

EXHIBIT "A"

P31128: The South 1/2 of the Southwest 1/4 of the Southwest 1/4 of Section 1, Township 35 North, Range 1 East, W.M., EXCEPT the following tracts: (1) The South 42 feet of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 as conveyed to ABC Investments by deed recorded June 26, 1985, under Auditor's File No. 8506260027, records of Skagit County, Washington; (2) The East 468.34 feet thereof as described in Exception 1 above. Situate in the County of Skagit, State of Washington.

P31194: N one-half of Northeast Quarter of Southeast Quarter less road, section 2, Twp. 35 N., R. 1 E., W.M. Situated in the County of Skagit, State of Washington.

P31195: The S1/2 of the NE1/4 of the SE1/4 of Section 2, Township 35 North, Range 1 E. W.M., Situated in the County of Skagit, State of Washington.

P31196: Northeast Quarter of Northwest Quarter of Southeast Quarter, Sec. 2 Twp. 35 N., R. 1 E., W.M. Situated in the County of Skagit, State of Washington.

P31206

P31200: Southeast Quarter of Southeast Quarter, Sec. 2, Twp. 35 N, R. 1 E., W.M. Situated in the County of Skagit, State of Washington.

P31200

P31206: The Southeast Quarter (SE1/4) of the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4), Section 2, Township 35 North, Range 1 East, W.M., EXCEPT roads; Situate in the County of Skagit, State of Washington.

GEORGIA DEATH CERTIFICATE

State File Number 2020GA000013547

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) MARVIN LOUIS SHOULTZ		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2b. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 02/23/2020	
3. SOCIAL SECURITY NUMBER [REDACTED]	4a. AGE (Years) 93	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	5. DATE OF BIRTH (Mo., Day, Year) [REDACTED]		
6. BIRTHPLACE WASHINGTON	7a. RESIDENCE - STATE WASHINGTON	7b. COUNTY SKAGIT		7c. CITY, TOWN ANACORTES		
7d. STREET AND NUMBER 4644 EDENS ROAD		7e. ZIP CODE 98221	7f. INSIDE CITY LIMITS? NO	8. ARMED FORCES? YES		
8a. USUAL OCCUPATION LONG SHOREMAN		8b. KIND OF INDUSTRY OR BUSINESS SEA TRANSPORT				
9. MARITAL STATUS WIDOWED	10. SPOUSE NAME ALICE LORENE HOBBS		11. FATHER'S FULL NAME (First, Middle, Last) LOUIS SHOULTZ			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) LILLIA [REDACTED]	13a. INFORMANT'S NAME (First, Middle, Last) REBECCA C. BONNO		13b. RELATIONSHIP TO DECEDENT GRANDDAUGHTER			
13c. MAILING ADDRESS 415 JACK PAGE LANE CANTON GEORGIA 30115			14. DECEDENT'S EDUCATION 9TH GRADE COMPLETED			
15. ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE				
17a. IF DEATH OCCURRED IN HOSPITAL INPATIENT		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) NORTHSIDE HOSPITAL-CHEROKEE		19. CITY, TOWN or LOCATION OF DEATH CANTON		20. COUNTY OF DEATH CHEROKEE		
21. METHOD OF DISPOSITION (specify) CREMATION		22. PLACE OF DISPOSITION MEDFORD PEDEN CREMATORY 1408 CANTON HIGHWAY MARIETTA GEORGIA 30066		23. DISPOSITION DATE (Mo., Day, Year) 02/25/2020		
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME MEDFORD PEDEN FUNERAL HOME		
25a. FUNERAL HOME ADDRESS 1408 CANTON HWY MARIETTA GEORGIA 30066						
26a. SIGNATURE OF FUNERAL DIRECTOR CARL W STEIGER			26b. FUN. DIR. LICENSE NO. 4839		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 02/23/2020		28. HOUR PRONOUNCED DEAD 05:56 AM				
29a. PRONOUNCER'S NAME TODD ALBINGER			29b. LICENSE NUMBER 033509		29c. DATE SIGNED 02/23/2020	
30. TIME OF DEATH 05:56 AM		31. WAS CASE REFERRED TO MEDICAL EXAMINER NO				
32. 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.					Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. MYOCARDIAL INFARCTION			HOURS	
		Due to, or as a consequence of				
		B.				
		Due to, or as a consequence of				
		C.				
		Due to, or as a consequence of				
		D.				
Part II. Enter significant conditions contributing to death but not related to cause given in Part I. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) RANDY B CRONIC, MD, 38721				46. 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) stated. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 03/10/2020		45b. HOUR OF DEATH 05:56 AM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RANDY B CRONIC 3660 HOWELL FERRY RD BLDG B DULUTH GEORGIA 30095						
48. REGISTRAR (Signature) /s/ CHRISTOPHER JP HARRISON				49. DATE FILED - REGISTRAR (Mo., Day, Year) 03/10/2020		

UNOFFICIAL DOCUMENT

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Charlotte J. Harrison

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN:

ISSUED BY:

DATE ISSUED:

[Signature]
[Signature]
REC MAR 10 2020

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**The First Amendment
to the
Marvin L. Shoultz and Alice L. Shoultz
Revocable Living Trust**

On November 14, 2012, I, Marvin L. Shoultz, and my spouse, Alice L. Shoultz, signed the Marvin L. Shoultz and Alice L. Shoultz Revocable Living Trust ("our trust"), more formally known as:

Marvin L. Shoultz and Alice L. Shoultz, Trustees of the Marvin L. Shoultz and Alice L. Shoultz Revocable Living Trust dated November 14, 2012, and any amendments.

Article V, Section 5.A of our trust permits the surviving spouse to amend Articles II, III or IV of our trust, and the Survivor's Trust, in writing at any time. This Amendment represents the First Amendment to our trust.

Section 1.01 Amendment

As the surviving spouse, I exercise the right to amend our trust as follows:

Article II, Section 2.C (3), is hereby revoked, and replaced with the following language:

(3) In the event that both of us cease to act for any reason, we shall be succeeded by our granddaughter REBECCA C. BONNO, of Skagit County, Washington, as the successor Trustee. If she fails to qualify or ceases to act, our grandson-in-law SAMUEL J. BONNO, of Skagit County, Washington, shall act as the alternate successor Trustee.

Article VI, Section 6.K (1) (second), (2) and (3), are hereby revoked, and replaced with the following:

(1) The Trustee shall distribute our "homeplace" on Guemes Island, and our herd of cattle, to REBECCA C. BONNO and SAMUEL J. BONNO, husband and wife, or the survivor of them, *per stirpes*. Said homeplace consists of six parcels of real property located in Skagit County, at or near 4644 Eden's Road, Guemes Island, Washington (Parcel Nos. 31128, 31194, 31195, 31196, 31200 and 31206). If neither Rebecca nor Samuel is living, and they leave no living descendants, this distribution shall fail.

(2) The Trustee shall distribute the rest, remainder and residue of the Trust Estate to my daughter, Phyllis Shoultz Feld, and grandchildren, *per stirpes*, as follows:

Rebecca Bonno	50%
Amanda Joseph	20%
Marnie Gray	5%
Tom Deach	5%
Keith Merrick	5%
Brian Merrick	5%
Simon Duperron	5%
Phyllis Shoultz Feld	5%

All distributions shall be made outright. However, it is my hope and desire that my granddaughter, Rebecca Bonno, or her beneficiaries, will use her share for the benefit of her mother, Phyllis Shoultz Feld. If any named beneficiary is not living, and leaves no living descendants, this distribution shall instead be distributed, in equal shares, to the other named beneficiaries.

I am not making any distributions to my daughter, Carol Deach, as I have already provided for her prior to my death.

Section 1.02 Effective Date

The provisions of this Amendment are effective immediately after we execute it.

Section 1.03 Ratification and Confirmation

I confirm all provisions of our trust (and any prior amendments) that are not modified by this Amendment.

I certify that I have read this Amendment to our trust, and that it correctly states the changes I desire to make to our trust. I approve this Amendment in all particulars, and request our Trustee to execute it.

I executed this Amendment on February 22, 2018.

Marvin Shoultz
Marvin L. Shoultz, Grantor and Trustee

STATE OF WASHINGTON)
) ss.
COUNTY OF SKAGIT)

I certify that I know or have satisfactory evidence that Marvin L. Shoultz is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it as his free and voluntary act for the uses and purposes mentioned herein.

Dated: February 22, 2018

Hollie Del Vecchio
Notary Public for the State of Washington
My commission expires May 9, 2020

