



200106250049

, Skagit County Auditor

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Recording Requested by and When Recorded Mail To:

LEONARD M. TILLEM  
846 BROADWAY  
SONOMA, CA 95476AFFIDAVIT - DEATH OF JOINT TENANT  
(DEED OF TRUST)  
Assessor's Tax Parcel ID: 4699-000-021-0000

MARGARET RAHN, of legal age, being first duly sworn, deposes and says: ERIC RAHN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ERIC RAHN named as one of the beneficiaries in that certain Deed of Trust dated OCTOBER 20, 1997, executed by ROBERT CLUMPNER and LORI CLUMPNER, (Grantors), to ISLAND TITLE COMPANY, a Washington Corporation, (Trustee), for the benefit of ERIC RAHN and MARGARET RAHN, husband and wife as Joint Tenants, (Beneficiaries), and recorded on DECEMBER 10, 1997 in Book 1742, on Pages 0193, 0194, and 0195 as Document No. 9712100097, of the Official Records in the Office of the County Recorder of Skagit County, State of Washington, concerning the following described real property located in the County of Skagit, State of Washington:

Lot 21, WOODRIDGE ESTATES, according to the plat thereof recorded in Volume 16 of Plats, pages 184 through 186, records of Skagit County, Washington.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE: MARCH 26, 2001

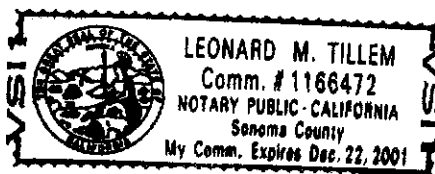
*Margaret Rahn*  
MARGARET RAHN

STATE OF CALIFORNIA     )  
  )ss.  
COUNTY OF SONOMA     )

On MARCH 26, 2001, before me, the undersigned notary public, personally appeared MARGARET RAHN personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledge to me that the person executed the same in the person's authorized capacity, and that by the person's signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

*Leonard M. Tillem*  
Notary Public



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SONOMA**  
SANTA ROSA, CALIFORNIA

**CERTIFICATE OF DEATH**

3-1998-49-000473

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/97)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

1. NAME OF DECEDENT—FIRST, GIVEN <b>ERIC</b>			2. MIDDLE <b>WILLIAM</b>			3. LAST (FAMILY) <b>RAHN</b>		
4. DATE OF BIRTH M/M/D/CY <b>04/20/1914</b>			5. AGE YRS. <b>83</b>			6. SEX <b>Male</b>		
7. DATE OF DEATH M/M/D/CY <b>02/10/1998</b>			8. HOUR <b>1220</b>					
9. STATE OF BIRTH <b>Canada</b>			10. SOCIAL SECURITY NO. <b>569 42 9047</b>			11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
12. MARITAL STATUS <b>Married</b>			13. EDUCATION—YEARS COMPLETED <b>14</b>					
14. RACE <b>White</b>			15. HISPANIC SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>San Francisco Symphony</b>		
17. OCCUPATION <b>Publicity Director</b>			18. YEARS IN OCCUPATION <b>15</b>					
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>7232 Maple Street</b>			21. CITY <b>Sebastopol</b>			22. COUNTY <b>Sonoma</b>		
23. ZIP CODE <b>95472</b>			24. YRS. IN COUNTY <b>35</b>			25. STATE OR FOREIGN COUNTRY <b>CA</b>		
26. NAME RELATIONSHIP <b>Gary Wargo Son in Law</b>			27. MAILING ADDRESS—STREET AND NUMBER OR ROUTE NUMBER, CITY OR TOWN, STATE, ZIP <b>1618 35th Place, Anacortes, WA 98201</b>					
28. NAME OF SURVIVING SPOUSE—FIRST <b>Margaret</b>			29. MIDDLE <b>Foote</b>			30. LAST (MAIDEN NAME) <b>Foote</b>		
31. NAME OF FATHER—FIRST <b>Jacob</b>			32. MIDDLE <b>Rahn</b>			33. LAST <b>Veit</b>		
34. NAME OF MOTHER—FIRST <b>Agnes</b>			35. MIDDLE <b>Veit</b>			36. LAST <b>Veit</b>		
37. DATE M/M/D/CY <b>02/13/1998</b>			38. PLACE OF FINAL RESIDENCE <b>State Coroner for University of California, Northern School of Medicine, San Francisco, CA 94143</b>					
39. TYPE OF DISPOSITION <b>SU</b>			40. SIGNATURE OF EMBALMER <b>Nor Embalmed</b>			41. LICENSE NO. <b>FD 1473</b>		
42. NAME OF FUNERAL DIRECTOR <b>Andersen-Keaton Funeral Home</b>			43. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>			44. DATE M/M/D/CY <b>02/10/1998</b>		
101. PLACE OF DEATH <b>Own Residence</b>			102. IF HOSPITAL SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA			103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CORV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		
104. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>7232 Maple Street</b>			105. CITY <b>Sebastopol</b>			106. COUNTY <b>Sonoma</b>		
107. DEATH WAS CAUSED BY—ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D <b>Multiple Organ Failure</b>			108. TIME INTERVAL BETWEEN ONSET AND DEATH <b>Weeks</b>			109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
110. DUE TO <b>Colon Cancer</b>			111. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			112. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
113. DUE TO <b>Other</b>			114. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
115. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107								
116. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE <b>01/10/1998 Right colon resection</b>								
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <b>01/10/1998 02/05/1998</b>			118. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>			119. LICENSE NO. <b>G048946</b>		
120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Richard Bland, MD 401 Bicentennial Way, Santa Rosa, CA 95403</b>			121. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			122. HOUR <b>1220</b>		
123. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			125. PLACE OF INJURY		
126. SIGNATURE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>			127. DATE M/M/D/CY <b>02/10/1998</b>			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Bernice A. Peterson, Recorder</b>		

**CERTIFIED COPY OF VITAL RECORDS**

STATE OF CALIFORNIA  
COUNTY OF SONOMA

DATE ISSUED **MAR 29 2001**

BERNICE A. PETERSON, Recorder  
SONOMA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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