



201910310063

10/31/2019 11:39 AM Pages: 1 of 9 Fees: \$111.50
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

2019-4782
OCT 31 2019

Amount Paid \$
Skagit Co. Treasurer
By *M.M.M.* Deputy

STATUTORY WARRANTY DEED

GRANTOR, Lori Zimmerle, Trustee of the Peggy June Fritz Revocable Living Trust, dated August 14, 1990 as one half tenant in common owner

GRANTEES: Douglas R. Fritz, a married man as his separate estate, Lori Zimmerle and Deborah Vaughn, as tenants in common

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


THE GRANTOR, Lori Zimmerle, Trustee of the Peggy June Fritz Revocable Living Trust, dated August 14, 1990, 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, Lori Zimmerle and Deborah Vaughn as tenants in common 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

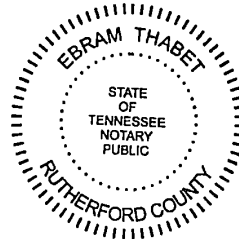
ss.

County of

On this 5th day of October, 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

UNRECORDED ORIGINAL DOCUMENT

Main Office & Mailing:
8840 Warner Avenue, Suite 308
Fountain Valley, CA 92708
(714) 848-6499

Law Offices of
Norah M. Morrison
1-(800) 828-4445
Fax: (714) 848-3149

By appointment only:
27281 Las Ramblas, Suite 170
Mission Viejo, CA 92691
(714) 582-7572

THE PEGGY JUNE FRITZ

REVOCABLE LIVING TRUST

ARTICLE ONE

INTRODUCTION

1.1 DECLARATION. This Trust Declaration is made by PEGGY JUNE FRITZ, County of Orange, California, herein called the "Trustor". In this Declaration, PEGGY JUNE FRITZ, when referred to in her fiduciary capacity, and each successor trustee, are referred to as the "Trustee".

The Trustor/Trustee has the authority to act independently in exercising her duties as Trustee. In the event of the death of the Trustor/Trustee, or if at any time she is unable or unwilling to continue to serve as Trustee, then the designated successor Trustee(s) shall serve as Trustee(s). Successor Co-Trustees must act concurrently with each other. Upon the death or resignation of the initial Trustor/Trustee, the First Successor Trustee shall be LORI SUSAN DURRIE. Should she be unable, unwilling or cease to serve then DEBORAH LYNN FRITZ shall serve as the Second Successor Trustee. Should she be unable, unwilling or cease to serve then DOUGLAS RICHARD FRITZ shall serve as the Third Successor Trustee. Should it become necessary, the Successor Trustee(s) shall appoint and elect each succeeding Trustee as a vacancy occurs. In the event that the last named Successor Trustee dies or fails or is unable to act, a Successor Trustee shall be appointed in accordance with ARTICLE EIGHT.

1.2 IDENTIFICATION OF TRUST. The Trust created by this Trust Declaration may be referred to as, and is sometimes herein called, THE PEGGY JUNE FRITZ REVOCABLE LIVING TRUST.

1.3 BENEFICIARIES. This Trust is for the benefit of the Trustor, PEGGY JUNE FRITZ, until the death of the Trustor.

1.4 SIGNATURES. The Undersigned, PEGGY JUNE FRITZ, has signed her name and is known by her whole name or by a portion thereof only or by a certain combination of names and the initials thereof. Regardless of what combinations of the names

7.8 PERPETUITIES SAVINGS CLAUSE. This Trust shall in any event terminate not later than twenty-one (21) years after the death of the last survivor of the group composed of the Undersigned and those of her descendants living at the time of her death, in the event these trusts shall not have previously terminated in accordance with the terms hereof. The property held in Trust shall be discharged of any trust, and shall immediately vest in and be distributed to the persons then entitled to the income, and for this purpose only it shall be presumed that any person then entitled to receive any discretionary payments from the income or principal of any particular trust is entitled to receive the full income, and that any class of persons so entitled is entitled to receive all such property, to be divided among them per stirpes. No power of appointment granted hereunder shall be so exercised as to violate any applicable Rule Against Perpetuities, accumulations, or any similar rule or law, and any attempted exercise of any such power which violates such rule or law shall be void, notwithstanding any provision of this to the contrary.

END OF ARTICLE SEVEN

ARTICLE EIGHT

APPOINTMENT OF TRUSTEES

8.1 INITIAL APPOINTMENT. The initial TRUSTEE of this Trust shall be PEGGY JUNE FRITZ.

8.2 SUCCESSORS. Any successor Trustee shall succeed to all title to the property of the Trust Estate and all powers, rights, discretions, obligations and immunities of the Trustee hereunder with the same effect as though such successor had been originally named as Trustee but with no liability for acts of the prior Trustee.

Upon the death or resignation of the initial Trustee, the First Successor Trustee shall be LORI SUSAN DURRIE. Should she be unable, unwilling or cease to serve then DEBORAH LYNN FRITZ shall serve as the Second Successor Trustee. Should she be unable, unwilling or cease to serve then DOUGLAS RICHARD FRITZ shall serve as the Third Successor Trustee. Should it become necessary, the Successor Trustee shall appoint and elect each succeeding Trustee as a vacancy occurs.

8.3 VACANCY AT TERMINATION NEED NOT BE FILLED. No vacancy in the Trusteeship existing at the time of the termination of the Trust, or occurring thereafter, need be filled. The surviving or remaining Trustee shall have all the powers and discretion in winding up the affairs of the Trust as if that Trustee had been appointed as the sole Trustee of this Trust.

is authorized to incur those costs, expenses of litigation, and counsel fees that the Trustee shall determine to be for the best interests of the Trust and of the persons interested therein).

C. Legally enforceable debts, expenses of last illness, funeral burial, cremation, etc., and of administration of property.

END OF ARTICLE NINE

ARTICLE TEN

LOCATION OF DOCUMENTS

This Trust has been prepared in duplicate, each copy of which has been executed as an original. One of these executed copies is in the possession of the Undersigned, and the other is deposited for safekeeping with NORAH M. MORRISON, Attorney at Law, Fountain Valley, California. Either copy may be used as original without the other and, if only one copy of this Trust Agreement can be found, then it shall be considered as the original and the missing copy will be presumed inadvertently lost. Any clarifications or instructions concerning this Trust Agreement may be obtained by calling the above-mentioned attorney, who is requested to do everything necessary to implement the provisions of this Trust.

END OF ARTICLE TEN

ARTICLE ELEVEN

CONCLUDING PROVISIONS

I, certify that I have read the foregoing Trust Declaration and that it correctly states the terms and conditions under which the Trust Estate is to be held, managed, and disposed of by the Trustee. I approve of the Trust Declaration in all particulars, and as the Trustee named in the Trust Declaration, accept the Trusts provided for in the Declaration.

EXECUTED on August 14, 1990, at
Orange County, California.

Peggy June Fritz
PEGGY JUNE FRITZ

STATE OF WASHINGTON DEPARTMENT OF HEALTH

20 LOCAL FILE NUMBER

Health CERTIFICATE OF DEATH

146 STATE FILE NUMBER

Form with fields for Name (Peggy June Fritz), Sex (F), Death Date (Jan. 5, 2001), Age (64), Birthplace (Chicago, IL), County (Skagit), Place of Death (5206 Kingsway), Marital Status (Widowed), Education (College), Occupation (Homemaker), and Informant (Lori S. Altman).



USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER	for	
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY		15.		
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- 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).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

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



Date Issued JAN 10 2001

This is a legal document.
 Complete in ink and do not alter.

HH00806786

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		
1A. NAME OF HUSBAND—First (Given)		1B. MIDDLE	1C. LAST (FAMILY)		2. DATE OF BIRTH—Month, Day, Year	
KENNETH		SANFORD	ALTMAN		10/13/1964	
HUSBAND PERSONAL DATA	3. STATE OF BIRTH	4. NUMBER OF PREVIOUS MARRIAGES	5A. LAST MARRIAGE ENDED BY:			
	MA	00	<input type="checkbox"/> DEATH <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT			
	6A. USUAL OCCUPATION	6B. USUAL KIND OF BUSINESS OR INDUSTRY		7. EDUCATION—Years Completed		
	COMPUTER PROGRAMER	SOFTWARE DEVELOPMENT		15		
6A. FULL NAME OF FATHER		6B. STATE OF BIRTH	6A. FULL MAIDEN NAME OF MOTHER		6B. STATE OF BIRTH	
HERSCH C ALTMAN		POLAND	LAURA D SUGARMAN		MA	
WIFE PERSONAL DATA	10A. NAME OF WIFE—First (Given)	10B. MIDDLE	10C. CURRENT LAST (FAMILY)		10D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 10C	
	LORI	SUSAN	DURRIE		FRITZ	
	11. DATE OF BIRTH—Month, Day, Year	12. STATE OF BIRTH	13. NUMBER OF PREVIOUS MARRIAGES	14A. LAST MARRIAGE ENDED BY:		
	07/17/1961	MA	01	<input type="checkbox"/> DEATH <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> ANNULMENT		
15A. USUAL OCCUPATION		15B. USUAL KIND OF BUSINESS OR INDUSTRY		16. EDUCATION—Years Completed		
ACCOUNTANT		COMPUTER		14		
17A. FULL NAME OF FATHER		17B. STATE OF BIRTH	16A. FULL MAIDEN NAME OF MOTHER		16B. STATE OF BIRTH	
RICHARD B FRITZ		MT	PEGGY J SPATH		IL	
RESIDENCE OF HUSBAND AND WIFE	18A. RESIDENCE—Street and Number		18B. CITY	19C. ZIP CODE	19D. COUNTY—Outside California, Enter State	
	4465 PC HWY B208		TORRANCE	90505	LOS ANGELES	
	20A. MAILING ADDRESS—If Different		20B. CITY	20C. ZIP CODE	20D. COUNTY—Outside California, Enter State	
AFFIDAVIT						
We the undersigned declare that we are an unmarried man and an unmarried woman, not minors, and have been living together as husband and wife and that the foregoing information is true and correct to the best of our knowledge and belief, that no legal objection to the marriage nor to the issuance of a license is known to us, and hereby apply for a license and Certificate of Confidential Marriage.						
21. SIGNATURE OF HUSBAND			22. SIGNATURE OF WIFE			
<i>Kenneth Sanford Altman</i>			<i>Lori Susan Durrie</i>			
The undersigned, empowered by the laws of the State of California, do hereby certify that the above-named parties to be married have personally appeared before me, proved to me on the basis of satisfactory evidence, have declared or affirmed that they meet all the requirements of the law, and the fees prescribed by law having been paid, do hereby authorize said parties to be married pursuant to Section 4213, Civil Code OR that this license was issued to the person performing the ceremony upon that person's presentation of an affidavit signed by the person and the parties to be married due to the inability of one or both of the parties to be married to physically appear. The affidavit explains the reason for inability to appear in accordance with Section 4213.1, Civil Code.						
23A. SIGNATURE AND TITLE OF ISSUING CLERK		24A. AFFIX NOTARY SEAL—If Applicable		24B. "SUBSCRIBED AND SWORN TO BEFORE ME ON		
<i>Beatriz Valdez</i> DEPUTY				MONTH DAY YEAR		
23B. COUNTY OF ISSUE		23C. MAILING ADDRESS AND ZIP CODE		SIGNATURE OF NOTARY		
LOS ANGELES		P.O. BOX 120 L.A. CA. 90053-0120				
28D. ISSUE DATE—Month, Day, Year		23E. LICENSE EXPIRES AFTER—Month, Day, Year		TYPED NAME OF NOTARY		
07/12/1994		10/10/1994				
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	25. I hereby certify that the above named men and women were joined by me in marriage in accordance with the laws of the State of California.					
	ON	25	10	26A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE		
	SEPTEMBER	25	1994	<i>Bernard M Cohen</i>		
	AT	Redondo Beach, L.A. CALIFORNIA		26B. NAME OF PERSON SOLEMNIZING MARRIAGE	26C. RELIGIOUS DENOMINATION (IF CLERGY)	
			<i>Bernard M Cohen</i>	<i>Jewish</i>		
27A. SIGNATURE OF COUNTY CLERK			27B. SIGNATURE OF DEPUTY CLERK (If Applicable)	28E. MAILING ADDRESS (Include City and State)		
<i>Beatriz Valdez</i>			<i>Beatriz Valdez</i> DEPUTY	P.O. Box 24056 L.A. Cal 90024		
28F. DATE ACCEPTED FOR REGISTRATION			28F. ZIP CODE			
OCT - 3 1994			90024			

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 Zimmerle Age 46
 and Lori 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. Clast
 Deputy Clerk

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