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09/15/2026 02:55 PM Pages: 1 of 5 Fees: \$307.50
Skagit County Auditor

Return Address

Jeffrey E. Pratt
MARSH MUNDORF PRATT SULLIVAN
+ McKENZIE, P.S.C.
4220 132nd Street SE, Suite 201
Mill Creek, WA 98012

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2026.3031
SEP 15 2026

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

Document name: Quit Claim Deed
Reference No: N/A
Grantors: Colleen M. Hansen, Surviving Co-Trustee, under the Colleen M. Hansen and Dale L. Samuels Living Trust
Grantees: Colleen M. Hansen, a single individual
Legal Description: Lot 61, Plat of Twin Brooks Phase 2, LU-05-024 recorded under Skagit County Auditor's File No 201503180026, records of Skagit County, WA
Tax Parcel Nos: P132644 / 6023-000-061-0000

QUIT CLAIM DEED

The Grantor, Colleen M. Hansen, Surviving Trustee under the Colleen M. Hansen and Dale L. Samuels Living Trust dated August 19, 2019, as replaced by Declaration of Successor Trust dated August 19, 2019, as Amended and Restated January 9, 2023, pursuant to Article V, section 5.2 of said Amended and Restated Trust following the death of Co-Trustee, Dale L. Samuels whose death certificate is attached hereto as Exhibit A, does hereby convey and quit claim to Colleen M. Hansen, a single individual, the following described real estate situate in Skagit County, Washington, together with all after acquired title of the Grantor therein:

Lot 61. "Plat of Twin Brooks Phase 2, LU-05-024", approved February 27, 2015, and recorded March 18, 2015, under Auditor's File No. 201503180026, records of Skagit County, Washington.

Situate in the County of Skagit, State of Washington.

DATED: September 8, 2026.

Colleen M. Hansen

Colleen M. Hansen, Surviving Trustee

STATE OF WASHINGTON)
) ss.
COUNTY OF SNOHOMISH)

On this day personally appeared before me Colleen M. Hansen, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal on September 8, 2026.

Notary Public
State of Washington
Marilyn Knotts
Commission No. 25028223
Commission Expires 08-22-29

Marilyn Knotts.
[Print Name] Marilyn Knotts
Notary Public in and for the State of
Washington residing at Sultan
My commission expires 08-22-29

EXHIBIT A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-034956

DATE ISSUED: 07/15/2025

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DALE LESTER

LAST NAME(S): SAMUELS

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: JULY 12, 2025

HOUR OF DEATH: 07:59 PM

SEX: MALE

AGE: 84 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE:

BIRTHPLACE: YOUNGSTOWN, OH

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: COLLEEN HANSEN

OCCUPATION: POLICE/LAW ENFORCEMENT OFFICER

INDUSTRY: GOVERNMENT

EDUCATION: ASSOCIATE DEGREE

US ARMED FORCES: YES

INFORMANT: COLLEEN HANSEN

RELATIONSHIP: WIFE

ADDRESS: 360 TWIN BROOKS DRIVE, MOUNT VERNON, WA 98273

CAUSE OF DEATH:

A: ADVANCED AGE

INTERVAL: 1 YEARS

B: DIABETES MELLITUS TYPE 2

INTERVAL: 30 YEARS

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 360 TWIN BROOKS DR

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273-5004

RESIDENCE STREET: 360 TWIN BROOKS DR

CITY, STATE, ZIP: MOUNT VERNON, WA 98273-5004

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 4 YEARS

FATHER: CHARLES LESTER SAMUELS

MOTHER:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HAWTHORNE MEMORIAL PARK CREMATORY

CITY, STATE: MOUNT VERNON, WASHINGTON

DISPOSITION DATE: JULY 16, 2025

FUNERAL FACILITY: HAWTHORNE FUNERAL HOME

ADDRESS: PO BOX 398

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

FUNERAL DIRECTOR: HELEANA FOLEY

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: NOT APPLICABLE

CERTIFIER NAME: SHELLEY BRENCICK-HIGMAN, DO

TITLE: DO

CERTIFIER ADDRESS: 901 S 5TH ST

CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

DATE SIGNED: JULY 14, 2025

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CHRISTIAN STECHER

DATE RECEIVED: JULY 15, 2025

**Affidavit for Correction**

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

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required Information must match current information on record				
	Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ 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 ☐ Self ☐ Guardian ☐ Informant ☐ Hospital Person on Record: ☐ Parent(s) ☐ Funeral Director ☐ 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: Printed name: Date:		14b. Signature of 2 nd parent (if required): Printed name: Date:	
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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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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.

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.

*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.

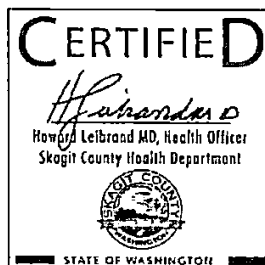
Death Certificates

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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.



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