

**FILED FOR RECORD AT THE
REQUEST OF/RETURN TO:**

Keith & Janice Wiggers
9033 District Line Road
Burlington, WA 98233



202002040059

02/04/2020 03:12 PM Pages: 1 of 7 Fees: \$24.00
Skagit County Auditor

Land Title and Escrow

01-176180-0

ASSIGNMENT OF DEED OF TRUST

Grantor (s) George E. Nichols, as Trustee of the George E. Nichols Living Trust, 10/14/02

Grantee (s) Keith L. Wiggers & Janice K. Wiggers, Husband & Wife

Abbreviated Legal: PTN E, ½ OF NW QUARTER, 11-34-4 E W.M.

Legal Description on page(s)

Assessor's Tax Parcel#: P24527, P24506, P24504, P104998, P24499, P24508 & P24509

FOR VALUE RECEIVED, the undersigned as **Grantor**, hereby grants, conveys, assigns and transfers to: Keith L. Wiggers & Janice K. Wiggers H/W, all beneficial interest under that certain Deed of Trust/Note, dated April 10, 2015 executed by Larry G. Gadbois, Grantor, to Land Title & Escrow, as Trustee, and recorded on April 10, 2015 under Auditor's File #201504100005, records of Skagit County, State of WA describing land therein as:

(See Legal Description Exhibit "A" herein & attached.)

Together with note or notes therein described or referred to, the money due and to become due thereon, with interest, and all rights accrued or to accrue under said Deed of Trust. The Lender hereby covenants that there is now an unpaid principal balance on the Note for the sum of \$29,819.62. Lender warrants the Grantor(s) are not in default of said Deed/Note. The original Lender shall remain liable with reference to any covenants, agreements, warranties expressed or implied given to the original Grantor(s).

Dated: 1/29/2020

**FILED FOR RECORD AT THE
REQUEST OF/RETURN TO:**

Keith & Janice Wiggers
9033 District Line Road
Burlington, WA 98233

Edna L. White Trustee

Edna L. White Trustee, George E. Nichols Living Trust (Grantor)

STATE OF Arizona)
COUNTY OF Maricopa) Ss.

On January 29, 2020, before me,

DeAnn Legler
(insert name of notary)

personally appeared the individual (s) Edna L. White
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is
subscribed to the within instrument and acknowledged to me that he executed the same in
his authorized capacity(ies), and that by their signature(s) on the instrument the person(s)
or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Arizona
that the foregoing paragraph is true and correct.

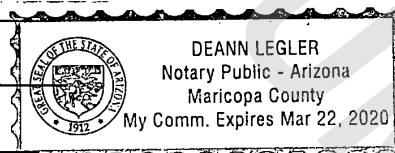
WITNESS my hand and official seal.

DeAnn Legler

Notary Public

In and for the State of Arizona

Residing at Mesa



My appointment expires: 3-22-2020

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

02/04/2020 03:42 PM Page 3 of 7

CERTIFICATE OF DEATH

DATE ISSUED: 11/19/2019
FEE NUMBER:

CERTIFICATE NUMBER: 2019-050395

FIRST AND MIDDLE NAME(S): GEORGE EDWARD
LAST NAME(S): NICHOLSCOUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 11, 2019
HOUR OF DEATH: 01:49 PM
SEX: MALE AGE: 83 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITEBIRTH DATE: [REDACTED]
BIRTHPLACE: PARK HILL, OKMARITAL STATUS: DOMESTIC PARTNER
SURVIVING SPOUSE: PRISCILLA REGINA HENRIKSENOCCUPATION: FIREFIGHTER
INDUSTRY: FIREFIGHTING
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NOINFORMANT: PRISCILLA REGINA HENRIKSEN
RELATIONSHIP: DOMESTIC PARTNER
ADDRESS: 17944 VALLEY RIDGE LN, MT. VERNON, WA 98274CAUSE OF DEATH:
A: ACUTE ON CHRONIC HYPOXEMIC RESPIRATORY FAILURE
INTERVAL: DAYS
B: ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
INTERVAL: WEEKS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

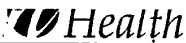
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL
CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274RESIDENCE STREET: 17944 VALLEY RIDGE LANE
CITY, STATE, ZIP: MT. VERNON, WA 98274
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 6 YEARSFATHER: HARLIE ARON NICHOLS
MOTHER: LOLA MARIA [REDACTED]METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: SEATTLE SERVICE GROUP CREMATORYCITY, STATE: SEATTLE, WASHINGTON
DISPOSITION DATE: NOVEMBER 18, 2019

FUNERAL FACILITY: NEPTUNE SOCIETY - LYNNWOOD

ADDRESS: 4320 196TH ST SW - STE. C
CITY, STATE, ZIP: LYNNWOOD, WASHINGTON 98036
FUNERAL DIRECTOR: JOAN A. BIRMINGHAMMANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSECERTIFIER NAME: ROBERT W. COONEY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 1415 E. KINCAID STREET
CITY, STATE, ZIP: MOUNT VERNON, WA 98274
DATE SIGNED: NOVEMBER 18, 2019CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL
DATE RECEIVED: NOVEMBER 18, 2019



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 Birth 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:				
PO Box or Street Address: City: State: Zip:				
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 foregoing is true and correct				
16a. Signature:		16b. Signature of 2nd parent (if required):		
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:				
<ul style="list-style-type: none"> 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				
<ul style="list-style-type: none"> 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)				
<ul style="list-style-type: none"> 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 using this form, 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). 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				



CERTIFIED

NOV 19 2019

Skagit County Health Department



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

CERTIFICATION OF TRUST
(RCW 11.98.075)

EDNA L. WHITE, TRUSTEE OF THE GEORGE E. NICHOLS LIVING TRUST DATED OCTOBER 14, 2002, HEREAFTER REFERRED TO AS THE "TRUST," CERTIFIES UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOLLOWING IS TRUST AND CORRECT:

1. The Trust was executed on October 14, 2002, and currently exists.
2. The Trust was executed by George E. Nichols as Trustor.
3. The identity and address of the currently acting Trustee are:
Edna L. White
2609 Trevino Pl
Mesa, AZ 85215
4. When executed, the Trust was revocable, but became irrevocable on the death of George E. Nichols. The Trust has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.
5. Powers of the Trustee include the banking powers and other powers set forth in Article Ten of the Trust. A true and correct copy of the portion of Article Ten including banking and certain other powers of the Trustee is attached hereto.

Edna L. White
Edna L. White, Trustee

11/21/2019
Date

EXHIBIT A**PARCEL "A":**

That portion of the East $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East of W.M., lying Easterly of the Mud Lake Road and Southerly and Southwesterly of the following described line as established in that deed recorded under Auditor's File No. 200004200051 records of Skagit County, Washington, described as follows:

Beginning at the Northeast corner of said subdivision;
thence South $00^{\circ}40'26''$ West along the East line thereof, a distance of 1,935.21 feet to the initial point of this line description;
thence North $87^{\circ}57'59''$ West parallel with the North line of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of said Section 11, a distance of 436.87 feet;
thence North $19^{\circ}24'24''$ West, a distance of 1,031.94 feet to the Southeasterly line of the Mud Lake Road and terminus of this line description.

EXCEPT those portions conveyed or established as County Roads known as Swan Road, Mud Lake Road and Babcock Road.

Situate in the County of Skagit, State of Washington.

PARCEL "B":

That portion of the Northeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East, W.M., lying Northerly of the North line of the County Road known as Babcock Road.

Situate in the County of Skagit, State of Washington.

PARCEL "C":

That portion of the North 660 feet of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East, W.M. lying Westerly of the County Road known as Mud Lake Road.

Situate in the County of Skagit, State of Washington.

EXHIBIT A**PARCEL "D":**

That portion of the East $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East of W.M., lying Northwesterly of Mud Lake Road and Northerly of Swan Road;

EXCEPT any portion thereof lying within the boundaries of that certain tract conveyed to J. H. Zimmerman and Sarah Dora Zimmerman, husband and wife, by deed recorded in Volume 61 of Deeds, page 16,

ALSO EXCEPT the North 660 feet of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of said Section

Situate in the County of Skagit, State of Washington.

PARCEL "E":

That portion of the East $\frac{1}{2}$ of the Northwest $\frac{1}{4}$ of Section 11, Township 34 North, Range 4 East of W.M., lying Northwesterly of Babcock Road and South of Swan Road.

Situate in the County of Skagit, State of Washington.

END OF EXHIBIT A