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Skagit County Auditor  
8/16/2017 Page

1 of

\$82.00  
9 11:18AM

Return Address:

Geoff Garrett PLLC  
11820 Northup Way Ste. E200  
Bellevue, WA 98005

Please print or type information WASHINGTON STATE RECORDER'S Cover Sheet (RCW 65.04)

Document Title(s) (or transactions contained therein): (all areas applicable to your document **must** be filled in)

1. Successor Trustee Certification of TRUST

3. \_\_\_\_\_

4. \_\_\_\_\_

Reference Number(s) of Documents assigned or released:

Additional reference #'s on page \_\_\_\_\_ of document

Grantor(s) Exactly as name(s) appear on document

1. Lewis, Vernon H., Trustee

2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

Grantee(s) Exactly as name(s) appear on document

1. Lewis, Vernon H., Trustee

2. \_\_\_\_\_

Additional names on page \_\_\_\_\_ of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)

Sprinks Add. to Anacortes Lot 7

Additional legal is on page \_\_\_\_\_ of document.

Assessor's Property Tax Parcel/Account Number assigned

3832-000-007-0001

Assessor Tax # not yet

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

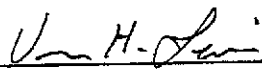
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**Successor Trustee's  
Certification of Trust of  
Elizabeth Lewis Family Trust  
(RCW 11.98.075)**

I, **VERNON HOWELL LEWIS** state and certify that:

1. The **VERNON AND ELIZABETH LEWIS LIVING TRUST** (the "Living Trust") was established on May 22, 2001 by Trustors **VERNON C. LEWIS** and **ELIZABETH LEWIS**, who served as initial co-trustees.
2. The Living Trust was never revoked or amended in any manner that would cause the representations contained in this certification to be incorrect.
3. **ELIZABETH LEWIS** died on April 17, 2013.
4. **VERNON C. LEWIS**, the first named successor trustee, died on September 3, 2016.
5. The **ELIZABETH LEWIS FAMILY TRUST** was created on the date of death, under the terms of the Living Trust, and is irrevocable and associated with EIN 82-6275025.
6. The assets shall be titled as follows:  
**FAMILY TRUST created under the Vernon and Elizabeth Lewis Living Trust dated May 22, 2001, Vernon H. Lewis, Successor Trustee**
7. I am the child of **VERNON C. LEWIS** and **ELIZABETH LEWIS**.
8. **RICKEY TYRONNE LEWIS**, the next named successor co-trustee, died on May 15, 2014.
9. I am named to serve as sole Successor Trustee of the Living Trust and all of the foregoing sub-trusts established under it. I have accepted trusteeship and have the right to act as trustee for and on behalf of the Living Trust and all sub-trusts established under it.
10. True copies of pages of the **VERNON AND ELIZABETH LEWIS LIVING TRUST** and any relevant amendments thereto are attached, showing the establishment of Trust, the order of succession of Trustees, powers granted to the Trustees, and the execution page of the Trust. Pages not attached deal with the distribution of trust assets and do not affect or modify the Trustee's powers.

Dated: May 3, 2017

  
\_\_\_\_\_  
**VERNON HOWELL LEWIS**  
Successor Trustee  
22367 NE 6<sup>th</sup> Ct.  
Sammamish, WA 98074

**Successor Trustee Certification of Trust**

**Notarization**

State of Washington

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)ss

County of King

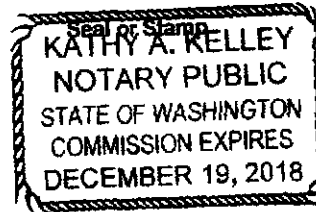
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I certify that I know or have satisfactory evidence that VERNON HOWELL LEWIS is the person who appeared before me and acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act and deed for the uses and purposes mentioned in the instrument.

GIVEN under my hand and official seal on May 3, 2017

*Kathy A. Kelley*

KATHY A. KELLEY  
Notary Public for the State of Washington  
Residing at: Lynnwood, Washington  
My commission expires: December 19, 2018



# VERNON AND ELIZABETH LEWIS LIVING TRUST

## Article One

### Trust Creation

#### Section 1. Parties to Our Trust

Our Trust Agreement, dated May 22, 2001, is made between VERNON C. LEWIS, the Husband Trustor, also known as VERNON CHARLES LEWIS, and ELIZABETH LEWIS, the Wife Trustor, (collectively referred to as "Trustors"), and the following Initial Trustees:

VERNON C. LEWIS  
ELIZABETH LEWIS

#### Section 2. Name of Our Trust

Our Trust may be referred to as the:

VERNON AND ELIZABETH LEWIS LIVING TRUST, dated May 22, 2001.

The formal name of our Trust and the designation to be used for the transfer of title to the name of our Trust is:

VERNON C. LEWIS and ELIZABETH LEWIS, Trustees, or their successors in trust, under the VERNON AND ELIZABETH LEWIS LIVING TRUST, dated May 22, 2001 and any amendments thereto.

#### Section 3. Revocable Living Trust

Our Trust is a revocable trust.

#### Section 4. Trustors as Trustees

Unless provided otherwise in our Trust Agreement, when either one or both of us are serving as Trustee under our Trust, that one or either of us may conduct business and act on behalf of our Trust without the consent of any other Trustee. Any Trustor acting under this Section 4 may only deal with the other Trustor's Contributive Share in a fiduciary capacity.

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UNREGISTERED  
If, for any reason, any Incapacity Trustee named above is unable or unwilling to serve, the following Successor Incapacity Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

RICKEY TYRONNE LEWIS and  
VERNON HOWELL LEWIS

**d. Incapacity Trustees of ELIZABETH LEWIS**

If ELIZABETH LEWIS becomes incapacitated while serving as an Initial Trustee, she shall be replaced by the following Incapacity Trustee(s):

VERNON C. LEWIS

If, for any reason, any Incapacity Trustee named above is unable or unwilling to serve, the following Successor Incapacity Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Incapacity Trustees are serving, the next following named Successor Incapacity Trustee(s) shall serve only after all of the Co-Incapacity Trustees initially fail or thereafter cease to act as Trustees:

RICKEY TYRONNE LEWIS and  
VERNON HOWELL LEWIS

**e. Death Trustees of VERNON C. LEWIS**

Upon the death of VERNON C. LEWIS, he or his Incapacity Trustee, if either is then serving as Trustee, shall be replaced by the following Death Trustee(s):

ELIZABETH LEWIS

If, for any reason, any Death Trustee named above is unable or unwilling to serve, the following Successor Death Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Death Trustees are serving, the next following named Successor Death Trustee(s) shall serve only after all of the Co-Death Trustees initially fail or thereafter cease to act as Trustees:

RICKEY TYRONNE LEWIS and  
VERNON HOWELL LEWIS

**f. Death Trustees of ELIZABETH LEWIS**

Upon the death of ELIZABETH LEWIS, she or her Incapacity Trustee, if either is then serving as Trustee, shall be replaced by the following Death Trustee(s):

VERNON C. LEWIS

If, for any reason, any Death Trustee named above is unable or unwilling to serve, the following Successor Death Trustee(s) shall serve in the priority listed until the list has been exhausted. Unless otherwise specified, if Co-Death Trustees are serving, the next following named Successor Death Trustee(s) shall serve only after all of the Co-Death Trustees initially fail or thereafter cease to act as Trustees:

RICKEY TYRONNE LEWIS and  
VERNON HOWELL LEWIS

**Section 5. No Designated Successor Trustees**

If at any time there is no Trustee acting under our Trust Agreement and there is no person or institution designated and qualified as a Successor Trustee, a majority of the beneficiaries then eligible to receive distributions of income or principal under our Trust Agreement or their Personal Representatives, shall appoint a Successor Trustee. If any trust existing under our Trust Agreement lacks a Trustee and no successor is appointed pursuant to this Article, the vacancy shall be filled by a court of competent jurisdiction.

**Section 6. Responsibility of Successor Trustees**

Other than amending or revoking our Trust, or appointing or removing a Trustee, a Successor Trustee shall have the same rights, powers, duties, discretion and immunities as if named as Initial Trustee under our Trust Agreement. No Successor Trustee shall be personally liable for any act, or failure to act, of any predecessor Trustee or shall have any duty to examine the records of any predecessor Trustee. A Successor Trustee may accept the account rendered and the property delivered by, or on behalf of, a predecessor Trustee as a full and complete discharge of the duties of the predecessor Trustee without incurring any responsibility or liability for doing so.

**Section 7. Co-Trustee's Responsibility for the Acts of Other Co-Trustees**

No Co-Trustee shall be responsible for the act, omission or default of any other Co-Trustee without actual knowledge thereof.

**Section 8. [Reserved]**

## Article Seven

### Division into Survivor's Share and Family Share

#### Section 1. Division of Our Trust Estate

Upon the death of the first of us, our Trustee shall allocate and distribute our remaining Trust Estate, including any property that becomes distributable or payable to our Trustee at the Deceased Trustor's death, into two separate shares to be identified as the Survivor's Share and the Family Share.

**a. Surviving Trustor's Property Transferred to the Survivor's Share**

The Survivor's Share shall consist of the Surviving Trustor's Contributive Share of our Trust Estate held by our Trustee.

**b. Deceased Trustor's Property Transferred to the Survivor's Share**

The Survivor's Share shall also consist of all assets of the Deceased Trustor's Contributive Share not distributed to the Family Share.

**c. Survivor's Share to Be Administered as Survivor's Trust**

The Survivor's Share shall be held, administered and distributed according to the provisions of the Survivor's Trust as set forth in Article Eight of our Trust Agreement.

**d. Property Transferred to the Family Share**

The Family Share shall consist of a fractional share of the assets of the Deceased Trustor's Contributive Share equal to the Deceased Trustor's Unused Applicable Credit Equivalent plus any portion of the Deceased Trustor's Contributive Share that qualifies for Qualified Family Owned Business Interest treatment under Section 2057 of the Code, divided by the value of the Deceased Trustor's Contributive Share at the date of the Deceased Trustor's death.

**e. Family Share to Be Administered as Family Trust**

The Family Share shall be held, administered and distributed according to the provisions of the Family Trust as set forth in Article Nine of our Trust Agreement.

Trustors:

Vernon C. Lewis  
VERNON C. LEWIS

Elizabeth Lewis  
ELIZABETH LEWIS

Trustees:

Vernon C. Lewis  
VERNON C. LEWIS

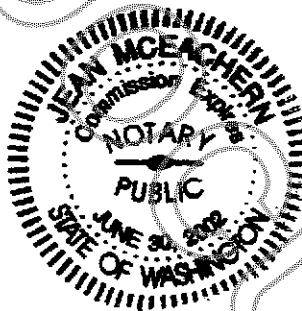
Elizabeth Lewis  
ELIZABETH LEWIS

STATE OF WASHINGTON )  
COUNTY OF KING ) SS

I certify that I know or have satisfactory evidence that VERNON C. LEWIS and ELIZABETH LEWIS, Trustors and Trustees, are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act and deed for the uses and purposes mentioned in the instrument.

GIVEN under my hand and official seal on this May 22, 2001.

Jean McEachern  
Notary Public in and for the state of  
Washington residing at Seattle, WA  
My commission expires: June 30, 2002  
Printed Name: Jean McEachern



Prepared by:  
Stanley R. Byrd  
Stanley R. Byrd, Inc., P.S.  
2150 North 107th Street #150  
Seattle, Washington 98133-9009  
(206) 363-0123 FAX (206) 363-0216



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-01009

DATE ISSUED: 06/18/2014

FEE NUMBER: 4606673469

GIVEN NAMES: RICK T  
LAST NAME: LEWIS

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: MAY 15, 2014  
HOUR OF DEATH: 06:10 A.M.  
SEX: MALE  
AGE: 59 YEARS

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: MIRA VISTA CARE CENTER  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274

RESIDENCE STREET: 1500 WILLIAM WAY 115  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
INSIDE CITY LIMITS? YES

COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER: VERNON C LEWIS  
MOTHER: ELIZABETH

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMAT  
CITY, STATE: MOUNT VERNON, WA  
DISPOSITION DATE: MAY 19, 2014

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME  
ADDRESS: PO BOX 398  
CITY, STATE, ZIP: MOUNT VERNON WA 98273  
FUNERAL DIRECTOR: KIRK S. DUFFY

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: [REDACTED]  
BIRTHPLACE: ANACORTES, SKAGIT CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: CONNIE STEPHENSON

OCCUPATION: MAINTENANCE  
INDUSTRY: APARTMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: CONNIE LEWIS  
RELATIONSHIP: WIFE  
ADDRESS: 1500 WILLIAM WAY #115 MOUNT VERNON WA 98273

- CAUSE OF DEATH:
- A. PROBABLY PANCREATIC CANCER  
INTERVAL: SEVERAL MONTHS
  - B. INTERVAL:
  - C. INTERVAL:
  - D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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: HELEN YOUNG MO  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 912 32ND ST. #A  
CITY, STATE, ZIP: ANACORTES WA 98221  
DATE SIGNED: MAY 16, 2014



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
MEL PEDROSA  
DATE RECEIVED: MAY 19, 2014