

CERTIFICATION OF TRUST

Trust Name: *Linda K. Turnidge Living Trust*

Date of Execution of Trust: *August 18, 2016*

Settlor: *Linda K. Turnidge, deceased* (Date of Death: November 3, 2023)

Trustee: *Louise Turnidge*

Successor Trustee: *Amber Borracchini*

Trustee's Mailing Address: *3215 W Lynn Street, Seattle, Washington 98199*

If there are multiple currently acting Trustees, designate how many are required to sign in order to exercise trust power: All ___ One ___ A Majority ___ Other ___

Trust Taxpayer Identification No.: 93-6904093

The above trust is Revocable ___ Irrevocable X. The above trust Can ___ or Cannot X be modified or amended.

THE ABOVE TRUST IS IN EXISTENCE AT THIS TIME AND HAS NOT BEEN REVOKED, MODIFIED OR AMENDED IN ANY MANNER THAT WOULD CAUSE THE REPRESENTATIONS CONTAINED IN THIS CERTIFICATION TO BE INCORRECT. The trust powers include at least all of those trust powers contained in the Oregon Uniform Trust Code, and more specifically as set forth in ORS 130.720 to 130.725.

Title to Trust assets should be taken as follows: *Louise Turnidge, Trustee of the Linda K. Turnidge Living Trust dated August 18, 2016, and as amended.*

Below is the signature of the currently acting Trustee.

DATED: November 28, 2023 *Louise Turnidge, Trustee*
LOUISE TURNIDGE, Trustee

STATE OF WASHINGTON)
) ss.
COUNTY OF King)

Personally appeared the above-named person and acknowledged the Certification before me this 28th day of November, 2023.

Notary Public
State of Washington
Justin Johnson
Commission No. 22004800
Commission Expires 01-07-26

Justin Johnson
Notary Public for Washington
My Commission Expires: 01/07/2026

