202407300200

07/30/2024 02:40 PM Pages: 1 of 6 Fees: \$326.50

Skagit County Auditor, WA

CERTIFICATE OF INCUMBENCY
additional grantor names on page
additional grantee names on page
full legal on page(s) 2 .
JAN DEL MAR, SUBD. No. 11"
_
additional tax parcel number(s) on page

RECORDING REQUESTED BY:

Ross Uehara-Tilton Damon Key Leong Kupchak Hastert 1003 Bishop St Ste 1600 Honolulu, Hawaii 96813 Tel: (808) 531-8031

RETURN TO:

Laura H. Taylor 13078 Sunset Lane Anacortes, Washington 98221

AFFIDAVIT OF DEATH OF TRUSTEE - CERTIFICATE OF INCUMBENCY

13078 Sunset Lane, Anacortes, Washington 98221

LOT 14, "PLAT OF RANCHO SAN JUAN DEL MAR, SUBD. No. 11" (Complete Legal Description on Page 2)

APN: P68448, 3982-000-014-0000

The undersigned, being duly sworn, deposes and says:

- 1. On October 30, 2000, Michael E. Taylor, also known as Michael Everette Taylor, entered into a Declaration of Trust, which he amended and restated in its entirety on February 16, 2006, which trust agreement is known as the Michael E. Taylor Revocable Trust (as amended and restated, the "Trust"), wherein Michael E. Taylor, also known as Michael Everette Taylor, was the Grantor;
- 2. That Pursuant to Article 1, Section 1.02(A) of the Trust, Michael E. Taylor was appointed as initial Trustee of the Trust;
- 3. Michael E. Taylor, also known as Michael Everette Taylor, died on September 3, 2022, at Anacortes, Skagit County, Washington, as evidenced by State of Washington Department of Health Certificate Number 2022-046918, a true and correct copy of which, with personal information redacted, is attached hereto;
- 4. At the time of the death of the decedent mentioned above, the Trust was in effect and has not been revoked;

- 5. Pursuant to Article 1, Section 1.02(B) of the Trust, upon the death of Michael E. Taylor, also known as Michael Everette Taylor, his surviving spouse, Laura H. Taylor, is to serve as Successor Trustee;
- 6. By instrument dated December 7, 2022, Laura H. Taylor agreed to serve as Successor Trustee of the Trust, accepted the duties and responsibilities thereof, and agreed to be bound by the terms of the Trust;
- 7. Laura H. Taylor is the current Successor Trustee of the Trust, having been duly appointed and having duly accepted such appointment as Successor Trustee of the Trust;
- 8. Laura H. Taylor, as Successor Trustee of the Trust, has, among other powers, the power to sell, exchange, lease and otherwise engage in transactions involving Trust assets as the Trustee deems appropriate;
- 9. In addition to the personal and other property owned by the Trust, the Trust owns certain real property described as follows:

LOT 14, "PLAT OF RANCHO SAN JUAN DEL MAR, SUBD. No. 11", AS PER PLAT RECORDED IN VOLUME 9 OF PLATS, PAGES 84 AND 85, RECORDS OF SKAGIT COUNTY, WASHINGTON

Commonly known as 13078 Sunset Lane, Anacortes, Washington 98221; and

10. The mailing address for Laura H. Taylor, the Successor Trustee of the Trust, is 13078 Sunset Lane, Anacortes, Washington 98221.

LAURA H. TAYLOR

868772

Notary Certificate Follows

STATE OF WASH	INGTON)	
) SS.	
Skanit	COUNTY)	
Subs Satisfactory evidence the foregoing instru	, 2024, by Laura H. Ta		asis of
Ξ ():	CAMPONIA POR SERVICE ON A SERVI	NOTARY PUBLIC	

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE ISSUED: 09/15/2022 FEE NUMBER: 310922

CERTIFICATE NUMBER: 2022-046918

FIRST AND MIDDLE NAME(S): MICHAEL EVERETTE LAST NAME(S): TAYLOR

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 03, 2022
HOUR OF DEATH: 05:30 PM

SEX: MALE SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: BIRTHPLACE: GRENADA, MS

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LAURA SUE HAUSCHILD

OCCUPATION: ARMY OFFICER INDUSTRY: ARMED FORCES EDUCATION: MASTER'S DEGREE US ARMED FORCES: YES

INFORMANT: LAURA TAYLOR RELATIONSHIP: SPOUSE

ADDRESS: 13078 SUNSET LN, ANACORTES, WA 98221

CAUSE OF DEATH:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: ISLAND HOSPITAL

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 13078 SUNSET LN CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: NO COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE LENGTH OF TIME AT RESIDENCE: 6 YEARS

FATHER: NOBLE EVERETTE TAYLOR

MOTHER: EFFIE

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORY

CITY, STATE: **SEATTLE, WASHINGTON**DISPOSITION DATE: **SEPTEMBER 15, 2022**

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C

CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036

FUNERAL DIRECTOR: SHANNON EXASTRIS

MANNER OF DEATH:

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: HAYLEY THOMPSON

TITLE: CORONER/ME

CERTIFIER ADDRESS: 1700 CONTINENTAL PLACE

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: SEPTEMBER 07, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 220904-38

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL DATE RECEIVED: SEPTEMBER 14, 2022

202407300200

Affidavit for Correction

07/30/2024 02:40 PM Paper 6 of Statistics

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

P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300

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If legal guardian(s), include certified court order proving guardianship. Only the adult can change his or her birth certificate.													
• Up to age one or up to one year following the filing of an Acknowledgement • If the first or middle name is missing, three pieces of proof documentation										tion are			
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	on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.								ces of proof doc				OI DIIU
No proof is required to change the first or middle name.*									irth date, place				entation
To correct parent's information, one proof documentation is required.							ed.						
•	To correct the sex of the ch	nild, one pro	oof documentation	on from a medi	cal								
	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.												
1	th Certificates			_									
1.	Only the informant may ch												
	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.													
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- 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.





