

Recording Requested By:
Robert A. Biorn, Esq.



201009270090
Skagit County Auditor

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When Recorded Mail To:

Rosalind J. Route
696 Kendall Avenue
Palo Alto, CA 94306

Parcel Nos. P60205, P59352, P59905

**AFFIDAVIT CHANGE OF TRUSTEE
(RCW 11.98.045)**

ROSALIND J. ROUTE being of legal age, declares under penalty of perjury:

1. Declarant certifies she is the Successor Trustee of the following described Trust.

Name of Trust:	The Revell Family Trust
Date of Trust:	November 4, 1991
Trustors:	Russell W. Revell & Mary Jane Revell
Former Trustees:	Russell W. Revell & Mary Jane Revell

2. The Trustors of the above-described Trust were Russell W. Revell and Mary Jane Revell.
3. The former Trustees of the above-described Trust were Russell W. Revell and Mary Jane Revell. Russell W. Revell died on June 15, 2006, as evidenced by the attached certificate of death. Mary Jane Revell died on December 25, 2008, as evidenced by the attached certificate of death.
4. The real property held by said Successor Trustee is located in the County of Skagit, State of Washington, set forth as follows:

See Exhibit "A" attached hereto and made a part hereof.

Mail Tax Statements To: As directed above.

That I am named within the aforementioned Trust as a Successor Trustee.
That I hereby consent to act as Successor Trustee of the aforementioned Trust and do hereby assume the powers and duties as Successor Trustee of such Trust.

That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the property identified in this document.

The transfer to the within named Successor Trustee:

- (a) Will facilitate the economic and convenient administration of the Trust;
- (b) Will not materially impair the interests of the beneficiaries or others interested in the Trust;
- (c) Does not violate the terms of the Trust; and
- (d) The new Trustee is qualified and able to administer the Trust or such assets on the terms set forth in the Trust.

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

Dated: Sept. 21, 2010

Rosalind J. Route
ROSALIND J. ROUTE

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

Subscribed and sworn to (or affirmed) before me on this 21st day of September, 2010, by ROSALIND J. ROUTE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Robert A. Biorn
Notary Public



CERTIFICATION OF VITAL RECORD

**OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH**

H71619
I.D. TAG NO.

136-2006-019772
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Russell	Middle Whittington	Last Revell	Suffix	Death Date June 15, 2006
Sex Male	Age 92 years	Social Security Number		County of Death Jackson	
Birthdate	Birthplace Brewster, Washington			Was Decedent Ever in U.S. Armed Forces? Yes	
Residence: 1200 Mira Mar Drive 26			City/Town Medford		
Residence County Jackson		State or Foreign Country Oregon		Zip Code + 4 97504	Inside City Limits? Yes
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Mary Jane Hof			
Father's Name Charles August Revell			Mother's Name Prior to First Marriage Grace		
Informant's Name Mary Jane Revell		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 1200 Mira Mar Drive 426, Medford, OR 97504	
Place of Death Nursing Facility		Facility Name Rogue Valley Manor			
Location of Death 1200 Mira Mar Ave		City/Town or Location of Death Medford		State Oregon	Zip Code + 4 97504
Method of Disposition Cremation		Place of Disposition Funeral Alternatives Crematory		Location (City/Town and State) Medford, Oregon	
Name and Complete Address of Funeral Facility Rogue Valley Funeral Alternatives 550 Business Park Dr, Medford, Oregon 97504					
Date of Disposition TBD		Funeral Director's Signature <i>/s/ Mark V Graziano</i>		OR License Number CO-3734	
Registrar's Signature <i>/s/ Hank Collins Jr.</i>		Date Received June 21, 2006		Local File Number 061031	
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner?	No	Autopsy?	No	Were autopsy findings available to complete the cause of death?	Time of Death 0231
CAUSE OF DEATH					Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ Undetermined Natural Causes					Not Stated
a. Due to (or as a consequence of) ↓					Not Stated
b. Alzheimers Dementia x 8 years					
c. Due to (or as a consequence of) ↓					
d. Due to (or as a consequence of) ↓					
Other significant conditions contributing to death Hypertension; Hypothyroidism					
Manner of Death Natural	If Female			Did tobacco use contribute to death? No	
Date of Injury /	Time of Injury	Place of Injury		Injury at Work?	
Location of Injury					
Describe how injury occurred				If transportation injury, specify:	
Name and Address of Certifier Jon Darin Prulhiere 1200 Mira Mar Ave, Medford, Oregon 97504					
Name and Title of Attending Physician If Other than Certifier				Date Signed June 20, 2006	
Medical Certifier <i>/s/ Jon Darin Prulhiere</i>		Title of Certifier M.D.		License Number MD23533	
Amendment					

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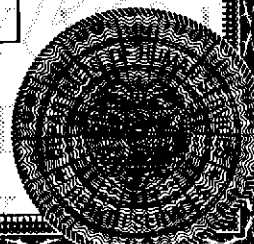
45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: March 24, 2010

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

H-79271
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: <u>Mary</u> Middle: <u>Jane</u> Last: <u>Revell</u> Suffix:			2. Death Date <u>December 25, 2008</u>	
3. Sex <u>Female</u>	4. Age <u>91 years</u>	5. Social Security Number [REDACTED]		6. County of Death <u>Jackson</u>
7. Birthdate [REDACTED]		8. Birthplace <u>St. Louis, Missouri</u>		9. Decedent's Education <u>Master's degree</u>
10. Was Decedent of Hispanic Origin? <u>No</u>		11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <u>No</u>
13. Residence: Number and Street <u>1200 Mira Mar Avenue # 426</u>			14. City/Town <u>Medford</u>	
15. Residence County <u>Jackson</u>		16. State or Foreign Country <u>Oregon</u>		17. Zip Code + 4 <u>97504</u>
18. Inside City Limits? <u>Yes</u>		19. Marital Status at Time of Death <u>Widowed</u>		
20. Spouse's Name Prior to First Marriage <u>Russell Whittington Revell</u>			21. Usual Occupation <u>Nutritionist</u>	
22. Kind of Business/Industry <u>Education</u>			23. Father's Name <u>Paul Utt</u>	
24. Mother's Name Prior to First Marriage <u>Marion</u>			25. Informant's Name <u>Rosalind Route</u>	
26. Telephone Number <u>Not Available</u>		27. Relationship to Decedent <u>Daughter</u>		28. Mailing Address <u>696 Kendall, Palo Alto, CA 94306</u>
29. Place of Death <u>Nursing Facility</u>			30. Facility Name <u>Rogue Valley Manor</u>	
31. Location of Death <u>1200 Mira Mar Ave</u>			32. City/Town or Location of Death <u>Medford</u>	
33. State <u>Oregon</u>		34. Zip Code + 4 <u>97504</u>		
35. Method of Disposition <u>Cremation</u>			36. Place of Disposition <u>Funeral Alternatives Crematory</u>	
37. Location <u>Medford, Oregon</u>				
38. Name and Complete Address of Funeral Facility <u>Rogue Valley Funeral Alternatives 550 Business Park Dr, Medford, Oregon 97504</u>				
39. Date of Disposition <u>TBD</u>		40. Funeral Director's Signature <u>Rachel A Patstone</u> Electronically Signed		41. OR License Number <u>FS-0541</u>
42. Registrar's Signature <u>Selvia Castro</u>		43. Date Received <u>DEC 30 2008</u>		44. Local File Number
45. Amendment				

145020

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death <u>4:00 am</u>	
CAUSE OF DEATH							
50. 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: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓ <u>metastatic breast cancer</u>					
Sequitarily list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) ↓ b.					
		Due to (or as a consequence of) ↓ c.					
		Due to (or as a consequence of) ↓ d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u>hypothyroidism</u>							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (mm/dd/yyyy)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred						61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) <u>Jon Darin Pruhjere M.D. 1200 Mira Mar Medford, OR 97504</u>							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier <u>Medical Doctor</u>				65. License Number <u>M123533</u>		66. Date Signed (mm/dd/yyyy) <u>12/29/08</u>	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.				68. Medical Examiner - 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) and manner stated.			
69. Amendment							

12-30-2008

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45-2DP (01/06)

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE JACKSON COUNTY REGISTRAR.

DEC 30 2008

DATE ISSUED:

Mark J. Orndoff
MARK J. ORNDOFF
COUNTY REGISTRAR
JACKSON COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

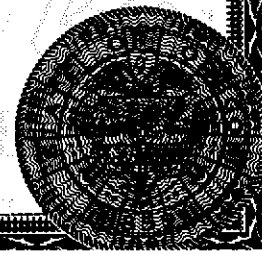


EXHIBIT A

PARCEL 1: P60205

Lot 114, "SKYLINE NO. 17, A CONDOMINIUM", as per plat recorded in Volume 9 of Plats, pages 101 and 102, records of Skagit County, EXCEPT mineral rights as reserved in deed dated January 5, 1912, recorded June 29, 1912, as Auditor's File No. 91959, in volume 88 of deeds, page 639, and in Deed dated January 26, 1923, filed March 3, 1923, as Auditor's File No. 162371, in volume 128 of deeds, page 501. TOGETHER WITH an undivided .6474 percentage interest in the land lying within the Plat of "SKYLINE NO. 17, A CONDOMINIUM", as per plat recorded in Volume 9 of Plats, pages 101 and 102, records of Skagit County, EXCEPT that portion thereof lying within Lots 1 to 142, inclusive, of said Plat. Said property is also known as D-27 and is for moorage purposes only. Declaration dated July 14, 1970, recorded under Skagit County Auditor's File No. 741481, on the 23rd day of July, 1970.

SUBJECT TO and together with all easements, restrictions, and reservations of record, if any.

PARCEL 3: P59352

Tract 38, SKYLINE NO. 5, as per plat recorded in Volume 9 of Plats, pages 56, 57, and 58, inclusive, records of Skagit County, State of Washington.

SUBJECT TO and together with all easements, restrictions, and reservations of record, if any.

PARCEL 4: P59905

Tract 58, SKYLINE DIVISION NO. 9, as per plat recorded in Volume 9 of Plats, pages 75, 76, 77, records of Skagit County, Washington;

SUBJECT TO and together with all easements, restrictions, and reservations of record, if any.



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