

1. The undersigned is the surviving spouse of GEORGE EDWIN MEEKINS, IV, who died on August 10, 2024, then a resident of Skagit County, State of Washington. A certified copy of the Certificate of Death is attached hereto.

2. Decedent left a Last Will and Testament which has not been probated, and which was never revoked. A true copy of that Will is attached to this Affidavit.

3. The heirs at law of Decedent and their relationship to Decedent are as follows:

<u>Name</u>	<u>Relationship</u>
Jodi Meekins	Surviving spouse

4. All of the debts of Decedent and/or Decedent's marital community, including but not limited to all expenses of Decedent's last illness, funeral and burial expenses, and all applicable federal and state succession or inheritance taxes, have been fully paid or provided for.

5. At the time of Decedent's death, the Decedent owned a community property interest with the undersigned in the following real property located in Skagit County, Washington:

THAT PORTION OF THE NORTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 1 EAST OF THE W.M., DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE EAST LINE OF SAID NORTHEAST ¼ OF THE SOUTHWEST ¼, 70.7 FEET NORTH OF THE SOUTHEAST CORNER THEREOF; THENCE WEST 414 FEET, MORE OR LESS, TO THE EAST LINE OF THE CERTAIN TRACT CONVEYED TO JOHN KOLB BY DEED RECORDED AUGUST 7, 1917, IN VOLUME 107 OF DEEDS, PAGE 291, UNDER AUDITOR'S FILE NO. 120451, RECORDS OF SAID COUNTY; THENCE NORTH 18.5 FEET, MORE OR LESS, TO THE NORTHEAST CORNER OF SAID JOHN KOLB TRACT; THENCE WEST ON THE NORTH LINE OF SAID JOHN KOLB TRACT TO A POINT 657.26 FEET WEST OF THE EAST LINE OF SAID NORTHEAST ¼ OF THE SOUTHWEST ¼; THENCE NORTH TO A POINT THAT IS 657.26 FEET WEST OF AND 422.2 FEET NORTH OF THE SOUTHEAST CORNER OF SAID NORTHEAST ¼ OF THE SOUTHWEST ¼; THENCE EAST 657.26 FEET; THENCE SOUTH 351.5 FEET, MORE OR LESS, TO THE POINT OF BEGINNING.

EXCEPT EXISTING ROAD AND RIGHTS-OF-WAY FOR ROADS, AND

EXCEPT THAT PORTION THEREOF LYING SOUTH OF A LINE THAT IS 89.2 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID NORTHEAST ¼ OF THE SOUTHWEST ¼.

SUBJECT TO: Grants, restrictions, covenants, conditions, declaration, easement, limited access area and by-laws of record.

6. The Decedent did not receive any medical assistance paid for or provided by the Washington State Department of Social and Health Services (DSHS), including nursing facility services, home or community-based services, hospital, prescription drugs, or any other services.

7. This Affidavit is made to provide information sufficient to induce the issuance of title insurance for real property in which Decedent had an interest at the time of Decedent's death. The undersigned intends that a title insurance company may issue its policy or policies in full reliance upon the representations made herein. The undersigned makes this Affidavit intending to avoid the necessity of a probate proceeding to prove the insurability of title. The undersigned recognizes that individuals who may induce the reliance of a title insurance company upon this Affidavit may be required to indemnify and hold harmless a title insurance company issuing a title insurance policy in reliance upon these representations.

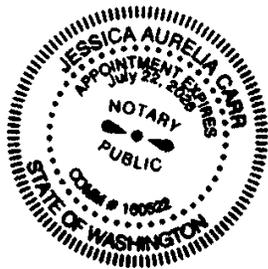
Signed at Burien, Washington, this 1st day of October, 2024.

Jodi Meekins

Jodi Meekins
5477 Pheasant Run
Anacortes, WA 98221

SUBSCRIBED AND SWORN TO before me this 1st day of October, 2024.

[SEAL]



JAC

NOTARY PUBLIC

Print Name: Jessica Aurelia Carr

My Commission Expires: 7-22-2028

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/16/2024
FEE NUMBER:

EXHIBIT A

CERTIFICATE NUMBER: 2024-038864

FIRST AND MIDDLE NAME(S): GEORGE EDWIN
LAST NAME(S): MEEKINS IV

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: AUGUST 10, 2024
HOUR OF DEATH: 04:40 AM
SEX: MALE AGE: 85 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: [REDACTED]
BIRTHPLACE: BALTIMORE, MD

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: JODI LYN MOULTHROP

OCCUPATION: SALES
INDUSTRY: INFORMATION TECHNOLOGY
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: YES

INFORMANT: JODI L MEEKINS
RELATIONSHIP: WIFE
ADDRESS: 5477 PHEASANT RUN LANE, ANACORTES, WA 98221

CAUSE OF DEATH:
A: PARKINSON'S DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ALZHEIMER'S DISEASE,
HYPERTENSION, ATRIAL FIBRILLATION

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: 3502 - K AVENUE
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5477 PHEASANT RUN LANE
CITY, STATE, ZIP: ANACORTES, WA 98221
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 29 YEARS

FATHER: GEORGE EDWIN MEEKINS III
MOTHER: GRACE ESTELLE [REDACTED]

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: EDEN CEMETERY

CITY, STATE: GUEMES ISLAND, WASHINGTON
DISPOSITION DATE: AUGUST 14, 2024

FUNERAL FACILITY: EVANS FUNERAL CHAPEL AND CREMATORY INC.

ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: LISSA ANDERSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
DATE SIGNED: AUGUST 10, 2024

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 240810-370
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER
DATE RECEIVED: AUGUST 12, 2024



Affidavit for Correction

10/03/2024 01:46 PM Page 5 of 11
WSPR-10-03-2024-01:46 PM
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

Required	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:
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)	
	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: _____

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:

- 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 Acknowledgement 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)**
- 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

- 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.



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WILL OF

GEORGE EDWIN MEEKINS IV

EXHIBIT B

I, GEORGE EDWIN MEEKINS IV, a resident of Anacortes, Skagit County, Washington, and a citizen of the United States, declare that this is my Will. I revoke all prior Wills and Codicils.

ARTICLE 1

Family

1.1 FAMILY. I am married to JODI MEEKINS, and all references to "my spouse" are to her. My only children, living or deceased, are from a prior marriage. They are ROBIN JOAN NEISER, who lives in the state of Pennsylvania, and GEORGE E. MEEKINS V of Kensington, Maryland. While I have love and regard for my family and my spouse's family, I hereby state that I intentionally omit any gifts under this Will to ROBIN JOAN NEISER; GEORGE EDWIN MEEKINS V; or any member of my spouse's family or their descendants, except for my spouse's nephews, STEWART WALISER of Bellevue, Washington; ZACHARY MOULTHROP of Ferndale, Washington; and ALEX MOULTHROP of Ferndale, Washington. I intentionally make no provision in this Will for any member of my family, or my spouse's family, or their descendants, except as specifically described.

1.3 INTENT. My spouse and I intend to hold certain property as community property, and we will hold such community property in both our names, where it is possible to title such property. We both intend to keep other property as separate property throughout the course of our marriage, and we will each hold our separate property in our separate names, where it is possible to title such property. I intend by this Will to dispose of my entire estate, including 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.

ARTICLE 2

Legal Representatives

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative. If my spouse fails to qualify or ceases to act as my personal representative, I name GEORGE E. MEEKINS V as my personal representative. If he fails to qualify or ceases to act as my personal representative I name my daughter-in-law, NICOLE VEILLEUX of Kensington, Maryland as my personal representative.

2.2 CUSTODIAN. If any interest passes under this Will to a beneficiary who has not reached the age of 25 (twenty-five) on the date of distribution, I name GEORGE E. MEEKINS V as custodian for that interest under the Washington Uniform Transfers to Minors Act. If he is unable or unwilling to serve as custodian, I name NICOLE VEILLEUX as custodian.



ARTICLE 3

Specific Gifts And Special Directions

3.1 LIST OF GIFTS. I may leave a handwritten and/or signed list which refers to this provision in my Will and directs the distribution of certain items of tangible personal property. This list or other separate writing is subject to change from time to time. I intend such list to conform to RCW 11.12.260, and if I leave such writing, my personal representative shall distribute my property as directed therein. However, if my spouse survives me, the list shall instead be considered an expression of my desire about how such property should ultimately be distributed on the death of my spouse; provided that, if my spouse joins in the gift of any item of listed tangible personal property, such item may be distributed on my death as directed. Any property distributed pursuant to such list shall be considered as a specific bequest and not as part of a legatee's remaining distributive share, if any. If by means of this list I gift a work of art or any intellectual property to which I own the copyright, I hereby state that such copyright is given along with the specific gift, unless copyrights are given by a different specific gift in this Will. Any property not specifically identified in such a list, or any property allocated to a beneficiary named therein who does not survive me by ninety (90) days, shall pass according to this Will. All such tangible personal property is given subject to outstanding mortgages, liens and encumbrances. My personal representative shall pay any costs of distribution, including, but not limited to, appraisal, insurance, postage, shipping and handling from the residue of my estate. If no such writing is found within ninety (90) days of the appointment of my personal representative, this Article shall have no force or effect whatsoever.

3.2 HOUSEHOLD AND PERSONAL EFFECTS. Aside from the specific gifts, if any, disposed of in the list described above, I give any interest I have in household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other property for personal or household use, together with any insurance on this property, to my spouse, if my spouse survives me. If my spouse does not survive me, this property shall pass to the beneficiaries then entitled to inherit under Articles 4.2(c) and 4.2(d) of this Will, in the proportions described therein.

ARTICLE 4

Residue

4.1 IF SPOUSE SURVIVES. I give the residue of my estate to my spouse, if my spouse survives me.

4.2 IF SPOUSE DOES NOT SURVIVE. If my spouse does not survive me, I give the residue of my estate as follows:

4.2(a) 1% (one percent) to the ANACORTES COMMUNITY THEATER, with a business address of PO Box 35, Anacortes, WA 98221, and a federal tax identification number of 91-6067544, to be used wherever the need is greatest.

4.2(b) 1% (one percent) to public television station KCTS, with a business address of 401 Mercer St. Seattle, WA 98109, and a federal tax identification number of 91-12211895, to be used wherever need is greatest.



4.2(c) 9% (nine percent) to be divided equally between STEWART WALISER, ZACHARY MOULTHROP, ALEX MOULTHROP, one share to each of them who survives me, not by right of representation, but *per capita*.

4.2(d) 89 % (eighty-nine percent) to my granddaughters, CLARA VEILLEUX MEEKINS of Kensington, Maryland and LILAH VEILLEUX MEEKINS of Kensington, Maryland, one share to each of them who survives me, not by right of representation, but *per capita*.

ARTICLE 5

Personal Representative

5.1 NO BOND REQUIRED. No bond shall be required of any personal representative named in this Will, in any jurisdiction, for any purpose.

5.2 NONINTERVENTION POWERS. My personal representative shall have nonintervention powers to settle my estate in the manner set forth in this Will. It is my intention to avail myself of the provisions of the nonintervention Will statutes of the State of Washington, and these nonintervention powers shall be unrestricted.

5.3 POWERS. I give my personal representative all powers conferred on a personal representative by Washington law as now existing or later amended, whether or not those powers are exercised in Washington.

ARTICLE 6

Taxes And General Administrative Provisions

6.1 SURVIVORSHIP. A beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the ninetieth (90th) day after the date of my death.

6.2 TAXES. All estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death, whether on property passing under this Will or otherwise, shall be apportioned according to Washington law.

6.3 DEBTS AND EXPENSES. I direct my personal representative to pay my debts as they come due, and my funeral and estate administration expenses.

6.4 ELECTIONS, DECISIONS, AND DISTRIBUTIONS.

6.4(a) GENERAL AUTHORITY. I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific property, in undivided interests in property, or partly in cash and partly in property.

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6.4(b) GOOD FAITH DECISIONS BINDING. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal representative need not make any adjustments among beneficiaries because of any election, decision, or distribution.

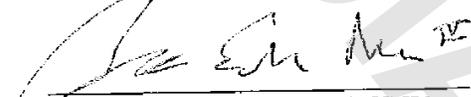
6.5 DESCENDANTS. As used in this document, "descendants" includes naturally born persons, and persons who were legally adopted before their twenty-first (21st) birthday.

6.6 WILLS MAY BE AMENDED. My spouse and I have not entered into any agreement to make Wills or agreement not to revoke Wills, and each of us reserves the right to unilaterally amend, revoke and execute a new Will during our joint lives or following our spouse's death.

6.7 GOVERNING LAW. The validity and construction of my Will shall be determined under Washington law in effect on the date my Will is signed.

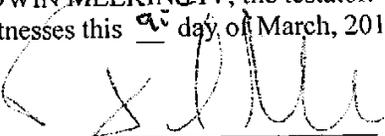
6.8 CAPTIONS. The captions are inserted for convenience only. They are not a part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 3rd day of March, 2015.



GEORGE EDWIN MEEKINS IV

This instrument, consisting of six (6) typewritten pages, including this page and the attached Affidavit of Attesting Witnesses, was on the above date and in our presence, signed by GEORGE EDWIN MEEKINS IV, the testator. We, at his request, have signed our names as attesting witnesses this 9th day of March, 2015.



Signature



Signature

Felicia Valerie

Printed Name

Cecil J. Taylor

Printed Name

Residing at:
La Conner, WA

Residing at:
La Conner, WA



signatures as witnesses to the Will and make this affidavit.

[Signature]
Signature

[Signature]
Signature

Felicia Vane
Printed Name

Paul J. Taylor
Printed Name

Residing at:

Residing at:

La Conner, WA

La Conner, WA

SUBSCRIBED AND SWORN TO before me on March 9, 2015

MARELLA D. DUBUQUE

Marella D. Dubuque

Notary Public in and for
the State of Washington,

Residing at La Conner

My commission expires: June 1, 2015

