



201910170039

10/17/2019 09:09 AM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

Filed for Record at request of
And return to:

Honea Law PLLC
P.O. Box 612 / 925 Metcalf Street
Sedro-Woolley, WA 98284

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2019-4577

OCT 17 2019

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

Grantor(s):	Karin Wasserman, Peter Frank and Erica Frank as Successor Trustees of the Dr. Ruth Frank Irrevocable Trust FBO Erica Frank
Grantee(s):	Erica Frank
Legal :	Section 36, Township 35 North, Range 4 East; Ptn. S ½ SE
Tax Parcel #s:	P38424 / 350436-4-001-0004, P38425 / 350436-4-001-0103, P38426 / 350436-4-002-0003, P38427 / 350436-4-003-0002 & P124097 / 350436-0-004-0400

QUIT CLAIM DEED

THE GRANTORS, Karin Wasserman, Peter Frank and Erica Frank, Successor Trustees for the Dr. Ruth Frank Irrevocable Trust FBO Erica Frank, conveys and quit claims unto GRANTEE, Erica Frank, as her own separate property, in the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Parcel A: The East 23.5 acres of the Southwest ¼ of the Southeast ¼ of Section 36, Township 35 North, Range 4 East W.M.

TOGETHER WITH a non-exclusive 50-foot wide easement for ingress, egress and utilities over, under and across those portions of Government Lots 1 and 2 of Section 1, Township 34 North, Range 4 East, W.M., as described on pages 8 and 9 of 11 on document recorded as Auditor's File No. 200406250134 and as reserved in that certain deed recorded as Auditor's File No. 200411120012 at Paragraph J, on page 4 of 5.

EXCEPT that portion of the East 23.5 acres of the Southwest ¼ of the Southeast ¼ of Section 36, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at the point 600 feet North of the Southeast corner of the Southwest ¼ of the Southeast ¼; thence North 145 feet; thence West 145 feet; thence South 145 feet; thence East 145 feet to the point of beginning.

Parcel B: That portion of the East 23.5 acres of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M., described as follows:

Beginning at the point 600 feet North of the Southeast corner of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$; thence North 145 feet; thence West 145 feet; thence South 145 feet; thence East 145 feet to the point of beginning.

Parcel C: The Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M., EXCEPT the East 23.5 acres thereof, EXCEPT rights-of-way of Northern Pacific Railroad Company, Puget Sound & Cascade Railway Company and Puget South Pulp & Timber Company, EXCEPT State Road No. 1-A, commonly known as Highway No. 9, and EXCEPT THAT PORTION LYING WITHIN THE West 105.00 feet (as measured perpendicular to the West line) of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M..

Parcel D: The rights-of-way of the former Northern Pacific Railroad Company, the former Puget Sound & Cascade Railway Company and the Puget Sound Pulp & Timber Company across the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M. EXCEPT THAT PORTION LYING WITHIN THE West 105.00 feet (as measured perpendicular to the West line) of the Southwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M..

Parcel E: That portion of the Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 36, Township 35 North, Range 4 East, W.M., being more particularly described as follows:

BEGINNING at the Southwest corner of said Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$; thence North 0 Degrees, 6 Minutes 19 Seconds East along the West line of said Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ for a distance of 730.00 feet; thence South 28 Degrees, 10 Minutes 47 Seconds East for a distance of 607.16 feet; thence South 0 Degrees, 6 Minutes 19 Seconds West for a distance of 201.90 feet, more or less, to the South line of said Southeast $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ at a point of bearing South 88 Degrees, 35 Minutes 18 Seconds East from the POINT OF BEGINNING; thence North 88 Degrees, 35 Minutes 18 Seconds West along said South line for a distance of 287.78 feet, more or less, to the POINT OF BEGINNING.

Dated Jan. 8, 2019

Karin Wasserman
Karin Wasserman, Successor Trustee of
the Dr. Ruth Frank Irrevocable Trust
FBO Erica Frank, Grantor

Peter Frank, MD
Peter Frank, Successor Trustee of the
Dr. Ruth Frank Irrevocable Trust
FBO Erica Frank, Grantor

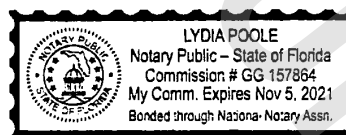
Erica Frank
Erica Frank, Successor Trustee of the
Dr. Ruth Frank Irrevocable Trust
FBO Erica Frank, Grantor

STATE OF FLORIDA)
) ss.
COUNTY OF BREVARD)

On this day personally appeared before me **Karin Wasserman, Successor Trustee of the Dr. Ruth Frank Irrevocable Trust FBO Erica Frank**, 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 8 day of January, 2019

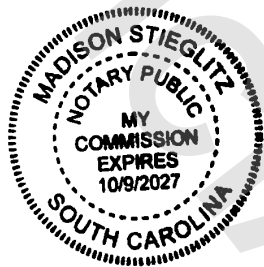
Lydia Poole
NOTARY PUBLIC in and for the
State of Florida, residing at
Sanibel Bank, Melbourne FL
Commission Expires: 11-5-2021



STATE OF SOUTH CAROLINA)
) ss.
 COUNTY OF Jasper)

On this day personally appeared before me **Peter Frank, Successor Trustee of the Dr. Ruth Frank Irrevocable Trust FBO Erica Frank**, 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 4th day of March, 2019



Madison Stieglitz
 NOTARY PUBLIC in and for the
 State of South Carolina, residing at
Kidgell, SC
 Commission Expires: 10/9/27

STATE OF WASHINGTON)
) ss.
 COUNTY OF SKAGIT)

On this day personally appeared before me **Erica Frank, Successor Trustee of the Dr. Ruth Frank Irrevocable Trust FBO Erica Frank**, 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 3rd day of April, 2019

Province of B.C.
Stuart E. Wood
Lawyer & Notary
 109 - 335 Wesley Street
 Nanaimo, BC V9R 2T5
 Phone: 250-741-0003

NOTARY PUBLIC in and for the
~~State of Washington~~ residing at

Commission Expires: Does not expire

201910170039

10/17/2019 09:09 AM Page 5 of 5

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Marina O'Reilly Matthew

Marina O'Reilly Matthew
State Registrar

7203821

No.

FEB 12 2013

Date

Type/Print in
Permanent
Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix) RUTH FRANK				2. Sex F	3. Social Security Number 072-12-1097	4. Date of Death (Mo/Da/Yr) (Spell Mo) FEBRUARY 12 2013
5a. Age-Last Birthday (Yrs) 90	5b. Under 1 Year Months 0	5c. Under 1 Day Hours 0	5d. Under 1 Day Minutes 0	6. Date of Birth (Mo/Da/Yr) (Spell Month) JULY 7, 1922	7a. Birthplace (City and State or Foreign Country) COLOGNE GERMANY	7b. Birthplace (County) UNK
8a. Residence (State or Foreign Country) PA.				8b. Residence (Street and Number - Include Apt No.) 1382 NEWTOWN LANSBORNE RD		
8c. Did Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ twp.				8d. Decedent (County) NEW TOWN		
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
11. Surviving Spouse's Name (If wife, give name prior to first marriage) NONE				12. Mother's Name Prior to First Marriage (First, Middle, Last) JAHANNA LOEB		
13. Informant's Name DR ERICA FRANK				14. Relationship to Decedent DAUGHTER		
15a. Place of Death (Check only one) <input type="checkbox"/> Death Occurred In a Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Death Occurred Somewhere Other Than a Hospital <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____				15b. City or Town, State, and Zip Code LANSHORNE, PA 18940		
15c. County of Death BUCKS				15d. Date of Disposition FEBRUARY 22, 2013		
15e. Place of Disposition (Name of cemetery, crematory, or other place) HUMANITY GIFT REGISTRY				15f. License Number FS015805		
16. Location of Disposition (City or Town, State, and Zip) Phila. Pa. 19105				17. Name and Complete Address of Funeral Facility LANSHORNE FUNERAL HOME LTD 8018 ROOSEVELT AVE PHILA PA 19152		
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> No diploma, 8th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Doctor's degree (e.g. MD, MS, MEng, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)				19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> No		
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____				21. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. PROFESSOR EDUCATION		
22. Date Pronounced Dead (Mo/Da/Yr) February 12, 2013				23. Signature of Person Pronouncing Death (Only when applicable) Robert O'Connell		
23a. Date Signed (Mo/Da/Yr) February 11, 2013				23b. License Number RN3371821		
24. Time of Death 6:35 PM				25. Was Medical Examiner or Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
26. Part I. 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. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE a. pneumonia Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____ Due to (or as a consequence of): UNDERLYING CAUSE (Final disease or condition resulting in death) e. _____ Due to (or as a consequence of): f. _____ Due to (or as a consequence of): g. _____ Due to (or as a consequence of): h. _____ Due to (or as a consequence of): 26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				Approximate Interval: Onset to Death		
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. If Female: <input checked="" 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 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				30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined				32. Date of Injury (Mo/Da/Yr) (Spell Month)		
33. Time of Injury				34. Place of Injury (e.g. home; construction site; farm; school)		
35. Location of Injury (Street and Number, City, County, State, Zip Code)				36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____				38. Describe How Injury Occurred:		
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 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. Signature of certifier: Stephen Aiello MD Title of certifier: MD License Number: MD023160E				39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 28) Stephen Aiello MD 1382 Newtown Lansborne Rd Newtown PA 18940		
40. Registrar's District Number 51461				41. Registrar's Signature Robert O'Connell		
42. Registrar's File Date (Mo/Da/Yr) FEB 06 2013				43. Amendments		

NAME OF DECEDENT

Ruth Frank

Disposition Permit No. **919649**

H105-143
REV 07/2012