

201904160017

04/16/2019 09:40 AM Pages: 1 of 13 Fees: \$111.00
Skagit County Auditor

Filed For Record At Request Of
And When Recorded Return To:

Brent F. Dille
DILLE LAW, PLLC
2010 Caton Way SW, Ste. 101
Olympia, WA 98502

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

20191354

APR 16 2019

Amount Paid \$0
Skagit Co. Treasurer
By *nam* Deputy

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019 17 27
MAY 09 2019

Amount Paid \$0
Skagit Co. Treasurer
By *nam* Deputy



201905090019

05/09/2019 10:14 AM Pages: 1 of 13 Fees: \$111.00
Skagit County Auditor

TRUSTEE'S DEED

Re-record to correct Legal Description

Grantor	Peter R. Finely, as Trustee of the Residuary Trust Created UW Ralph E. Finely, dated August 21, 1997
Grantee	Peter R. Finely
Legal Description (abbreviated)	20FT PRIVATE RD THRU E 40RDS OF LT 4; BAAP WH IS 320 FT N OF SW C OF E 40RDS L T4 TH E TO E LI LT 4 T HW TAP N OF POB TH S TPB EXC TAX 9B9AAB; BAT NW C OF E 40RDS LT 4 282.88 FT S TH ELY 512FT ALG N LI 20FT PRVT RD TPB TH P/L ELT ALG N LI SD RD 128FT M/L TO CO RD TH N TO N LI LT 4 TH WLY ALG SO N LI SD LT TAP N OF POB TH S TPB; 2 nd CLASS TIDELANDS TIDE LANDS BTW HIGH TIDE LINE & GOV MEAN LINE IN FRONT OF W 39 OF E 40 RDS OF GOV LOT 4; 2 nd CLASS TIDELAND TIDE LANDS BTW HIGH WATER LINE & MEAN LINE IN FRONT OF E 40 RDS OF LOT 40 LESS TR; S1/2 S1/4 NW1/4
Assessor's Tax Parcel ID No.	P20185, P20197, P20198, P20208, P20209, P20248

The undersigned Grantor, Peter R. Finely, as Trustee of the Residuary Trusts Created UW Ralph E. Finely, dated August 21, 1997 hereby grants, conveys and confirms to Peter R. Finely, Grantee, the following described real estate located in Skagit County, State of Washington:

A tract of land in Government Lot Four(4), Section Nine (9), Township Thirty-four North, Range Two (2) East of W.M., described as follows:

Beginning at a point on the West line of the East 40 Rods said Lot 4, 302.88 feet South of the Northwest corner thereof; thence North 88°44' East parallel to the South side of existing power pole line the West side of the County Road, thence

Exhibit A

A tract of land in Government Lot Four(4), Section Nine (9), Township Thirty-four North, Range Two (2) East of W.M., described as follows:

Beginning at a point on the West line of the East 40 Rods said Lot 4, 302.88 feet South of the Northwest corner thereof; thence North 88°44' East parallel to the South side of existing power pole line the West side of the County Road, thence North 20 feet, thence South 88°44' West to the said West line of the East 40 rods, thence South 20 feet to the point of beginning.

As recorded under Auditor's file number 477952 on page 603 of Volume 251 of the records of Skagit County, Washington.

Tax Parcel Number P20185

A tract of land in Government Lot Four (4), Section Nine (9), Township Thirty-four (34) North Range Two (2), E. W. M., described as follows:

Beginning at the Northwest corner of the East 40 rods of said Lot 4, 282.88 ft. South thereof, thence easterly 128 ft. along the North line of a 20' private road now established, to true point of beginning, thence easterly along the North line of said road 256 ft., thence North to the North line of said Lot 4, thence westerly along the north line of said Lot 4, to a point directly North of the true point of beginning, thence South to the true point of beginning.

Tax Parcel Number P20197

A tract of land in Government Lot Four (4), Section Nine (9), Township Thirty-four (34) North, Range Two (2), E. W. M., described as follows:

Beginning at the Northwest corner of the East 40 rods of said Lot 4, 282.88 ft. South thereof, thence easterly 512 ft. along the North line of a 20' private road now established, to the true point of beginning, thence easterly along the North line of said road 128 ft., more or less, to the County road, thence North to the North line of Lot 4, thence Westerly along the North line of said Lot 4, to a point directly North of the true point of beginning, thence South to the true point of beginning.

Tax Parcel Number P20198

Section 9, Township 34, Range 2

2nd CLASS TIDE LANDS BTW HIGH TIDE LINE & GOVMEAN LINE IN FRONT OF W 329° OF E 40 RDS OF GOV LOT 4

Tax Parcel Number P20208

Section 9, Township 34, Range 2

2nd CLASS TIDE LANDS TIDE LANDS BTW HIGH WATER LINE & MEAN LINE IN FRONT OF E 40 RDS OF LOT 4 LESS TR

Tax Parcel Number P20209

The south ½ of the southeast ¼ of the northwest ¼ of Section 9, Township 34, Range 2 E.W.M., EXCEPT roads.

Tax Parcel Number P20248

North 20 feet, thence South 88°44' West to the said West line of the East 40 rods, thence South 20 feet to the point of beginning.

As recorded under Auditor's file number 477952 on page 603 of Volume 251 of the records of Skagit County, Washington.

Tax Parcel Number P20185

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Tax Parcel Number P20198

Section 9, Township ~~34~~, Range 2

2nd CLASS TIDE LANDS BTW HIGH TIDE LINE & GOVMEAN LINE IN FRONT OF W 329° OF E 40 RDS OF GOV LOT 4

Tax Parcel Number P20208

Section 9, Township 34, Range 2

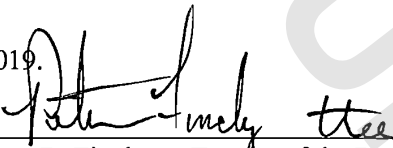
2nd CLASS TIDE LANDS TIDE LANDS BTW HIGH WATER LINE & MEAN LINE IN FRONT OF E 40 RDS OF LOT 4 LESS TR

Tax Parcel Number P20209

The south ½ of the southeast ¼ of the northwest ¼ of Section 9, Township 34, Range 2 E.W.M., EXCEPT roads.

Tax Parcel Number P20248

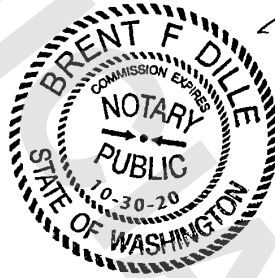
DATED this 26 day of March, 2019.


 Peter R. Finely, as Trustee of the Residuary Trust
 Created UW Ralph E. Finely, dated August 21,
 1997

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

On this day personally appeared before me Peter R. Finely, to me known to be the Trustee of the Residuary Trust Created UW Ralph E. Finely, dated August 21, 1997, described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 26th day of March 2019.



[Signature]
NOTARY PUBLIC - State of Washington.
My Commission Expires: 10-30-20

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-047212

DATE ISSUED: 10/31/2018
FEE NUMBER:FIRST AND MIDDLE NAME(S): MARIAN JEAN
LAST NAME(S): FINELYCOUNTY OF DEATH: THURSTON
DATE OF DEATH: OCTOBER 18, 2018
HOUR OF DEATH: 10:42 PM
SEX: FEMALE AGE: 89 YEARS
SOCIAL SECURITY NUMBER: 531-28-7450HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: JULY 23, 1929
BIRTHPLACE: RAINIER, ORMARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLEOCCUPATION: LIBRARIAN
INDUSTRY: PUBLIC EDUCATION
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NOINFORMANT: PETER FINELY
RELATIONSHIP: SON
ADDRESS: PO BOX 54, SNOQUALMIE PASS WA 98068CAUSE OF DEATH:
A: ACUTE RESPIRATORY FAILURE
INTERVAL: 4 DAYS
B: COMMUNITY ACQUIRED PNEUMONIA
INTERVAL: 6 DAYS
C:
INTERVAL:
D:
INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH: AORTIC STENOSIS, SYSTOLIC
CONGESTIVE HEART FAILURE, SEPTIC SHOCKDATE 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: HOSPITAL
FACILITY OR ADDRESS: PROVIDENCE ST. PETER HOSPITAL
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98506RESIDENCE STREET: 5915 BUCKTHORN CT NW
CITY, STATE, ZIP: OLYMPIA, WA 98502
INSIDE CITY LIMITS: NO COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 49 YEARSFATHER/PARENT: JOHN LOCKWOOD
MOTHER/PARENT: CLARA VICTORIA GYLINGMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SOUTH SOUND CREMATORYCITY, STATE: LACEY, WASHINGTON
DISPOSITION DATE: NOVEMBER 01, 2018FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON -
TUMWATER
ADDRESS: 455 NORTH ST SE
CITY, STATE, ZIP: TUMWATER, WASHINGTON 98501
FUNERAL DIRECTOR: MICHAEL FURLONGMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: RICHARD C. REDMAN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 500 LILLY ROAD NE, SUITE 201
CITY, STATE, ZIP: OLYMPIA, WA 98506
DATE SIGNED: OCTOBER 19, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18-2050-10 NJA
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: SUSAN BUCKALEW
DATE RECEIVED: OCTOBER 31, 2018

Affidavit for Correction

05/09/2019 10:14 AM Page 6 of 13
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
Required information must match current information on record				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> 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: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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 2 nd parent (if required):
Printed name:	Printed name:
Date:	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



Rachel C. Wood, M.D., MPH

RACHEL C. WOOD, MD, MPH
HEALTH OFFICER/REGISTRAR

THURSTON COUNTY
PUBLIC HEALTH & SOCIAL SERVICES
OLYMPIA, WASHINGTON



0 2 0 6 6 0 1 9

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2008-010109

LOCAL FILE NUMBER: 5871

DATE ISSUED: 10/24/2008

FEE NUMBER: 000000034

GIVEN NAMES: RALPH EDWIN
LAST NAME: FINELY

COUNTY OF DEATH: THURSTON
DATE OF DEATH: OCTOBER 22, 2008
HOUR OF DEATH: 07:05 P.M.
SEX: MALE
AGE: 81 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: ANACORTES, WASHINGTON

MARITAL STATUS: MARRIED
SPOUSE: MARIAN JEAN LOCKWOOD

OCCUPATION: POLICY COORDINATOR
INDUSTRY: STATE GOVERNMENT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES? YES

INFORMANT: M. JEAN FINELY
RELATIONSHIP: SPOUSE
ADDRESS: 5915 BUCKTHORN CT NW, OLYMPIA, WASHINGTON, 98502

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: ROO-LAN HEALTHCARE CENTER
CITY, STATE, ZIP: LACEV, WASHINGTON 98503

RESIDENCE STREET: 5915 BUCKTHORN CT NW
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98502
INSIDE CITY LIMITS? NO
COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 40 YEARS

FATHER: VICTOR HARRY FINELY
MOTHER: KATHLEEN MAE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SUMNER CREMATORY
CITY, STATE: SUMNER, WA
DISPOSITION DATE: OCTOBER 25, 2008

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WA
ADDRESS: 455 NORTH STREET SE
CITY, STATE, ZIP: TUMWATER WA 98501
FUNERAL DIRECTOR: CLAIR S FERRIS

9/17/2009 Page 2 of 3 3:10:16AM

200909170042
Skagit County Auditor



- CAUSE OF DEATH:
- A. RESPIRATORY FAILURE
INTERVAL: 5 MINUTES
 - B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: 7 YEARS
 - C. INTERVAL:
 - D. INTERVAL:

4047901 Page 2 of 3
10/25/2008 12:10 PM Death Certificate
Thurston County, Washington
ABC BJORGEN BAUER



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:

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

CERTIFIER NAME: CLARISSE NOEL MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 700 LILLY ROAD NE
CITY, STATE, ZIP: OLYMPIA WA 98506
DATE SIGNED: OCTOBER 23, 2008

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 08-1611-10
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

LOCAL DEPUTY REGISTRAR:
RUBY M DORN
DATE RECEIVED: OCTOBER 24, 2008



DOH 01000 (5/99)



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.

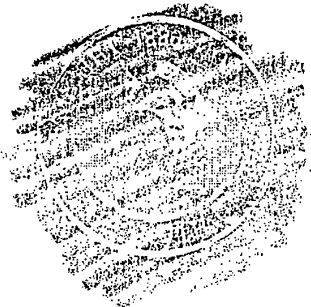
STATE OFFICE USE ONLY				
State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
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. 4047901 Page 3 of 3 11/26/2008 12:10 PM Death Certificate Thurston County Washington ABC, BJORGEN BAUER		
12.		12. 		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:	17. Address:	
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:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 16 or older) may change the birth certificate.				
2. 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.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. 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.				
5. 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).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit form DOH/CHS 021)				
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.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. 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:				
1. 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.				
2. 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)



200909170042
Skagit County Auditor

9/17/2009 Page 3 of 3 10:16AM



C E R T I F I E D

Diana T. Yu
DR. DIANA T. YU, M.D., M.P.H. HEALTH OFFICER/REGISTRAR

OCT 28 2008

THURSTON COUNTY
HEALTH DEPARTMENT
OLYMPIA, WASHINGTON

14

FILED
SUPERIOR COURT
THURSTON COUNTY WASH

'08 NOV 20 PM 00

NETTY W. WOULD CLERK
BY

DEPUTY
08 4 00639 0

WILL
OF
RALPH E FINELY

I RALPH E FINELY a U S citizen and a resident of Thurston County Washington, declare that this is my Will

I Revocation of Prior Wills

I revoke all Wills and Codicils that I have previously made

II Family Status and Definitions

A Spouse I am married to M JEAN FINELY and all references in this Will to "my wife" are to her

B Children I have two children now living whose names and dates of birth are MICHAEL H FINELY born September 9 1955 and PETER R FINELY July 25, 1961 I have one niece now living for whom I wish to provide as if she were my legal child her name and date of birth is SHAUN V BRADFORD RICKERL born May 29 1967 I have no other living or deceased children The terms "my child" and "my children" as used in this Will refer to the above-named children niece and to any children hereafter born to or adopted by me

III Fiduciaries

A Personal Representative I appoint my wife M JEAN FINELY as personal representative of my Will If for any reason she is unable or unwilling to act or to continue to



(Initials)
Page 1

MEEKS MORGAN BAUER

A PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS AT LAW
1235 FOURTH AVENUE EAST SUITE 200
OLYMPIA WASHINGTON 98506
(360) 754 1976 FAX (360) 943-4427

act as personal representative, I appoint my son PETER R FINELY as alternate personal representative. If my son is unable or unwilling to act or to continue to act as personal representative, I appoint my niece SHAUN RICKERL as personal representative. Any personal representative named in this Will shall serve without bond. As used in this Will, the term "personal representative" refers to any executor or administrator of my Will.

B Trustee I appoint my wife M JEAN FINELY as trustee of all trusts established under this Will. If she is unwilling or unable to act or to continue to act as trustee, then PETER R FINELY and SHAUN RICKERL shall be successor co-trustee. If any co-trustee is unable or unwilling to serve for any trust created under the terms of this Will, the other may continue to act alone as sole trustee.

C Guardian If my wife does not survive me and at my death any my son MICHAEL H FINELY is alive, I appoint SHAUN RICKERL as guardian of the person of MICHAEL H FINELY. If for any reason she is unable or unwilling to act or to continue to act as guardian, I appoint PETER R FINELY to act as guardian of his person. The trustee named in this Will shall serve as guardian of the estate of MICHAEL H FINELY.

IV Confirmation of Spouse's Community Property Interest

I confirm to my wife her interest in our community property. I intend by this Will to dispose of all my separate property and of my one half (1/2) interest in our community property.


(Initials)

Page 2

MEEKS MORGAN BAUER

A PROFESSIONAL LIMITED LIABILITY COMPANY
ATTORNEYS AT LAW
1235 FOURTH AVENUE EAST SUITE 200
OLYMPIA WASHINGTON 98506
(360) 754-1976 FAX (360) 943-4427

RESIGNATION OF TRUSTEE CERTIFICATE

I, the undersigned, do hereby acknowledge that I voluntarily tender my resignation as co-Trustee of the RALPH FINELY RESIDUARY TRUST created under the Last Will of Ralph Finely, dated August 21, 1997, by, between and among the undersigned whose named as Beneficiaries thereunder are as follows:

- M. JEAN FINELY, deceased
- PETER R. FINELY
- MICHAEL H. FINELY
- SHAUN V. BRADFORD RICKERL

This resignation shall take effect immediately upon the execution of an Appointment of Successor Trustee and proper conveyance of all the properties of the Trust to the Successor Trustee.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the day and year first above written.


DATED this 29 day of November, 2018.

Trustee:



SHAUN V. BRADFORD RICKERL

Acceptance of Trustee



PETER R. FINELY

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**SUPERIOR COURT OF WASHINGTON
FOR THURSTON COUNTY**

IN THE MATTER OF ESTATE OF

M. JEAN FINELY,

Deceased.

NO. **18-4-00809-34**

**LETTERS TESTAMENTARY
(LTRTS)**

WHEREAS, the last Will of M. JEAN FINELY, Deceased, was on 16th day of NOV 2018, duly exhibited, proven, and recorded in our said Superior Court;
WHEREAS, it appears in and by the said Will that PETER R. FINELY is appointed Personal Representative therein; and
WHEREAS, said PETER R. FINELY has duly qualified;
NOW, THEREFORE, know all men by these presents, that we do hereby authorize PETER R. FINELY to execute said Will according to law,
WITNESS, The Honorable INDU THOMAS JUDGE/COMMISSIONER of our said Court and the seal of said Court hereto affixed this 16th day of NOV 2018.

LINDA MYHRE ENLOW
THURSTON COUNTY CLERK

By: *Yvette Dammell*
Deputy Clerk

STATE OF WASHINGTON)
) ss.
COUNTY OF THURSTON)

I, Linda Myhre Enlow, County Clerk of Thurston County, and ex-officio clerk of the Superior Court of the State of Washington, for the County of Thurston, do hereby certify that I have compared the foregoing instrument and find that it is a true and correct copy of the original now on file in my office, and find that it is in full force and effect in the above-entitled matter and that the undersigned has the custody thereof.

IN TESTIMONY WHEREOF, I have hereunder set my hand and affixed the seal of said Superior Court, at my office at Olympia, this 16 day of NOVEMBER 2018.

LINDA MYHRE ENLOW
THURSTON COUNTY CLERK

By: *Karen Hardman*
Deputy Clerk

