

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-016187

DATE ISSUED: 04/20/2016

FEE NUMBER: 000000029

GIVEN NAMES: AGNES CORRINE
LAST NAME: ASHBACK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: APRIL 18, 2016
HOUR OF DEATH: 08:50 A.M.
SEX: FEMALE
AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: SAINT JOHN, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: TEACHER
INDUSTRY: PUBLIC EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCE? NO

INFORMANT: BRUCE E. ASHBACK
RELATIONSHIP: SON
ADDRESS: 1705 NE 249TH STREET, RIDGEFIELD, WA 98642

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROSARIO ASSISTED LIVING
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 1105 27TH STREET E-207
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER/PARENT: JOHN S TRUNKY
MOTHER/PARENT: ANNABELLE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: APRIL 20, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

CAUSE OF DEATH:
A. ACUTE MYOCARDIAL INFARCTION
INTERVAL: ONE HOUR
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
CHRONIC RESPIRATORY FAILURE, RESTRICTIVE LUNG DISEASE, SEVERE KYPHOSIS, MULTIPLE COMPRESSION FRACTURES, SEVERE OSTEOPOROSIS, ADVANCED AGE.

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

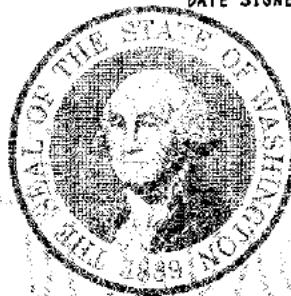
MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: NANCY H. LLEWELLYN, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: PO BOX 190
CITY, STATE, ZIP: LA CONNER WA 98259
DATE SIGNED: APRIL 19, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NJA4261

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
MEL PEDROSA
DATE RECEIVED: APRIL 20, 2016



Affidavit for Correction

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
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Required information must match current information on record

Record Type: Birth Death Marriage Dissolution (Divorce)

1. Name on Record: _____ 2. Date of Event: _____ 3. Place of Event: _____

4. Father/Parent Full Legal 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

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

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

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. Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof 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 documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a 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.

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 documentary proof.
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.

DOH 422-034 October 2015

* CERTIFIED *

APR 20 2015

H. Librand
 Strait County Public Health Department
 100 West 1st Street, Suite 100, Health Officer

EE00087701

AGNES C. ASHBACK REVOCABLE TRUST AGREEMENT

THIS TRUST AGREEMENT is made this 29 day of September, 2011 between AGNES C. ASHBACK, a single woman, who resides at 1119 - 26th Street E207, Anacortes, Skagit County, Washington (the "Grantor") and AGNES C. ASHBACK and BRUCE E. ASHBACK (the "Co-Trustees" also referred to individually and collectively as the "Trustee"). The Trust hereby created shall be known as the "AGNES C. ASHBACK REVOCABLE TRUST" and shall be upon the following terms and conditions and for the following purposes:

ARTICLE ONE IDENTIFICATION OF FAMILY

At the time of making this agreement, the Grantor is unmarried. The Grantor's closest living relatives are her sons, BRUCE E. ASHBACK (currently residing at 1705 Northeast 249th Street, Ridgefield, Washington 98642) and PAUL J. ASHBACK (current address: Post Office Box 2125, Battle Ground, Washington 98604). The Grantor had one other son who is now deceased, DALE J. ASHBACK. There are two children of DALE J. ASHBACK, both now living, JACOB C. ASHBACK and KELLY J. ASHBACK (both currently residing at 2637 Southeast 109th, Portland, Oregon 97266). Except as specifically provided herein, the Grantor makes no provision, testamentary or otherwise, for any heirs, or persons claiming to be heirs who may be living at the time of his death, whether known to Grantor or not.

**ARTICLE TWO
DESCRIPTION OF PROPERTY TRANSFERRED**

The Grantor has paid over, assigned, granted, conveyed, transferred and delivered, and by this Agreement does hereby pay over, assign, grant, convey, transfer and deliver unto the Trustee the property described in Schedule A, annexed hereto and made a part hereof. The property listed in Schedule A and any other property that may be received or which has been received by the Trustee hereunder, as invested and reinvested (" the Trust Estate"), shall be held, administered, and distributed by the Trustee as hereinafter set forth.

**ARTICLE THREE
APPOINTMENT OF TRUSTEE; TRUSTEE SUCCESSION**

3.1 **Original Trustee.** AGNES C. ASHBACK and BRUCE E. ASHBACK are hereby nominated as Co-Trustees of all trusts described herein, and each shall have the power, acting individually, to bind the trust with respect to any transaction. If AGNES C. ASHBACK should resign as a Trustee, become incapacitated, or die, BRUCE E. ASHBACK shall act as sole Trustee. If BRUCE E. ASHBACK should resign as Trustee, become incapacitated, or die, PAUL J. ASHBACK is nominated to act in his stead, as a Co-Trustee or as sole Trustee, as the case may be. In the event that at any time, none of the foregoing nominees is able and willing to act as a Trustee, the remainder beneficiaries designated in this trust agreement shall elect a Successor Trustee, with the vote of each beneficiary weighted according to the percentage share of the remainder Trust Estate to which the beneficiary is ultimately entitled. No court proceedings shall be required to establish the authority of a successor Trustee.

3.2 **Definition of Incapacity.** For purposes of all provisions of this trust, including but not limited to Section 3.1, above, "Incapacity" shall mean the inability to manage property and affairs effectively for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, detention by a foreign power, or disappearance. If the incapacity is because of mental illness, mental deficiency, physical illness or disability,

9.7 **Trustee's Good Faith Actions Binding.** Every action taken in good faith by Trustee shall be conclusive and binding upon all persons interested in the property of the trust.


9.8 **Transfer of Beneficial Interests.** The interest of any beneficiary other than the Grantor in income or principal: (a) shall not be subject to claims of creditors or others, or to legal process, and (b) shall not be assigned, alienated or encumbered. This provision shall not prevent a beneficiary from exercising a power of appointment or disclaiming an interest.

9.9 **Law Governing; Savings Clause.** This instrument shall be governed by the laws of the State of Washington. Any provision prohibited by law or unenforceable shall not affect the remaining provisions of this instrument.

9.10 **Effectiveness.** This trust agreement shall become effective, as of the day and year first above written, upon the execution of this agreement by the Grantor and the co-Trustees.



AGNES C. ASHBACK,
Grantor/Co-Trustee



BRUCE E. ASHBACK
Co-Trustee