

WHEN RECORDED RETURN TO:

**Kelly Beebe
16516 41st Ave. NE Unit A
Arlington, WA 98223**

**Land Title & Escrow
Order No. 01-182865-OE**

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF WASHINGTON

GRANTEE:

William Henry Strock

ABBREVIATED LEGAL DESCRIPTION:

Lot 5, Blk 1, Alger.

TAX PARCEL NUMBER(S):

4042-001-005-0005; P101402

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 11/16/2020
FEE NUMBER:

CERTIFICATE NUMBER: 2020-052851

FIRST AND MIDDLE NAME(S): WILLIAM HENRY
LAST NAME(S): STROCK

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: NOVEMBER 12, 2020
HOUR OF DEATH: 09:10 PM
SEX: MALE AGE: 77 YEARS
SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE:
BIRTHPLACE: ADA, MN

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: DIESEL MECHANIC
INDUSTRY: AUTOMOTIVE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: KELLY BEEBE
RELATIONSHIP: DAUGHTER
ADDRESS: 16516 41ST AVE. N.E. UNIT: A, ARLINGTON, WA 98223

CAUSE OF DEATH:
A: ACUTE BLOOD LOSS ANEMIA LEADING TO CARDIOPULMONARY ARREST
INTERVAL: 24 HOURS
B: ACUTE RENAL FAILURE
INTERVAL: UNKNOWN
C: HYPERKALEMIA
INTERVAL: UNKNOWN
D: RIGHT SIDED PNEUMONIA
INTERVAL: ONGOING

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: EMERGENCY ROOM
FACILITY OR ADDRESS: UNITED GENERAL HOSPITAL
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284

RESIDENCE STREET: 1750 LAKE SAMISH ROAD
CITY, STATE, ZIP: BELLINGHAM, WA 98229
INSIDE CITY LIMITS: NO COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 28 YEARS

FATHER: HENRY WILLIAM STROCK
MOTHER: VIOLA

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON
DISPOSITION DATE: NOVEMBER 16, 2020

FUNERAL FACILITY: LEMLEY CHAPEL

ADDRESS: 1008 THIRD ST
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284
FUNERAL DIRECTOR: DOUGLAS E. HUTTER

MANNER 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 RESPONSE

CERTIFIER NAME: CORY MEEDER, DO
TITLE: DO
CERTIFIER ADDRESS: 2000 HOSPITAL DRIVE
CITY, STATE, ZIP: SEDRO WOOLLEY, WA 98284
DATE SIGNED: NOVEMBER 16, 2020

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHERYL PETERSON
DATE RECEIVED: NOVEMBER 16, 2020



Affidavit for Correction

02/16/2021 02:42 PM Page 3 of 3
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: Birth Death Marriage 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: Self Guardian Informant Hospital Parent(s) Funeral Director 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 currently shows: The true fact is:
8. 9.
10. 11.
12. 13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.
14a. Signature: 14b. Signatures of 2nd parent (if required):
Printed name: Date: Printed name: Date:

INSTRUCTIONS - go to www.doh.wa.gov for more information
Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:
• Birth/Marriage/Divorce record • Military record (DD-214) • School transcripts • Social Security Numident Report
• Certificate of Naturalization • Hospital/medical record • Copy of Passport / Enhanced ID • Greener/Permanent Resident card (I-551)
You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).
Child under 18
• If legal guardian(s), include certified court order proving guardianship.
• Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
• To correct the sex of the child, one proof documentation from a medical provider 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.
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 proof documentation are required.
• If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
• To correct parent's birth date, place of birth, or name, one proof documentation is required.

Death Certificates
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
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.

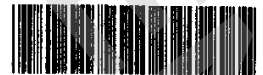


Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

NOV 16 2020

Howard Leibrand M.D., Health Officer



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IN THE SUPERIOR COURT FOR SKAGIT COUNTY, WASHINGTON

IN THE TERMINATION OF:)	No.
)	
“The William H. Strock Trust, dated)	
September 5, 2007, William H. Strock,)	ACCEPTANCE OF NOMINATION TO
Trustor and/or Trustee.”)	ACT AS SUCCESSOR TRUSTEE
)	
William H. Strock (deceased Nov. 12, 2020)	

The undersigned, being first duly sworn, on oath deposes and says:

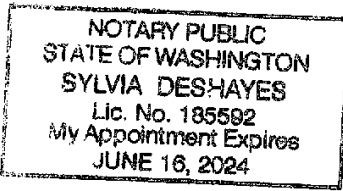
1. I, Kelly Beebe, am the daughter of William Strock who died on November 12, 2020.
 2. My father executed the William H. Strock Trust on September 5, 2007.
 3. I am named as the second Alternate Successor Trustee in that document. Both of my sisters have declined to act as Successor Trustee and have nominated me to act in the capacity of Successor Trustee. I hereby accept their nomination to act in the capacity of Successor Trustee of the William H. Strock Trust.
6. I am aware that the Trust is now irrevocable and that the duties of the Successor Trustee will be to liquidate the Trust assets, satisfy any outstanding debts of my father, and make a full equal

1 distribution of the Trust to myself and to my sisters Katherine Edgeston and Kimberly
2 Chadwick.

3 I declare under penalty of perjury under the law of the State of Washington that the
4
5 foregoing is true and correct to the best of my knowledge and belief.

6
7 SUBSCRIBED AND SWORN to before me this 19 day of November, 2020.
8

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10 



11
12 NOTARY PUBLIC in and for the State
13 of Washington, residing at: Lynnwood
Sylvia Deshayes
14 My Commission Expires: 06.16.2024

CERTIFICATION OF TRUST
(RCW 11.98.075)

William Henry Strock, as Trustor/Trustee, executed "The William H. Strock Trust, dated September 5, 2007" (the "Trust"). The following information is provided concerning the Trust:

1. Date of Execution and Existence of Trust.

The Trust was executed on September 5, 2007; The Trust is currently in existence.

2. Trustor.

William H. Strock is the original Trustor/Trustee who died on November 12, 2020.

3. Successor Trustees.

Kelly Beebe has accepted appointment as Successor Trustee.

Both Kimberly K. Chadwick and Katherine Edgeston have both declined to act as Successor Trustee and both confirm that it is appropriate for Kelly Beebe to act in the capacity of Successor Trustee.

4. Alternate Successor Trustees.

Kimberly J. Chadwick and Katherine Edgeston remain as alternate Successor Trustees should their services be needed.

It is intended that the Successor Trustee liquidate and distribute the trust estate in full equally to the children of William H. Strock, namely, Kimberly K. Chadwick, Katherine Edgeston, and Kelly Beebe.

5. Trust Powers.

Trustees are authorized to borrow money and sell, convey, pledge, mortgage lease, encumber or transfer title to any Trust asset and any other power to administer the Trust estate consistent with the laws of the State of Washington, specifically RCW 11.98.070, provided their actions are in good faith and in a fiduciary manner.

6. Mailing Address.

The mailing address of the Successor Trustee and the Alternate Successor Trustees are:

Kelly Beebe
16516 41st Ave NE Unit A
Arlington, WA 98223
(360) 421-2492

Katherine Edgeston
23903 52nd Ave W
Mountlake Terrace, WA 98043
(425) 224-0266

Kimberly Chadwick
6921 Woodlands Way
Arlington, WA 98223
(360) 770-2673

7. Revocability.

The Trust is irrevocable.

8. Exercise of Trust Powers.

The Successor Trustee has an affirmative duty to act in the best interest of the Primary Beneficiaries of the Trust in liquidating and distributing the trust in full.

9. Taxpayer Identification Number.

Now that the original trustor is deceased, the new tax identification number is **85-6716392**.

10. Title to Trust Assets.

Title to Trust assets should continue to be in the name of The William H. Strock Trust, u/a/d/ 9/5/2007.

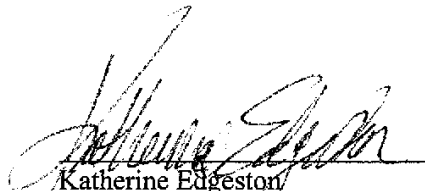
11. Governing Law.

The Trust was established under the laws of the State of Washington. The Successor Trustee is a resident of the State of Washington.

12. Current Status of Trust.

The Trust has not been revoked, modified or amended in a manner that causes the representations contained in this certification to be incorrect.

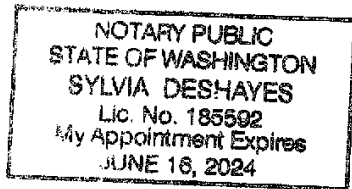
The undersigned certifies that the above information is true and accurate this 19 day of November, 2020.



Katherine Edgeston
Alternate Successor Trustee

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that **Katherine Edgeston** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged that as an Alternate Successor Trustee of The William H. Strock Trust it is her free and voluntary act for the uses and purposes mention in the instrument.

DATED: November 19th, 2020.




Print name: Sylvia DeShayes
Notary Public in and for the State of
Washington residing at Lynnwood
My appointment expires on: 06.16.2024

The undersigned certifies that the above information is true and accurate this 19 day of November, 2020.

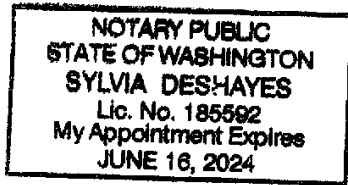



Kelly Beebe
Successor Trustee

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that **Kelly Beebe** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged that as the Successor Trustee of The William H. Strock Trust it is her free and voluntary act for the uses and purposes mention in the instrument.

DATED: November 19th, 2020.





Print name: Sylvia Deshayes
Notary Public in and for the State of
Washington residing at Lynnwood
My appointment expires on: 06-16-2024

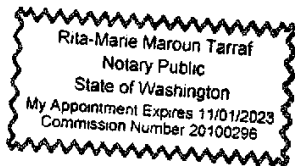
The undersigned certifies that the above information is true and accurate this 20th day of November, 2020.



Kimberly Chadwick
Alternate Successor Trustee

STATE OF WASHINGTON)
)ss
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that **Kimberly Chadwick** is the person who appeared before me, and said person acknowledged that she signed this instrument, on oath stated that she was authorized to execute the instrument and acknowledged that as an Alternate Successor Trustee of The William H. Strock Trust it is her free and voluntary act for the uses and purposes mention in the instrument.

DATED: November 20th, 2020.




Print name: Rita-Marie Maroun Tarraf
Notary Public in and for the State of
Washington residing at Bellingham
My appointment expires on 11/01/2023