

Recording Requested by:

MICHAEL E. GRAHAM, ESQ.

When Recorded Mail To:

LAW OFFICES OF MICHAEL E.  
GRAHAM  
10343 High Street, Suite One  
Truckee, California 96161-0116



201012130163

Skagit County Auditor

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SPACE ABOVE FOR RECORDER'S USE  
(CHANGE OF TRUSTEE - NOT PURSUANT TO SALE)

Parcel ID: P64999

## AFFIDAVIT OF CHANGE OF TRUSTEE

State of California )  
 )ss.  
County of Nevada )

KARL PLAMBECK, of legal age, being first duly sworn, deposes and says:

KARL PLAMBECK is the duly appointed and acting Successor Trustee of the CARYL J. PLAMBECK REVOCABLE TRUST Under Declaration of Trust dated June 25, 1991 (the "Trust") and is qualified and has the power to act as such Trustee.

The Trust was initiated and created by CARYL J. PLAMBECK for her benefit. CARYL J. PLAMBECK was the original Trustee of the Trust. The Trust, as amended, provides that in the event of Caryl J. Plambeck's death, or if for any reason she ceases to serve as Trustee hereunder, and fails to appoint a successor as provided above, or upon the death or failure to serve of any such appointee, the Settlor appoints KARL PLAMBECK to serve as Trustee of this Trust with the power to appoint Ronald O. Plambeck as Cotrustee.

CARYL J. PLAMBECK died on November 12, 2009, as shown on the certified copy of Certificate of Death attached hereto and incorporated herein by reference, and is the same person as CARYL J. PLAMBECK named as the initial Trustee of the CARYL J. PLAMBECK REVOCABLE TRUST Under Declaration of Trust dated June 25, 1991, as amended by the FIRST AMENDMENT TO THE DECLARATION OF TRUST dated December 16, 1999, and is the same person as the party in that certain Quitclaim Deed dated July 22, 1991, wherein the Grantees are Wilfred D. And A. Joan Iwan, Joint Tenants, an undivided ½ interest, and Caryl J. Plambeck, Trustee of the Caryl J. Plambeck Revocable Trust U/T/A/ dated June 25, 1991 F/B/O Caryl J. Plambeck, her solely-owned property, an undivided ½ interest, recorded September 9, 1991 as Document No. 9109090010 of Official Records of Skagit County, Washington. I succeeded CARYL J. PLAMBECK, as the sole Trustee of the Trust, on November 12, 2009, as a result of that Trustee's death.

This Affidavit affects the title to the real property situated in the unincorporated area of Skagit County, State of Washington, commonly known as 15259 Deception Road, Anacortes, Washington, Parcel ID. P64999/Tax Acct. No. 3900-000-019-0004, described as:

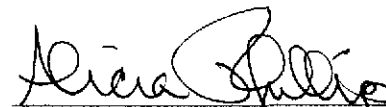
Lots 18 and 19 EXCEPT the southwesterly 17 feet of Lot 19, "Dewey Beach Addition", according to the plat recorded in Volume 6 of Plats, page 17, records of Skagit County, Washington.

This Trust has not been revoked, modified, or amended in any manner, other than set forth above, which would cause the representations in this Affidavit to be incorrect. This Affidavit is being signed by all currently acting Trustees of the Trust.

  
KARL PLAMBECK, Trustee

State of California     )  
                                      ) ss.  
County of Nevada     )

Subscribed and sworn to (or affirmed) before me on this 8<sup>th</sup> day of November 2010, by KARL PLAMBECK, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
Alicia Phillips, Notary Public  
Commission Number: 1819366  
Commission Expires: October 22, 2012



S:\CLIENTS\PLAMBECK, KARL\Estate of Caryl J Plambeck, Dec'd\Documents\Affidavit Change Trustee-15259 Deception Rd.wpd



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## COUNTY OF PLACER

Auburn, California 95603

## CERTIFICATE OF DEATH

3200931002442

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given)		3. LAST (Family)	
CARYL		PLAMBECK	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JEAN		03/12/1938	
5. AGE Yrs.		6. SEX	
71		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
11/12/2009		0920	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		569-44-8892	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		DIVORCED	
13. EDUCATION — Highest Level Degree (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
DENTAL HYGIENIST		WHITE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
DENTAL		20	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. YEARS IN COUNTY	
682 PRETORIA		36	
21. CITY		22. COUNTY/PROVINCE	
CARNELIAN BAY		PLACER	
23. ZIP CODE		24. STATE/FOREIGN COUNTRY	
95140		CA	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
KARL PLAMBECK, SON		682 PRETORIA, CARNELIAN BAY, CA 95140	
27. NAME OF SURVIVING SPOUSE — FIRST		28. MIDDLE	
-		-	
29. LAST ( Maiden Name )		30. BIRTH STATE	
-		TX	
31. NAME OF FATHER — FIRST		32. MIDDLE	
WILFRED		AUGUST	
33. LAST		34. BIRTH STATE	
IWAN		TX	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
DOROTHY		ANNA	
37. LAST ( Maiden )		38. BIRTH STATE	
GLASS		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
11/17/2009		RES. KARL PLAMBECK 682 PRETORIA, CARNELIAN BAY, CA 95140	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
TRUCKEE-TAHOE MORTUARY		FD191	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE mm/dd/yyyy	
RICHARD J. BURTON, MD		11/17/2009	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> GROUP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, TC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
PLACER		682 PRETORIA	
105. CITY		106. COUNTY	
CARNELIAN BAY		PLACER	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter full chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.		The interval between death and death report	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B) PRIMARY METASTATIC OVARIAN CANCER		109. MINS.	
(C) 13 YRS.		110. BIOPSY PERFORMED?	
(D) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED?	
(E) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. ILLUSED IN DETERMINING CAUSE?	
(F) <input type="checkbox"/> YES <input type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
NONE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
BILATERAL URETEROSTOMY 08/-/2009, GASTRIC OUTLET BYPASS 08/-/2009		115. IF FEMALE, PREGNANT IN LAST YEAR?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		118. SIGNATURE AND TITLE OF CERTIFIER	
11/16/2009		JOHANNA KOCH M.D.	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120. SIGNATURE OF LOCAL REGISTRAR	
JOHANNA KOCH M.D. 889 ALDER AVE STE 203, INCLINE VILLAGE, NV 89451		RICHARD J. BURTON, MD	
121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		122. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. INJURY DATE mm/dd/yyyy	
125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		126. HOUR (24 Hours)	
127. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		128. SIGNATURE OF CORONER / DEPUTY CORONER	
129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
131. STATE REGISTRAR		132. FAX AUTH. #	
A B C D E		CENBUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF PLACER

SS

DATE ISSUED

11/23/2009

\*000297308\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.  
PRNCO (Rev) 11/06Richard J. Burton, M.D.  
HEALTH OFFICER AND LOCAL REGISTRAR

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