



202507110059

07/11/2025 01:52 PM Pages: 1 of 5 Fees: \$307.50  
Skagit County Auditor

Filed for Record at request of  
and return to:

Stiles & Lehr Inc., P.S.  
P.O. Box 228 / 925 Metcalf Street  
Sedro Woolley, WA 98284

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

20252178  
JUL 11 2025

Amount Paid \$0  
By Skagit Co. Treasurer  
KO Deputy

Grantor: Vicki Feenstra & Theodore Feenstra, Successor Trustees of the Waller Living Trust  
Grantee: Vicki Feenstra & Theodore Feenstra, a married couple as community property  
Legal: PTN of SE ¼ S10, T35N, R7E  
Parcel Nos.: P42400 / 350710-4-002-0208 & P42403 / 350710-4-004-0008

### QUIT CLAIM DEED

THE GRANTORS, Vicki Feenstra and Theodore Feenstra, as the Successor Trustees of the Waller Living Trust, hereby grant and convey, without warranty, to Vicki Feenstra and Theodore Feenstra, a married couple as their community property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

That portion of the West Half of the Southeast Quarter of Section 10, Township 35 North, Range 7 East of the Willamette Meridian, lying Easterly of Baker Lake Road No. 3611 as conveyed to Skagit County by Deed dated and recorded April 11, 1966, under Auditor's File No. 681275 in Volume 354 of Deeds, page 173, records of Skagit County, Washington, and lying Northerly of the Great Northern Railway right-of-way and lying Westerly of the centerline of Grandy Creek;

EXCEPT the following portion thereof;

Beginning at the intersection of the North line of said Southeast Quarter with the East line of Baker Lake Road No. 3611 as conveyed to Skagit County by Deed dated and recorded April 11, 1966, under Auditor's File No. 681275 in Volume 354 of Deeds, page 173, records of Skagit County, Washington; Thence Southerly along the Easterly line of said road 761 feet; Thence East 278 feet to a point in centerline or thread of Grandy Creek that is 895 feet Southerly, as measured along said centerline or thread, from the North line of said subdivision; Thence Northerly along said centerline or thread 895 feet to said North line; Thence West along said North line 324 feet, more or less, to the point of beginning.

Situated in Skagit County, Washington.

Dated this 10 day of July, 2025.

Vicki H Feenstra

Vicki Feenstra, Successor Trustee of  
the Waller Living Trust, Grantor

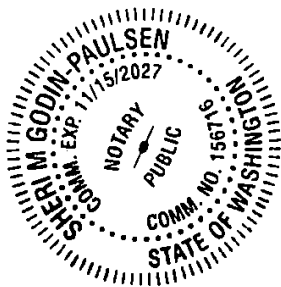
Theodore Feenstra

Theodore Feenstra, Successor Trustee  
of the Waller Living Trust, Grantor

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss.

On this day personally appeared before me **Vicki Feenstra and Theodore Feenstra,**  
**as the Successor Trustees of the Waller Living Trust,** who executed the within and  
foregoing instrument and acknowledged that they signed the same as their free and  
voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 10 day of July, 2025.



Sheri M. Godin Paulsen

NOTARY PUBLIC in and for the  
State of Washington, residing at

Chenace

Commission Expires: 11.15.27

**CERTIFICATION OF TRUST  
THE WALLER LIVING TRUST**

1. **The Waller Living Trust** was established in accordance with the Waller Living Trust dated 10/08/19.
2. The Successor Trustees of the Trust are Vicki Feenstra and Theodore Feenstra. The Trust was created for the benefit of Jesse A. Waller, who was appointed as the original Trustee of the Trust. Jesse A. Waller passed away on 06/13/25, leaving Vicki Feenstra and Theodore Feenstra as the acting Trustees of the Trust.
3. The currently acting Trustees of the Trust are Vicki Feenstra and Theodore Feenstra, whose mailing address is 703 Jones Road, Sedro Woolley, WA 98284.
4. The trust powers shall be construed, regulated, and governed by and in accordance with the laws of the State of Washington.
5. The Trust became irrevocable upon the death of Jesse A. Waller.
6. The Trust's taxpayer identification number is \_\_\_\_\_.
7. Trust assets should be taken in the name of The Waller Living Trust.
8. The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification to be incorrect.
9. The Trust was established under the laws of the State of Washington.

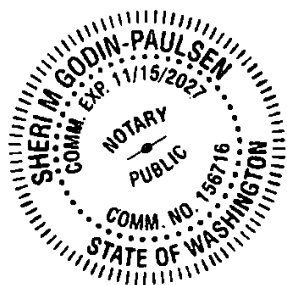
Dated this 10 day of July, 2025.

Vicki Feenstra  
Vicki Feenstra – Successor Trustee

Theodore Feenstra  
Theodore Feenstra – Successor Trustee

STATE OF WASHINGTON       )  
COUNTY OF SKAGIT       ) ss.

Personally appeared the above-named **Vicki Feenstra & Theodore Feenstra** and acknowledged the foregoing instrument to be their voluntary act and deed.



Sheri M. Godin-Paulsen  
NOTARY PUBLIC in and for the  
State of Washington  
residing at: Clearlake  
Commission expires: 11-15-27

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-030791

DATE ISSUED: 06/23/2025

FEE NUMBER: 310625

FIRST AND MIDDLE NAME(S): JESSE ALLEN  
LAST NAME(S): WALLERCOUNTY OF DEATH: SKAGIT  
DATE OF DEATH: JUNE 13, 2025  
HOUR OF DEATH: 01:21 AM  
SEX: MALE AGE: 87 YEARS  
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITEBIRTH DATE: [REDACTED]  
BIRTHPLACE: TACOMA, WAMARITAL STATUS: WIDOWED  
SURVIVING SPOUSE: NOT APPLICABLEOCCUPATION: MANUFACTURING  
INDUSTRY: AEROSPACE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NOINFORMANT: VICKI FEENSTRA  
RELATIONSHIP: STEP-DAUGHTER  
ADDRESS: 703 W JONES RD. SEDRO WOOLLEY, WA 98284CAUSE OF DEATH:  
A: ESOPHAGEAL CANCER  
INTERVAL: 1 WEEKSB:  
INTERVAL:C:  
INTERVAL:D:  
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: WEIGHT LOSS, CHRONIC  
OBSTRUCTIVE PULMONARY DISEASEDATE 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: DECEDENT'S HOME  
FACILITY OR ADDRESS: 39518 BAKER LAKE ROAD  
CITY, STATE, ZIP: CONCRETE, WASHINGTON 98237RESIDENCE STREET: 39518 BAKER LAKE RD  
CITY, STATE, ZIP: CONCRETE, WA 98237  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARSFATHER: EDWARD ALLEN WALLER  
MOTHER: IDA JANE [REDACTED]METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: FLORAL HILLS CEMETERYCITY, STATE: LYNNWOOD, WASHINGTON  
DISPOSITION DATE: JUNE 30, 2025

FUNERAL FACILITY: PURDY AND WALTERS AT FLORAL HILLS

ADDRESS: 409 FILBERT RD  
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036  
FUNERAL DIRECTOR: COLBE MARQUAYMANNER 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: ANITA M. MEYER, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 227 FREEWAY DRIVE SUITE A  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
DATE SIGNED: JUNE 13, 2025CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER  
DATE RECEIVED: JUNE 20, 2025



# Affidavit for Correction

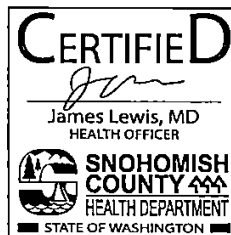
07/11/2025 01:52 PM Page 5 of 5  
 Mail to: Center for Health Statistics  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

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
<b>Required information must match current information on record</b>				
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 <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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:		
<b>Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:</b>				
The record currently shows:		The true fact is:		
8.		9.		
10.		11.		
12.		13.		
<b>I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.</b>				
14a. Signature:		14b. Signature of 2 <sup>nd</sup> parent (if required):		
Printed name:		Date:	Printed name:	Date:
<b>INSTRUCTIONS – go to <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information</b>				
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:				
<ul style="list-style-type: none"> <li>• Birth/Marriage/Divorce record</li> <li>• Military record (DD-214)</li> <li>• School transcripts</li> <li>• Social Security Numident Report</li> <li>• Certificate of Naturalization</li> <li>• Hospital/medical record</li> <li>• Copy of Passport / Enhanced ID</li> <li>• Green/Permanent Resident card (I-551)</li> </ul>				
<b>You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.</b>				
<b>Birth Certificates</b>				
1. 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.				
2. 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.				
3. Proof documentation must be five or more years old or established within five years of birth.				
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).				
<b>Child under 18</b>				
<ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship.</li> <li>• 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.</li> <li>• No proof is required to change the first or middle name.*</li> <li>• To correct parent's information, one proof documentation is required.</li> <li>• To correct the sex of the child, one proof documentation from a medical provider is required.</li> </ul>				
<b>Adult (18 years or older)</b>				
<ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate.</li> <li>• If the first or middle name is missing, three pieces of proof documentation are required.</li> <li>• 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.</li> <li>• To correct parent's birth date, place of birth, or name, one proof documentation is required.</li> </ul>				
*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.				
<b>Death Certificates</b>				
1. 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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
<b>Marriage/Dissolution (Divorce) Certificates</b>				
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.				



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



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