



201612080074

When recorded return to:

Skagit County Auditor
12/8/2016 Page

1 of \$80.00
8 12:41PM

QUIT CLAIM DEED

THE GRANTOR(S) Paul Rodman Buckingham Trustee
Buckingham Family Living Trust

Beth BALDWIN Trustee
AKA Beth DEMAREST Buckingham
for and in consideration of inheritance

in hand paid, conveys and quit claims to William Edwards Buckingham III

the following described real estate, situated in the County of Skagit County, State of Washington

together with all after acquired title of the grantor(s) herein: 8348 Cedar Grove Avenue Concrete WA 98237
See M/H only account P25115, Cedar Grove on the Skagit Lot 219
Property ID 64303
Property Type Real
Geo ID 3877-000-219-0001

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): *04303*
Cedar Grove on the Skagit Lot # *219*

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2016554
DEC 8 2016

Amount Paid \$ *6*
Skagit Co. Treasurer
By *HB* Deputy

LOT 219, CEDARGROVE ON THE SKAGIT, ACCORDING TO THE PLAT THEREOF
RECORDED IN VOLUME 9 OF PLATS, PAGES 48 THROUGH 51, INCLUSIVE,
RECORDS OF SKAGIT COUNTY, WASHINGTON.

Tax Parcel No: P64303 (3877-000-219-0001).

Dated:

9/20/15

Beth B Baldwin
Paul R

9/20/15

9/20/15

STATE OF Washington

ss.

COUNTY OF King

I certify that I know or have satisfactory evidence that **BETH B. BALDWIN AND PAUL R. BUCKINGHAM - TRUSTEES**

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that **THEY** signed this instrument, on oath stated that **THEY ARE** authorized to execute the instrument and acknowledge it as the **TRUSTEES** of **BUCKINGHAM FAMILY LIVING TRUST** to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated: 09/20/2015

BK Baldwin

Notary name printed or typed: **BRIAN K. BALDWIN**
Notary Public in and for the State of **WASHINGTON**
Residing at **KENT, WA**
My appointment expires: **10/20/2017**

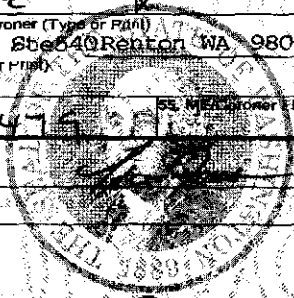


STATE OF WASHINGTON DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued: 7/7/2015

| | | | | | | |
|---|--------------------------------------|---|--|---|---|--|
| Local File Number 06965 | | Washington State Certificate of Death | | | State File Number | |
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix MAURREN HANNON BUCKINGHAM | | | | | 2. Death Date July 2, 2015 | |
| 3. Sex (M/F) Female | 4a. Age - Last Birthday 82 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death King | |
| 7a. Birthplace (City, Town, or County) West Hartford | | 7b. (State or Foreign Country) Connecticut | | 8. Decedent's Education High School | | |
| 10. Was Decedent of Hispanic Origin? (Yes or No; if yes, specify) No | | | 11. Decedent's Race(s) Caucasian | | 12. Was Decedent ever in U.S. Armed Forces? NO | |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 921 E Chicago St | | | | 13b. City or Town Kent | | |
| 13c. Residence: County King | | 13d. Tribal Reservation Name (if applicable) N/A | | 13e. State or Foreign Country Washington | | 13f. Zip Code + 4 98030 |
| 14. Estimated length of time at residence. 2 Years | | 15. Marital Status at Time of Death Widowed | | 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) | | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (Do not use RETIRED). Homemaker | | | | 18. Kind of Business/Industry (Do not use Company Name) Own Home | | |
| 19. Father's Name (First, Middle, Last, Suffix) Francis Xavior Hannon | | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Blance Albiana | | |
| 21. Informant's Name Beth Baldwin | | 22. Relationship to Decedent Daughter | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 921 E Chicago St Kent, WA 98030 | | |
| 24. Place of Death, if Death Occurred in a Hospital: Inpatient | | | | 24. Place of Death, if Death Occurred Somewhere Other than a Hospital: | | |
| 25. Facility Name (If not a facility, give number & street or location) Valley Medical Center 4033 Talbot RD S. 540 Ste | | | | 26a. City, Town, or Location of Death Renton | | 26b. State WA |
| 28. Method of Disposition: Burial | | | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Kirkland Cemetery | | 30. Location-City/Town, and State Kirkland, WA |
| 31. Name and Complete Address of Funeral Facility Sunset Hills Funeral Home 1215 145th PL SE Bellevue, WA 98007 | | | | | 32. Date of Disposition July 10, 2015 | |
| 33. Funeral Director Signature X <i>Madison Muschamp</i> | | | | | | |
| 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. acute renal failure 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 b. septic shock from urinary tract infection c. history of stroke | | | | | | |
| | | | | Interval between Onset & Death hours | | Interval between Onset & Death hours |
| | | | | Interval between Onset & Death years | | Interval between Onset & Death years |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending | | 39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before 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 | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown | | 41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 44. 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) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| 45. Location of Injury: Number & Street: City or Town: County: State: Zip Code: Apt. No. | | | | | | |
| 46. Describe how injury occurred | | | | | | |
| 47a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>Aaron Pang MD southlake clinic</i> | | | | 47b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) DR. Aaron Pang 4033 Talbot RD S. Ste 640 Renton WA 98055 | | | | 50. Hour of Death (24hrs) 13:18 PM | | 51. Date Signed (MM/DD/YYYY) 7-2-15 |
| 53. Title of Certifier MD | | | | 54. License Number 603 83479 | | 55. Medical Examiner File Number |
| 57. Registrar Signature <i>X</i> | | | | 58. Date Received (MM/DD/YYYY) JUL 7 2015 | | |
| 59. Amendments | | | | | | |



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: _____ Fed Number: _____ Initials: _____ Date: _____ Affidavit Number: _____

Required information must match current information on record

Report Type: Birth Death Marriage Dissolution (Force)

1. Name of Subject: _____ 2. Date of Event: _____ 3. Place of Event: _____

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

5. 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: _____ E-mail 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

19a. Signature: _____ 19b. Signature of 2nd parent (if required): _____

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

INSTRUCTIONS - go to www.coh.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
- Certificates 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 or 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 using this form, 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)

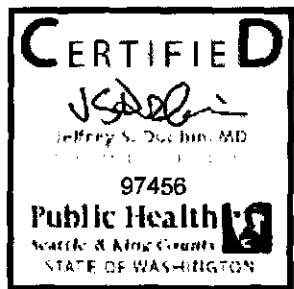
Death Certificates

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). 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 (minister or notary clerk of court (dissolution) must complete and submit the affidavit

DOH 422-032 January 2015



CC00097456

The Buckingham Family Living Trust

Article One Establishing My Trust

On February 27, 1997, my spouse and I established the Buckingham Family Living Trust, and reserved the right to amend the trust, in whole or in part. On this day, June 8, 2013, I now exercise my power to amend that instrument in its entirety, so that after amendment the Buckingham Family Living Trust now states:

The parties to this restated trust are Maureen H. Buckingham, also known as Maureen Hannon Buckingham, (the *Grantor*) and Maureen H. Buckingham (my *Trustee*). W.E. Buckingham, Jr. passed away on January 27, 2011.

I intend to create a valid trust under the laws of Washington and under the laws of any state in which any trust created under this trust document is administered. The terms of this trust prevail over any provision of Washington law, except those provisions that are mandatory and may not be waived.

Section 1.01 Identifying My Trust

To the extent practicable, for the purpose of transferring property to my trust or identifying my trust in any beneficiary or pay-on-death designation, my trust should be identified as:

“Maureen H. Buckingham, Trustee, or her successors in interest, of the Buckingham Family Living Trust dated February 27, 1997, and any amendments thereto.”

Section 1.02 Reliance by Third Parties

To protect the confidentiality of this instrument, my Trustee may use an affidavit or a certification of trust that identifies my Trustee and sets forth the authority of my Trustee to transact business on behalf of my trust instead of providing a copy of this instrument. The affidavit or certification may include pertinent pages from this instrument, including title or signature pages. A third party dealing with my Trustee is not required to inquire into the terms of this instrument or my Trustee's authority, to see to the proper application of money paid or property delivered to my Trustee, or to inquire into my Trustee's authority as to any transaction.

Section 1.03 Transferring Property to My Trust

By executing this instrument, I transfer to my Trustee \$10 in cash. My Trustee accepts and agrees to hold the \$10 as trust property. Any additional property transferred to my trust must be accepted by my Trustee. My Trustee shall hold, administer, and dispose of all accepted trust property for my benefit and for the benefit of my beneficiaries, in accordance with the terms of this instrument.

been named, a majority of my children shall name an individual or a corporate fiduciary to serve as my successor Trustee.

Section 3.04 Trustee Succession after My Death

This Section governs the removal and replacement of my Trustees after my death.

(a) Successor Trustee

Upon my death, I name the following to serve as my successor Trustee, in the order named, replacing any then-serving Trustee:

Paul Rodman Buckingham and Beth Demarest Buckingham; then

If a Trustee is unable to serve for any reason, he or she shall be replaced by David Frances Buckingham; and then

If two Trustees are unable to serve Kathleen Buckingham Yearout and a child of mine selected by Kathleen Buckingham Yearout shall serve as Trustees

(b) Removal and Replacement of Trustees

A majority of the Income Beneficiaries of any trust created under this instrument may remove a Trustee of the trust at any time, with or without cause.

A Trustee may be removed under this Subsection only if the person with the right of removal names an individual or a corporate fiduciary that simultaneously begins service as Trustee by the effective removal date.

If the office of Trustee of a trust created under this instrument is vacant and no designated successor Trustee is able and willing to act as Trustee, a majority of the Income Beneficiaries shall name a successor Trustee. Any Trustee appointed under this Section must be an Independent Trustee. The right to remove or name a Trustee under this Subsection does not grant the person holding that right any of the powers of the Trustee. If a beneficiary is a minor or is incapacitated, the beneficiary's parent or Legal Representative may act on his or her behalf.

Section 3.05 Unfilled Vacancy

Any beneficiary may petition a court of competent jurisdiction to name a successor Trustee to fill any vacancy remaining unfilled after a period of 30 days. The court petitioned to name a Trustee will acquire jurisdiction over the trust only to the extent necessary to make the appointment. A minor or incapacitated beneficiary's parent or Legal Representative may act on his or her behalf.

Section 3.06 Appointment of a Co-Trustee

Any individuals serving as my Trustee may name an individual or a corporate fiduciary as a Co-Trustee. The appointed Co-Trustee will not become a successor Trustee upon the death, resignation, or incapacity of the Trustee or Trustees naming the Co-Trustee, unless

