

When Recorded Please Return To:  
Lawrence A. Pirkle  
321 West Washington, Suite 300  
Mt. Vernon, WA 98273



200408180075  
Skagit County Auditor

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This Space For Recorder's Use Only

**QUIT CLAIM DEED**

**THE GRANTOR**, CAROLYN J. HOLLAND, Trustee of the Holland Family Trust (Kenneth N. Holland and Carolyn J. Holland), for and in consideration of transfer to a wholly owned Limited Liability Company pursuant to Internal Revenue Code Section 721 (mere change in form of ownership) conveys and quit claims to **GRANTEE**, GG&B, Properties, LLC, a Washington Limited Liability Company, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantor therein.

**Assessor's Parcel No:** P65196      3909-000-006-0000

Lot 6, "Entner's Tracts Subdivision No. 1", as per Plat recorded in Volume 8 of Plats, pages 73 and 74, records of Skagit County, Washington. Situate in the County of Skagit, State of Washington. Subject to easements, restrictions, reservations, or covenants if any.

Dated 08/16 day of August, 2004

Carolyn J. Holland  
Carolyn J. Holland,  
Trustee of the Holland Family Trust

4373  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

AUG 18 2004

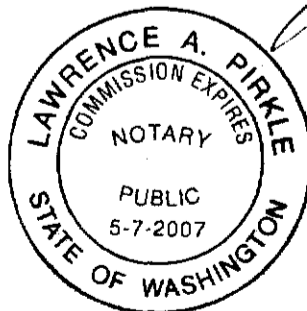
State of Washington)  
  )ss.  
County of Skagit            )

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

On this day personally appeared before me CAROLYN J. HOLLAND to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 16 day of August, 2004

Lawrence A. Pirkle  
LAWRENCE A. PIRKLE



Notary Public in and for the State of Washington  
Residing at: Mt. Vernon  
My Commission Expires: 5/7/07

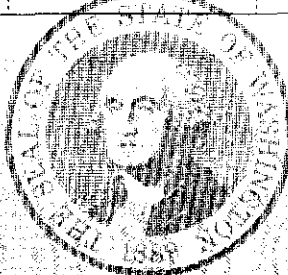
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **203-04**

## Washington State Certificate of Death

State File Number

1. Legal Name (include AKAs if any)				2. Death Date	
Kenneth Nathaniel Holland				March 6, 2004	
3. Sex (M/F)		4a. Age - Last Birthday		5. Social Security Number	
M		75		538-22-8330	
7. Birthdate		8a. Birthplace (City, Town, or County)		9. Decedent's Education	
Dec 23 1928		Cooperstown ND		GED Completed	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)	
No				White	
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
14365 Jura Drive				Anacortes	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	
Skagit				Washington	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)	
63y		Married		Carolyn Jean Elder	
17. Usual Occupation (indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)	
Commercial Fisherman				Fishing Industry	
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)	
Melvin Ned Holland				Frieda O. Steffen	
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number & Street or RFD No. City or Town State Zip	
Carolyn Jean Holland		Wife		14365 Jura Drive Anacortes, WA 98221	
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (if not a facility, give number & street)	
Decedent's Residence				14365 Jura Drive	
26. State				27. Zip Code	
WA				98221	
28. Method of Disposition		29. Place of Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Cremation		Korinast Crematory		Anacortes, Washington	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Evans Funeral Chapel 1105 32 <sup>nd</sup> Street Anacortes, WA 98221				March 9, 2004	
33. Funeral Director Signature X <i>Joseph Williams</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a. COPD / emphysema		Interval between Onset & Death > 10yR
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above:					
36. Autopsy?				37. Were autopsy findings available to complete the Cause of Death?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
45. Location of Injury: Number & Street:				Apt. No.	
City or Town:				State:	
46. Describe how injury occurred				47. If transportation injury, specify:	
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place stated on this certificate, and the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of investigation and/or investigation, if any, on the date, time, date, and place, and due to the cause(s) and manner stated.	
X <i>Margaret A. Sweeney MD</i>				X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)	
Margaret A. Sweeney, MD 2511 M Avenue, Suite A 98221				13:30 PM	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Certified (MM/DD/YYYY)	
Robert Rieger, MD 2511 M Avenue, Suite A, Anacortes, WA				98221 03/08/2004	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number	
M. D.		MD00031885		NJ4 068	
56. Was case referred to medical examiner?				57. Registrar Signature X	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<i>Dorothy Epps, deputy</i>	
58. Date Received (MM/DD/YYYY)				59. Record Amendment	
03/09/2004				Item: _____ Date: _____	



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Skagit County Auditor



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(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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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**All changes must be established by documentary proof submitted with the affidavit**

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Alien Registration Card (front and back)
Marriage/Divorce Records	Passport	

- Birth Certificates:**
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
  - The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
  - Proof must be five (or more) years old or have been established within five years of birth.
  - Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
    - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
    - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
    - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
  - Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
  - This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

- Death Certificates:**
- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
  - The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
  - If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

- Marriage/Dissolution (Divorce) Certificates:**
- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
  - To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

# \*CERTIFIED\*

MAR 11 2004



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Skagit County Auditor

*Howard Leibrand*  
Skagit County Health Department  
Howard Leibrand M.D., Health Officer

L00289969

## HOLLAND FAMILY REVOCABLE TRUST

### CERTIFICATE OF TRUST

**KENNETH N. HOLLAND** and **CAROLYN J. HOLLAND** state and declare that as Grantors, they established a revocable trust known as the **HOLLAND FAMILY REVOCABLE TRUST U/A** dated Jan 25th, 2002, and appointed themselves as the Trustees of such Trust.

The following provisions are found in the Trust Agreement and may be relied upon as a correct abbreviated statement of the operation of the trust by anyone dealing with any Trustee of the Trust.

1. Property may be added to the Trust.
2. Grantors may amend or revoke the Trust.
3. The Grantors are the Trustees. When one Grantor passes away, the surviving Grantor will be the sole Trustee.
4. The Successor Trustees is the Grantors' child, **REBECCA L BANGSUND**. If she ceases, fails or is unable to serve, then the Successor Trustee shall be **KENNETH N. HOLLAND JR.**
5. The Trustee is given broad powers, including the power, subject to the Trustee's fiduciary obligations, to have all the rights, power and privileges which an absolute owner of the same property would have. The successor Trustee has the same power as the original Trustee.
6. Said Trust is in full force and effect.
7. This Trust was created under the laws of the State of Washington.

The Grantors hereby state that any Trustee hereinabove designated who is acting alone or with another qualified Trustee shall be acting with full delegated powers of a Trustee, and no person designated above shall be put to further inquiry into the right of

CERTIFICATE OF TRUST  
HOLLAND FAMILY REVOCABLE TRUST



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Skagit County Auditor

*K*  
Initials

*CJH*  
Initials

such Trustee to act.

IN WITNESS WHEREOF, the undersigned Grantor/Trustees, this \_\_\_\_ day of \_\_\_\_\_, 2002, hereby certify under penalty of perjury, the foregoing statements to be true and correct.

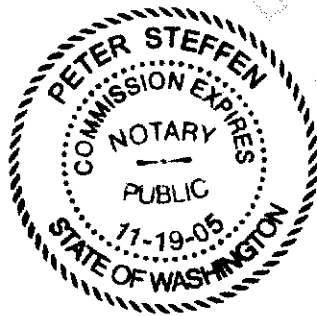
Kenneth N. Holland  
KENNETH N. HOLLAND, Grantor

Carolyn J. Holland  
CAROLYN J. HOLLAND, Grantor

STATE OF WASHINGTON )  
COUNTY OF Skagit ) ss.

On this day personally appeared before me **KENNETH N. HOLLAND** and **CAROLYN J. HOLLAND**, to me known to be the Grantors and Trustees described herein and who executed the within and foregoing instrument, and acknowledged therein that they signed the same as their free and voluntary act and deed, for the purposes mentioned therein.

SIGNED AND SWORN to before me this 25 day of Jan, 2002.



Print Name: Peter Steffen  
NOTARY PUBLIC in and for the State  
of Washington, residing at Anacortes  
My commission expires 7/19/05.



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CERTIFICATE OF TRUST  
HOLLAND FAMILY REVOCABLE TRUST

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