



**201910310062**

10/31/2019 11:39 AM Pages: 1 of 11 Fees: \$113.50  
Skagit County Auditor

WHEN RECORDED RETURN TO:

Name: Douglas R. Fritz  
Address: P.O. Box 1596  
Anacortes, WA 98221

SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

2019-4784  
OCT 31 2019

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

**STATUTORY WARRANTY DEED**

GRANTOR, Lori Zimmerle, Trustee of the Patricia E. Dossi Revocable Living Trust,  
dated November 30, 1989 as one half tenant in common owner

GRANTEE: Douglas R. Fritz, a married man as his separate estate

ABBR. LEGAL: Lot 96, Skyline No. 8  
Parcel No. P59755/3824-000-096-0003

THE GRANTOR, Lori Zimmerle, Trustee of the Patricia E. Dossi Revocable Living  
Trust, dated November 30, 1989, as one half tenant in common owner

For and in consideration of effectuating the terms of the trust following the death of the  
trustor

Conveys and warrants to Douglas R. Fritz, a married man as his separate estate a one half  
tenant in common interest in the following described real estate, situated in the County of  
Skagit, State of Washington, together with all after acquired title of the Grantor herein:  
Lot 96, SKYLINE NO. 8, according to the plat thereof recorded in Volume 9 of Plats,  
pages 72 through 74, records of Skagit County, Washington

SUBJECT TO: Restrictions, reservations and easements of record.

Tax Account Numbers: P59755/3824-000-096-0003



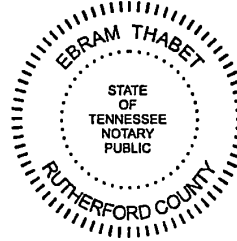
Dated 10/5/2019

STATE OF

ss.

County of

On this 5<sup>th</sup> day of September, 2019, before me, the undersigned, a notary public in and for the State of TN, duly commissioned and sworn, personally appeared Lori Zimmerle, known to me to be the individual described in and who displayed her authority to act on behalf of the above trust and executed the within instrument and she acknowledged that she signed and sealed the same as her free and voluntary act and deed, for the uses and purposes herein mentioned.



Printed name:  
Notary Public in and for the State of  
Residing at . My commission  
Expires

My Commission Expires  
August 22, 2022

UNCONFIRMED DRAFT DOCUMENT

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

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## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-020595

DATE ISSUED: 05/09/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): PATRICIA ELLEN

LAST NAME(S): DOSSI

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: MAY 03, 2019

HOUR OF DEATH: 04:28 PM

SEX: FEMALE AGE: 82 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE [REDACTED]

BIRTHPLACE: CHICAGO, IL

MARITAL STATUS: DIVORCED

SPOUSE: NOT APPLICABLE

OCCUPATION: POLICE OFFICER

INDUSTRY: LAW ENFORCEMENT

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: LORI ZIMMERLE

RELATIONSHIP: NIECE

ADDRESS: 2756 CALL HILL RD, NASHVILLE, TN 37211

CAUSE OF DEATH:

A: VASCULAR DEMENTIA

INTERVAL: YEARS

B: HYPERTENSION

INTERVAL: YEARS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: OSTEOPOROSIS WITH RECENT  
VERTEBRAL FRACTURE, HYPOXIC RESPIRATORY FAILURE DUE TO CHRONIC  
OBSTRUCTIVE PULMONARY DISEASE, ACUTE COLITIS OF UNKNOWN CAUSE

DATE 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: HOME

FACILITY OR ADDRESS: 5206 KINGSWAY

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 5206 KINGSWAY

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: JULIUS HENRY SPATH

MOTHER/PARENT: ALMA M [REDACTED]

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 08, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL &amp; CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: JOHN HAAS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: YES

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LESLIE A. ESTEP, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 227 FREEWAY DRIVE, SUITE A

CITY, STATE, ZIP: MOUNT VERNON, WA 98273

DATE SIGNED: MAY 07, 2019

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 08, 2019



# Affidavit for Correction

10/31/2019 11:39 AM Page 1 of 11  
Washington State Department of 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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<b>Required</b>	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:

8. The record now shows:		9. The true fact is:	
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<sup>nd</sup> parent (if required):

Printed name:      Date:      Printed name:      Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://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\*

MAY 09 2019

Skagit County Health Department  
Howard Leibrand M.D., Health Officer



0 2 1 3 9 2 3 8

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

THE PATRICIA E. DOSSI TRUST  
ESTABLISHED NOVEMBER 30, 1989

PATRICIA E. DOSSI, TRUSTEE

COPY

SUMMARY

TITLE OF TRUST: THE PATRICIA E. DOSSI TRUST  
DATE OF TRUST: NOVEMBER 30, 1989  
TYPE TRUST: REVOCABLE INTERVIVOS (LIVING) TRUST  
TRUSTOR: PATRICIA E. DOSSI  
TRUSTEE: PATRICIA E. DOSSI  
SUCCESSOR TRUSTEE: PEGGY J. FRITZ, LORI SUSAN DURRIE, AND  
DEBORAH LYNN FRITZ, SUCCESSIVELY AND IN  
THAT ORDER OF PRIORITY  
TITLE TO TRUST  
ASSETS SHOULD  
BE TAKEN AS: PATRICIA E. DOSSI, OR HER SUCCESSOR(S) IN  
TRUST, AS TRUSTEE UNDER THE PATRICIA E.  
DOSSI TRUST DATED NOVEMBER 30, 1989.

THE PATRICIA E. DOSSI TRUST

THIS DECLARATION OF TRUST, executed by PATRICIA E. DOSSI, hereinafter called "Trustee" or "Trustor," depending on the context, may be known and referred to as "The Patricia E. Dossi Trust," the "Patricia E. Dossi Declaration of Trust," or other words of similar import.

WITNESSETH:

ARTICLE 1

TRUST PROPERTY

A. That PATRICIA E. DOSSI, known and referred to for purposes of this Paragraph A as "Trustor", has transferred and delivered to the Trustee all of her right, title and interest in and to the property described in Schedule "A" attached hereto and by this reference made a part hereof.

B. That any property which has been or which may hereafter be conveyed or transferred to or received by PATRICIA E. DOSSI or by any successor Trustee, in his or her capacity as the Trustee hereof, to be held under the terms and provisions of this Trust, shall be and hereby is designated as the "Trust Estate."

C. That no consideration was or will be given by the Trustee for the conveyance or transfer to it of any of the Trust Estate.

ARTICLE 2

ADDITIONAL PROPERTY

So long as this Declaration remains unrevoked, the Trustor or any other person may, from time to time, with the consent of the Trustee, add the proceeds of other property, real, personal or mixed, to the Trust Estate, or any part thereof, by transferring such property to the Trustee hereunder by deed, assignment, bequest or devise, and if so added, such property shall be subject to the provisions hereof, the same as if originally included hereunder.

ARTICLE 3

RIGHTS RESERVED BY TRUSTOR

The Trustor specifically has, possesses and reserves the following rights and powers:

A. The Trustor may, during her lifetime, and so long as she is competent, at any time or times, by written instrument filed

jurisdiction and the adoptee was a minor at the time of his or her adoption.

As used in this instrument, the term "incapacity" shall mean the condition of being unable to manage one's financial resources. Such incapacity shall be deemed to exist when a written statement is obtained from each of two (2) medical doctors who have consulted with the affected individual and are of the opinion that he or she is incapacitated as herein defined. Such written statements may be relied upon by third parties in their dealings with any Successor Trustee named herein to act upon the death or incapacity of an acting Trustee. Trustor hereby waives all privileges of confidentiality which may apply to the opinions expressed in the aforesaid statements by medical doctors.

#### ARTICLE 9

##### SPENDTHRIFT PROVISION

The interest of any beneficiary in the principal or income of this Trust shall not be subject to the claims of his or her creditors or others, or liable to attachment, execution, or other process of law and no beneficiary shall have any right to encumber, hypothecate or alienate his or her interest in the Trust in any manner.

#### ARTICLE 10

##### PROVISIONS FOR SUCCESSOR TRUSTEE

Any Trustee hereunder shall have the right to resign as such trustee at any time. In the event of the incapacity, death, renunciation or resignation of the initial Trustee, PATRICIA E. DOSSI, or her inability to administer or manage this Trust, there shall be appointed as successor Trustee PEGGY J. FRITZ, LORI SUSAN DURRIE, and DEBORAH LYNN FRITZ, successively and in that order of priority. No bond shall be required of any individual or institution while acting as Trustee hereunder. Any successor Trustee shall succeed as Trustee with like effect as though originally named as such herein. All authority and powers conferred upon the original Trustee hereunder shall pass to any successor Trustee. If a successor Trustee takes office it shall have no responsibility or liability for the acts or omissions of any prior Trustee. Should a successor Trustee not be appointed as set forth hereinabove, a successor shall be appointed by a Court of competent jurisdiction at the expense of the Trust Estate.

Notwithstanding anything to the contrary herein contained, the Trustor, acting alone, or, upon the death of the Trustor and thereafter, PEGGY J. FRITZ may remove any Trustee designated to act under this instrument and may instead designate any corporate trustee authorized to act in the State of California



authorized to amend or revoke this Trust instrument, if, in the opinion of such attorney in fact, such action is appropriate and for the benefit of the Trustor or her estate.

The Trustor and the Trustee have executed this Declaration of Trust on this 30<sup>th</sup> day of November, 1989, at Irvine, California.

TRUSTOR:

APPROVED AND ACCEPTED BY THE TRUSTEE ON THE DATE SHOWN ABOVE:

Patricia E. Dossi  
Patricia E. Dossi

Patricia E. Dossi  
Patricia E. Dossi

STATE OF CALIFORNIA :  
  : ss.  
COUNTY OF ORANGE :

On November 30, 1989, before me, a Notary Public in and for the County of Orange, State of California, personally appeared PATRICIA E. DOSSI, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Keith C. Welputt  
Notary Public



CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF CONFIDENTIAL MARRIAGE

59419026449

C- N C004701

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		LICENSE NUMBER	
KENNETH		SANFORD		ALTMAN	
10/13/1964		00		15	
MA		POLAND		MA	
COMPUTER PROGRAMER		SOFTWARE DEVELOPMENT		14	
HERSCH C ALTMAN		POLAND		LAURA D SUGARMAN	
LORI		SUSAN		DURRIE	
07/17/1961		MA		01	
ACCOUNTANT		COMPUTER		14	
RICHARD B FRITZ		MT		PEGGY J SPATH	
4465 PC HWY B208		TORRANCE		90505	
LOS ANGELES		LOS ANGELES		LOS ANGELES	
07/12/1994		10/10/1994		OCT - 3 1994	
BEATRIZ VALDEZ		DEPUTY		OCT - 3 1994	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Beatriz Valdez
BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

NOV 21 1994
19-158874

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



STATE OF TENNESSEE, DAVIDSON COUNTY

# Marriage Certificate

THIS IS TO CERTIFY THAT THE

## Rite of Matrimony

Between David Paulin Zimmels Age 46  
 and Roni Susan Altman Age 40  
 was solemnized by David K. Bushring

on 28 day of April 2002, as  
 the same appears of record in the office of the Clerk of the County Court of the aforesaid  
 County at Nashville, Tennessee.

WITNESS my hand and seal of the said Court, at office, this the 8  
 day of May, 2002

Bill Covington  
 Clerk of the Davidson County Court

M. Class  
 Deputy Clerk

BOOK 189 PAGE 346 NO. 253383