non-support needs, if any. Any income not distributed shall be added annually to principal. As used in this instrument, "special non-support needs" refers to the requisites for maintaining the beneficiary's good health, safety and welfare when, in the discretion of the Trustee, such requisites are not being provided by any public agency, office or department of the state where the beneficiary lives or of the United States, or are not otherwise being provided by other sources of income available to them. Special non-support needs shall include but shall not be limited to the list of suggested non-support items set out in this Article.
- E. In the event that the beneficiary is unable to maintain and support themselves independently, the Trustee may, in the exercise of the Trustee's best judgment and fiduciary duty, seek support and maintenance for my spouse from all available public and private resources. The Trustee shall take into consideration the applicable resources and income limitations of any public assistance program for which the beneficiary is eligible. In carrying out the provisions of this trust, my Trustee shall be mindful of the probable future needs of the beneficiary, but not of the trust remainder beneficiaries.

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

- F.** No part of the corpus of the trust created by this Article shall be used to supplant or replace public assistance benefits of any county, state, federal or other governmental agency that has a legal responsibility to serve persons with disabilities that are the same or similar to those which my spouse may be experiencing. For purposes of determining the beneficiary's public assistance eligibility, no part of the principal or undistributed income of the trust shall be considered available to them. In the event that the Trustee is required to release principal or income of the trust to or on behalf of the beneficiary to pay for benefits or services which such public assistance is otherwise authorized to provide were it not for the existence of this trust, or in the event the Trustee is requested to petition the court or any other administrative agency for the release of trust principal or income for this purpose, the Trustee is authorized to deny such request. My Trustee is authorized, in the Trustee's discretion, to take whatever administrative or judicial steps may be necessary to continue the public assistance program eligibility of the beneficiary, including obtaining instructions from a court of competent jurisdiction ruling that the trust corpus is not available to the beneficiary for such eligibility purposes. Further, my Trustee should cooperate with the beneficiary's conservator, guardian, or legal representative to seek support and maintenance for the beneficiary from all available resources, including but not limited to, the Supplemental Social Security Income Program (SSI); any supplemental income program of this state; the Old Age Survivor and Disability Insurance Program (OASDI); the Medicaid Program; and any additional, similar or successor programs; and from any private support sources. Any expense of the Trustee, including reasonable attorney fees, shall be a proper charge to the trust.
- G.** None of the income or principal of the Special Needs Trust shall be applied in such a manner as to supplant, impair, or diminish any governmental benefits or assistance for which the beneficiary may be eligible or which the beneficiary may be receiving, unless, in the sole and absolute discretion of the Trustee, such use of income and/or principal is beneficial to the beneficiary. For example, the Trustee may make distributions to meet Beneficiary's need for food, shelter, health care, or other personal needs, even if those distributions will impair or diminish

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

Beneficiary's receipt or eligibility for government benefits or assistance, but only if the Trustee determines that the distributions will better meet Beneficiary's needs, and it is in Beneficiary's best interests, notwithstanding the consequent effect on Beneficiary's eligibility for, or receipt of, benefits

- H. SUPPLEMENTAL NEEDS TRUST SAVINGS CLAUSE:** Even though a null-and-void clause could be ignored by some agencies, in the event that the mere existence of the authority to make distributions that will impair or diminish Beneficiary's receipt or eligibility for government benefits or assistance, as specified in Paragraph G above, will result in a reduction or loss of Beneficiary's entitlement program benefits, regardless of whether the Trustee actually exercises the authority, then such authority specified in Paragraph G will be null and void, and the Trustee's authority to make these distributions will terminate. If such authority is terminated, then the Trustee may amend the trust to remove the offending provisions, and the Trustee's authority to make distributions will be limited to distributions for Beneficiary's supplemental needs, in a manner that will not adversely affect Beneficiary's government benefits.
- I.** Notwithstanding any provision of any Article herein to the contrary, in the event that the Supplemental Needs Trust is challenged or faces imminent invasion by any governmental department or agency in such a way as to affect Beneficiary's eligibility for benefits available under any governmental program, the Trustee may amend the trust so as to maintain Beneficiary's eligibility for benefits under such governmental program. However, if the Trustee is unable or unwilling to so amend the trust, then the Trustee may distribute the trust income and principal as if Beneficiary were then deceased.
- J. SPENDTHRIFT PROVISIONS:** No interest in the principal or income of this trust shall be anticipated, assigned or encumbered or shall be subject to any creditor claims or to any legal process prior to the actual receipt by the beneficiary. Furthermore, because this trust is to be conserved and maintained for the special non-support needs of the beneficiary throughout their life, no part of the corpus hereof, neither principal nor undistributed income, shall be construed as part of the beneficiary's estate or be subject to the claims of voluntary or involuntary creditors

LAST WILL AND TESTAMENT
OF
MARC N. KRANDEL

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for the provision of care and services, including residential care by any public entity, office, department, or agency of any state or the United States or any governmental agency. Under no circumstances can the beneficiary compel a distribution.

- K. TRUSTEE-AUTHORITY TO TERMINATE TRUST:** Notwithstanding anything to the contrary contained in this trust, in the event that the trust has the effect of rendering the beneficiary ineligible for any program of public benefit, the Trustee is authorized, but not required, to terminate this trust. In determining whether the existence of the trust has the effect of rendering the beneficiary ineligible for any program of public benefit, my Trustee is granted full and complete discretion to initiate either administrative or judicial proceedings, or both, for the purpose of determining eligibility. All costs relating thereto, including reasonable attorney fees, shall be a proper charge to the trust. In the event of voluntary termination, the undistributed balance of the trust shall be distributed as set forth under Article 2 above.
- L. VOLUNTARY CARE:** It is my wish that subsequent to the termination of the trust for the benefit of the beneficiary, if my contingent beneficiaries are living and distribution has been made outright to them, if the beneficiary is still living because there has been a voluntary termination of the trust in accordance with the provisions of this article, that such contingent beneficiaries will conserve, manage and distribute the proceeds of the former trust for the benefit of the beneficiary to insure that they receive sufficient funds for their basic living and supplemental needs when public assistance benefits are unavailable or insufficient. This request pertaining to the use and management of the trust proceeds after the termination of the trust is not mandatory, but is an expression of my wishes only.
- M. BENEFICIARIES OF TRUST RESIDUE UPON DEATH OF DISABLED BENEFICIARY:** Unless sooner terminated, the trust created for the beneficiary shall terminate upon their death. At that time all remaining trust assets shall be distributed as set forth under Article 2 above.
- N. TRUSTEE'S POWERS:** Subject to the requirement that my Trustee be prudent, my Trustee shall have full power and authority to manage and control the trust estate and to sell, exchange, lease, rent, assign, transfer and otherwise dispose of any or part thereof upon such terms and condition as my Trustee may, in my Trustee's discretion, deem proper. My Trustee may invest or reinvest all or any part

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of the trust estate in such common or preferred stocks, bonds, debentures, mortgages, deeds, deeds of trust, notes and other securities, investments of property, including common trust funds, which my Trustee, in my Trustee's absolute discretion, may select or determine. It is my express intention that the Trustee shall have full power to invest and reinvest the trust funds as I might do if living, without being restricted to forms of investments which trustees may be otherwise permitted by law to make, and without any requirements as to diversification of investments. My Trustee may continue to hold in the form in which received, any securities or any property which I might own at the time of my death or which my Trustee may at any time acquire hereunder; and may invest any part of the trust funds in property located within or outside of the State of Washington.

My Trustee is further authorized to invest in life, annuity, accident, sickness, including disability, and medical insurance on behalf of and for the benefit of the trust beneficiaries.

My Trustee shall not be obligated to undertake litigation for collection of any benefits or assets payable by reason of my death including, but not limited to, such benefits under life insurance policies, employee benefit plans or other contracts, plans or arrangements providing for payment or transfer at death which are payable to my Trustee unless my Trustee is indemnified to my Trustee's satisfaction against any liability and the expense of such litigation. Payment to my Trustee and the receipt of or release by my Trustee shall fully discharge any payor, and no payor need inquire into or take notice of my Will to see to the application of such payment.

My Trustee shall, in addition to the powers granted above, have all powers otherwise granted fiduciaries under the laws of the State of Washington.

My Trustee shall specifically have the power to invest in non-income producing assets.

- O. UNSUPERVISED ADMINISTRATION:** The trust created by the Will may be administered by my Trustee free from the control of any court that may otherwise have jurisdiction over my estate.

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ARTICLE 4
OFFICE OF PERSONAL REPRESENTATIVE

4.1 NOMINATIONS: I nominate as Personal Representative and as Successor Personal Representatives 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:	MARTA M. GORNY
1 st Successor Personal Representative:	JAMILA GODFREY
2 nd Successor Personal Representative:	ROSE MAGNOLIA SCHANEN

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

4.3 NON-INTERVENTION: I request that this Will and my estate 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. The non-intervention powers in this Article shall be unrestricted.

4.4 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 they act in bad faith, willful misconduct, or gross negligence.

4.5 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.

4.6 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.

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4.7 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.

4.8 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 their 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 eighteen (18) years at the time of distribution and no Trust is provided, my Personal Representative shall designate a Custodian of their 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 eighteen (18) years. 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.

4.9 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.

4.10 PAYMENTS OF EXPENSES, DEBTS AND TAXES: My Personal Representative shall pay all expenses of my estate including but not limited to reasonable funeral, burial or interment expenses and expenses associated with delivery and transportation of my personal

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property gifts; 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.

4.11 BENEFICIARY RECEIVING PUBLIC BENEFITS: If, at the time of my death, any beneficiary under this Will other than my spouse is then receiving or, in the sole determination of the Personal Representative, is likely eligible to receive, within one (1) year, government benefits based on disability or financial need, the Personal Representative is expressly authorized to withhold outright distribution to such beneficiary and instead to place the beneficiary's share of my estate in a separate trust to be created, held and administered under the following guidelines:

- A. The Personal Representative shall select a suitable initial Trustee for any trust under this section.
- B. The Trustee shall terminate the trust upon the beneficiary's death or upon the Trustee's sole determination that it would be in the best interest of the beneficiary to terminate the trust. Upon the termination of the trust, the Trustee may distribute the trust estate to the beneficiary if the beneficiary is then living. If the trust terminates upon the death of the beneficiary, the Trustee shall then distribute the trust estate to the beneficiary's descendants, by right of representation, subject to the withholding provisions above.
- C. The Personal Representative may also consider the establishment of an ABLE account for the Beneficiary as an alternative to a trust or in addition to a trust.

ARTICLE 5 GENERAL PROVISIONS

5.1 SURVIVORSHIP REQUIREMENT: For all gifts under this Will, I require that the beneficiary survive me for sixty (60) days before entitlement to such gift.

5.2 NO CONTEST: If a beneficiary named under this Will or one of my heirs at law, or other third party shall in any manner contest or attack this Will or any of its provisions, then in such event any share or interest in my estate given or passing to such contestant is hereby revoked and

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shall not be disposed of in the same manner provided herein as if such contestant had predeceased me. This paragraph shall apply in like manner to all trusts established under this Will and to all trust beneficiaries. This paragraph shall not be construed to apply to any action brought in good faith to interpret a provision of this Will which may be unclear or ambiguous.

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

- A. Reference to children, issue and descendants shall include adopted persons and persons hereafter born unless the context requires otherwise.
- B. The masculine, feminine, or neutral gender and the singular or plural number shall each include the others whenever the context indicates.
- C. Clause headings are for reading convenience and shall be disregarded when construing this Will.
- D. The term "Supplemental Needs Person" means a person who:
 - (i) is disabled; or (ii) is receiving, or is eligible to receive within (1) year, assistance or other benefits under a means-based government program (such as Medicaid or Supplemental Security Income).

As used above, the term "disabled" means disabled as defined in United States Code Title 42, Section 1382c(a)(3), or any other federal law related to means-based government programs for the disabled, or under Washington law related to means-based government programs, or under the law related to means-based government programs in the state where the person resides if the person is not a resident of Washington.

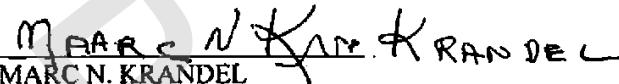
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MARC N. KRANDEL

As used above, the term "assistance" means assistance or medical assistance as defined in United States Code Title 42, Section 1396d(a), or any other federal law related to means-based government programs for the disabled, or under Washington law related to means-based government programs, or under the law related to means-based government programs in the state where the person resides if the person is not a resident of Washington.

As used above, a person is "eligible to receive" assistance or other benefits under a means-based government program if the person has been deemed eligible by the agency overseeing the program, or if the Trustee, in the Trustee's sole and absolute discretion, determines that the person would be eligible to receive such assistance or other benefits if an application were made within one (1) year.

ARTICLE 6 EXECUTION

6.1 SIGNATURE CLAUSE: IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this as my Last Will and Testament at Mount Vernon, Washington, this 23rd day of March, 2023.


MARC N. KRANDEL

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6.2 ATTESTATION CLAUSE: The Testator, MARC N. KRANDEL, declared to us, the undersigned, that this instrument consisting of fifteen (15) 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 the 23rd day of March, 2023, 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.

Steven Kamb
Signature

Shirley Fuller
Signature

STEVEN KAMB
Printed Name of Witness

Shirley Fuller
Printed Name of Witness

Address: 825 Cleveland Avenue
Mount Vernon, WA 98273

Address: 825 Cleveland Avenue
Mount Vernon, WA 98273

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STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

1. **Request of Testator:** MARC N. KRANDEL, 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 the 23rd day of March, 2023, at Mount Vernon, Washington.
3. **Declarations:** Immediately prior to execution, the testator declared the document to be their 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.

Witness, Sheila Fuller

Address: 825 Cleveland Avenue
Mount Vernon, WA 98273

COURT'S CERTIFICATE

Probate Judge

2828 Northwest Ave, Bellingham, WA 98225
T: 360.647.8846 F: 360.647.8854

Item to be gifted

Blank lined paper for writing.

MARC N. KRANDEL

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