



202108250111

08/25/2021 03:31 PM Pages: 1 of 11 Fees: \$213.50
Skagit County Auditor

Return Address:
Edmonds Wills & Trusts
Kyle G. Ray, Attorney at Law
114 2nd Avenue South, Suite 101
Edmonds, WA 98020

**SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX**

2021 3930
AUG 25 2021

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

QUIT CLAIM DEED

Grantors:

1. **ANN L. DUNNINGTON**, trustee, or successor trustee(s) of the **DUNNINGTON SAMISH BEACH RESIDENCE TRUST DATED OCTOBER 26, 2015**

Grantees:

1. **ANN L. DUNNINGTON**

Property Address:

1. 10785/10789 North Beach Road, Bow, WA 98232

Abbreviated Legal Description (see next page for full Legal Description):

1. LOT 1 PLAT OF DUNLAP AND JENNE'S CAMPING TRACTS, TIDELANDS

Assessor's Property Tax Parcel Account Number:

1. P65141 / 3906-000-001-0008

QUIT CLAIM DEED

ANN L. DUNNINGTON, trustee, or successor trustee(s) of the DUNNINGTON SAMISH BEACH RESIDENCE TRUST DATED OCTOBER 26, 2015, hereby quit claims and conveys to **ANN L. DUNNINGTON**, (hereinafter referred to as "Assignee"), the following described real estate in Skagit County, State of Washington:

Property Address: 10785/10789 North Beach Road, Bow, WA 98232

Tax Parcel Number: P65141 / 3906-000-001-0008

Legal Description:

Lot 1, "Plat of Dunlap and Jenne's Camping Tracts," according to the plat thereof in Volume 4 of Plats, page 48, records of Skagit County, Washington; TOGETHER WITH the tidelands of the second class in front thereof.

Also, that part of Government Lot 1, Section 26, Township 36 North, Range 2 East, W.M., lying between the South line of Lot 1, "Plat of Dunlap and Jenne's Camping Tracts," according to the plat thereof in Volume 4 of Plats, page 48, records of Skagit County, and the North line of the Harold R. Roney Road, and between the East and West line of said Lot 1 of said "Plat of Dunlap and Jenne's Camping Tracts," extended southerly; TOGETHER WITH the adjoining North 15 feet of Vacated Roney Road per final order vacating as recorded under Skagit County Auditor's File No. 9105160020.

TOGETHER WITH AND SUBJECT TO the terms, conditions and covenants of that certain "Agreement Regarding Boundary Line" dated August 31, 1990, and recorded May 3, 1991, as Skagit County Auditor's File No. 9105030056.

**THE DUNNINGTON SAMISH BEACH RESIDENCE
TRUST DATED OCTOBER 26, 2015
AS RESTATED AND AMENDED IN ITS ENTIRETY
OCTOBER 15, 2018**

SKAGIT VALLEY WILLS & TRUSTS

KYLE G. RAY, ATTORNEY AT LAW
MICHAEL BIESHEUVEL, ATTORNEY AT LAW
HOLLYANNE RAYMOND, ATTORNEY AT LAW
CAROLINE BRADLEY, ATTORNEY AT LAW
1204 CLEVELAND AVENUE
MOUNT VERNON, WA 98273
(360) 336-5409
WWW.PUGET SOUNDWILLS.COM

**THE DUNNINGTON SAMISH BEACH RESIDENCE
TRUST DATED OCTOBER 26, 2015
AS RESTATED AND AMENDED IN ITS ENTIRETY
OCTOBER 15, 2018**

LIVING TRUST

of

MARGARET J. DUNNINGTON

THIS TRUST AGREEMENT is made and entered into this **15th day of October, 2018**, by and between **MARGARET J. DUNNINGTON**, of King County, Washington, as Grantor, and **MARGARET J. DUNNINGTON**, as Trustee.

ARTICLE I

MARGARET J. DUNNINGTON TRUST

This Trust shall be known and referred to as the **DUNNINGTON SAMISH BEACH RESIDENCE TRUST**, which was first executed on October 26, 2015, and which on today's date the Grantor and Trustee **MARGARET J. DUNNINGTON** is hereby restating and amending in its entirety.

2. Residue. Upon the death of the Grantor, the Trustee shall hold, administer and distribute to **ANN L. DUNNINGTON** all of the rest, residue, and remainder of the Trust Estate of any kind or nature whatsoever, whether real or personal, tangible or intangible and wherever situated, including but not limited to the home and real property located at 10785/10789 North Beach Road, Bow, WA 98232, along with all tangible personal property associated with said property, for example, furniture, furnishings, fixtures, lawn and garden equipment, boats, and tools. If **ANN L. DUNNINGTON** predeceases the Grantor, her share of the trust shall instead be distributed to **WILLIAM A. DEMERS**. If **WILLIAM A. DEMERS** predeceases the Grantor, his share of the trust shall instead be distributed to **JAMES J. DUNNINGTON**.

3. Interpretation. Any rules of trust law which may require impartiality as between the immediate beneficiaries and ultimate beneficiaries shall be disregarded with respect to this Trust. The Trustee shall exercise its authority to distribute principal and income to the Grantor without regard to the interests of the ultimate beneficiaries.

ARTICLE VI

Spendthrift Trust Provision

The interest of the beneficiaries in this Trust shall not be subject to claims of creditors or others, nor to legal process, and may not be voluntarily or involuntarily encumbered, assigned, alienated or transferred.

ARTICLE VII

Powers and Duties of Trustees

1. In General. The Trustee, including any successor Trustee hereunder, shall have all the rights, powers and duties given by law on the date hereof under the laws of the

the beneficiaries for all of its reasonable expenses including attorney's fees incurred in bringing or defending any action growing out of the administration of this Trust, whether such action is instituted while this Trust is being administered or after the termination thereof. The Trustee shall act without bond.

33. Deminimus. If at any time the Trustee determines that the value of the Trust under this instrument is Thirty Thousand Dollars (\$30,000.00) or less, the Trustee may, in its discretion, distribute the Trust, as then constituted, to the then income beneficiaries.

ARTICLE VIII

Trusteeship

In the event that **MARGARET J. DUNNINGTON** is unwilling or unable to act or continue to act as Trustee, then **ANN L. DUNNINGTON** is appointed to act as Trustee. If **ANN L. DUNNINGTON** is unwilling or unable to act as Trustee, then **WILLIAM A. DEMERS** is appointed to act as Trustee. If **WILLIAM A. DEMERS** is unwilling or unable to act as Trustee, then **JAMES J. DUNNINGTON** is appointed to act as Trustee.

ARTICLE IX

Miscellaneous

1. Governing Law. Washington law shall govern the execution and construction of this Trust Agreement, and the place of administration of this Trust shall be King County, Washington. The provisions of this Agreement shall be binding on the parties, their heirs, personal representatives, successors and assigns.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand, and the Trustee has caused this instrument to be duly executed, on the day, month and year first-above written.

GRANTOR:

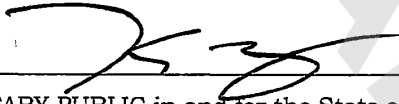

MARGARET J. DUNNINGTON

TRUSTEE:


MARGARET J. DUNNINGTON

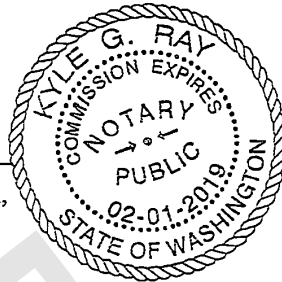
STATE OF WASHINGTON)
) ss
County of SKAGIT)

I certify that I know or have satisfactory evidence that **MARGARET J. DUNNINGTON** is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.



NOTARY PUBLIC in and for the State of Washington,
residing in Edmonds.

My Commission Expires: 02-01-19



STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-019038

DATE ISSUED: 05/03/2021
FEE NUMBER: 1706091

FIRST AND MIDDLE NAME(S): MARGARET J
LAST NAME(S): DUNNINGTON

AKA: MARGIE ANN JENNE

COUNTY OF DEATH: KING
DATE OF DEATH: APRIL 17, 2021
HOUR OF DEATH: 08:30 AM
SEX: FEMALE AGE: 95 YEARS
SOCIAL SECURITY NUMBER:

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: EMERALD HEIGHTS
CITY, STATE, ZIP: REDMOND, WASHINGTON 98052

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

RESIDENCE STREET: 10893 176TH CIR NE
CITY, STATE, ZIP: REDMOND, WA 98052-7216
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

BIRTH DATE: [REDACTED]
BIRTHPLACE: SEATTLE, WA

FATHER: FRANK H JENNE
MOTHER: LOUISE M

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

OCCUPATION: TEACHER, RESEARCHER, ADMIN
INDUSTRY: EDUCATION, HUMAN RESOURCES
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: NO

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: APRIL 22, 2021

INFORMANT: JAMES J DUNNINGTON
RELATIONSHIP: SON
ADDRESS: 3417 CRAWFORD ST SE, SALEM, OR 97302

FUNERAL FACILITY: THE CO-OP FUNERAL HOME OF PEOPLE'S
MEMORIAL
ADDRESS: 2011 1ST AVE N
CITY, STATE, ZIP: SEATTLE, WASHINGTON 98109
FUNERAL DIRECTOR: CHRISTOPHER J. E. RONK

CAUSE OF DEATH:
A: LUNG MASS, LIKELY MALIGNANT
INTERVAL: MONTHS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSION

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: CYNTHIA A. MEIER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12040 NE 128TH STREET, MS 9
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
DATE SIGNED: APRIL 20, 2021

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: APRIL 22, 2021



Affidavit for Correction

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	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: First Middle Last			2. Date of Event: MM/DD/YYYY		3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <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 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. Signature of 2 nd 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
 - Green/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).

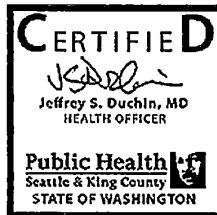
- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship. • Up to age one or up to one year following the filing of an Acknowledgement 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. | <p>Adult (18 years or older)</p> <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 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. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- *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.

- 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.



0 4 7 6 5 0 5 9