



201307260088

Skagit County Auditor

\$74.00

7/26/2013 Page

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3 11:56AM

AFTER RECORDING MAIL TO:

Jean G. Hawkins, Trustee
1637 N. Fredric Street
Burbank, CA 91505

This space for Recorder's Use

APN: P114071

AFFIDAVIT – SUCCESSOR TRUSTEE

The undersigned, **JEAN G. HAWKINS**, of legal age, being first duly sworn, deposes and says that:

1. On June 16, 2004, **ROBERT ALAN SCHAEGLER** and **JEAN G. HAWKINS**, as Settlers and Co-Trustees, executed a Declaration of Trust entitled the **SCHAEGLER AND HAWKINS FAMILY TRUST ESTABLISHED JUNE 16, 2004** (hereinafter the "Trust").

2. Pursuant to the provisions of said Trust, if **ROBERT ALAN SCHAEGLER** failed or ceased to act as a Trustee of the Trust, then **JEAN G. HAWKINS** shall serve as sole Trustee.

3. **ROBERT ALAN SCHAEGLER** died on May 9, 2013. A certified copy of his death certificate is attached hereto and made a part hereof by this reference.

4. That **ROBERT ALAN SCHAEGLER**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **ROBERT ALAN SCHAEGLER**, one of the parties in that certain deed dated June 16, 2004, by **CARTUS FINANCIAL CORPORATION**, as grantor, to **ROBERT ALAN SCHAEGLER** and **JEAN G. HAWKINS**, as Co-Trustees of the **SCHAEGLER AND HAWKINS FAMILY TRUST ESTABLISHED JUNE 16, 2004**, recorded as Instrument No. 201011190158, on November 19, 2010, in the Official Records of the Skagit County Auditor, Washington, covering the following described property situated in the County of Skagit, State of Washington:

Lot 6, "PLAT OF FOREST HILLS PUD", according to the plat thereof recorded in Volume 17 of Plats, Pages 42 and 43, records of Skagit County, Washington.

Commonly known as: 2314 42nd Pl., Anacortes, WA 98221

5. This Affidavit - Successor Trustee is executed to establish that the sole Trustee of the **SCHAEDLER AND HAWKINS FAMILY TRUST ESTABLISHED JUNE 16, 2004** is **JEAN G. HAWKINS** by reason of the provisions of said Trust.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on July 15, 2013, in the County of Los Angeles, State of California.

Jean G. Hawkins

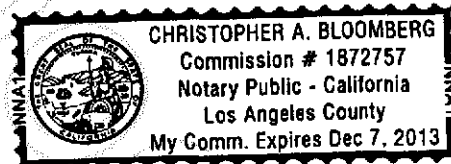
JEAN G. HAWKINS

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

Subscribed and sworn to (or affirmed) before me, Christopher A. Bloomberg, on this 15th day of July, 2013, by **JEAN G. HAWKINS**, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Ch. Bloomberg

Signature of Notary



2013 2949
SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

JUL 26 2013
Amount Paid \$ ϕ
Skagit Co. Treasurer
By *MF* Deputy



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052013093221

CERTIFICATE OF DEATH

3201319021059

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS (15-14629-300)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE ALLAN		3. LAST (Family) SCHAEDLER			
4. DATE OF BIRTH mm/dd/yyyy 10/12/1942		5. AGE Yrs 70		6. UNDER ONE YEAR Months Days		7. UNDER 24 HOURS Hours Minutes	
8. SEX M		9. SOCIAL SECURITY NUMBER 545-62-1521		10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS (at time of death) MARRIED	
12. EDUCATION - Highest Level/Degree (See worksheet on back) SOME COLLEGE		13. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		15. DATE OF DEATH mm/dd/yyyy 05/09/2013	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED BUSINESS OWNER		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AUDIO AND VISUAL				18. YEARS IN OCCUPATION 35	
19. DECEDENT'S RESIDENCE (Street and number, or location)							
1637 N. FREDERIC ST							
20. CITY BURBANK		21. COUNTY/PROVINCE LOS ANGELES		22. ZIP CODE 91505		23. YEARS IN COUNTY 70	
24. STATE/FOREIGN COUNTRY CA		25. INFORMANT'S NAME, RELATIONSHIP JEAN HAWKINS, SPOUSE					
26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1637 N. FREDERIC ST, BURBANK, CA 91505		27. NAME OF SURVIVING SPOUSE/BROD - FIRST JEAN					
28. MIDDLE GRANT		29. LAST (BIRTH NAME) HAWKINS				30. BIRTH STATE IL	
31. NAME OF FATHER/PARENT - FIRST HEINZ		32. MIDDLE WILLIAM		33. LAST SCHAEDLER		34. BIRTH STATE IL	
35. NAME OF MOTHER/PARENT - FIRST RUTH		36. MIDDLE -		37. LAST (BIRTH NAME) LOHMANN		38. BIRTH STATE IL	
39. DISPOSITION DATE mm/dd/yyyy 05/13/2013		40. PLACE OF FINAL DISPOSITION RES: JEAN HAWKINS 1637 N. FREDERIC ST, BURBANK, CA 91505					
41. TYPE OF DISPOSITION CR/RFS		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT SOCAL CREMATIONS		45. LICENSE NUMBER FD 2100		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD		47. DATE mm/dd/yyyy 05/13/2013	
48. PLACE OF DEATH RESIDENCE		101. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Doctor's Home <input type="checkbox"/> Other		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Death Reported to Coroner			
103. COUNTY LOS ANGELES		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1637 N. FREDERIC ST				105. CITY BURBANK	
106. CAUSE OF DEATH Enter the chain of events -- diseases, lesions, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (1) CARDIOPULMONARY ARREST Underlying Cause (2) MALIGNANT BRAIN TUMOR Sequently, list conditions, if any, leading to cause of Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		107. TIME OF DEATH MINS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USERN DETRAINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (If yes, list type of operation and date) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Alleged Since (A) mm/dd/yyyy (B) mm/dd/yyyy 04/02/2013 05/09/2013		115. SIGNATURE AND TITLE OF CERTIFIER SHAMEL SANANI M.D.		116. LICENSE NUMBER A34881	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHAMEL SANANI M.D. 15031 RINALDI STREET, MISSION HILLS, CA 91345		118. TYPE 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)		123. SIGNATURE OF CORONER / DEPUTY CORONER			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
128. SIGNATURE OF CORONER / DEPUTY CORONER		129. DATE mm/dd/yyyy		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		131. FAX AUTH'L	
132. SIGNATURE OF CORONER / DEPUTY CORONER		133. DATE mm/dd/yyyy		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		135. CENSUS TRACT	
STATE REGISTRAR		A B C D E		FAX AUTH'L		CENSUS TRACT	

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This is a true certified copy if the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding
 Director of Public Health and Registrar

MAY 14 2013

