

Skagit County Auditor  
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\$124.00  
3 12:34PM

Document Title: AFFIDAVIT

Reference Number :

Grantor(s):

☐ additional grantor names on page \_\_\_\_

1. CHARLES E MARR

2.

Grantee(s):

☐ additional grantee names on page \_\_\_\_

1. PUBLIC

2.

Abbreviated legal description:

☐ full legal on page(s) \_\_\_\_

LOT 23 "PLAT OF VILLAGE PARK"

Assessor Parcel / Tax ID Number:

☐ additional tax parcel number(s) on page \_\_\_\_

P112558

I, CHARLES E. MARR, am hereby requesting an emergency non-standard recording for an additional fee provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document. Recording fee is \$72.00 for the first page, \$1.00 per page thereafter per document. In addition to the standard fee, an emergency recording fee of \$50.00 is assessed. This statement is to become part of the recorded document.

Signed

Dated

12/15/2014

RECORDING REQUESTED BY: )  
James G. Mott-Smith, Esq. )  
 )  
WHEN RECORDED MAIL TO: )  
MAIL TAX STATEMENTS TO: )  
 )  
Charles E. Marr )  
581 Cook Road )  
Camano Island, Wash. 98282 )  
 )  
 )

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**TAX PARCEL NUMBERS: P112558, 4702-000-023-0000**

## **AFFIDAVIT – DEATH OF TRUSTEE & SUCCESSION OF SUCCESSOR TRUSTEE**


Charles E. Marr, of legal age, being first duly sworn, deposes and says:

That Bessie Leora Marr, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bessie L. Marr, named as one of the parties in that certain Quit Claim Deed dated January 19, 2007, executed by Bessie L. Marr, an unmarried woman, to Bessie L. Marr, and Successors, as Trustee of the **BESSIE L. MARR 1999 REVOCABLE TRUST** (Created by Declaration of Trust dated April 14, 1999). I, Charles E. Marr, further acknowledge that I am the Successor Trustee named in the Declaration of Trust hereinabove mentioned, that I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of the trustee of said trust, and finally, that this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property. The aforementioned original Quit Claim Deed was recorded on January 22, 2007, as Document number 200701220149, in the official records of the County of Skagit, State of Washington, such property being located at 2201 35<sup>th</sup> Court, Anacortes, Washington 98221, and more particularly described as follows:

**Lot 23, "PLAT OF VILLAGE PARK," as per plat recorded in Volume 16 of Plats, pages 192 and 193, records of Skagit County, Washington.**

Title to the above described real property shall henceforth be vested as follows: Charles E. Marr, and Successors, as Trustee of the **BESSIE L. MARR 1999 REVOCABLE TRUST** (Created by Declaration of Trust dated April 14, 1999)

Dated: December 15, 2014

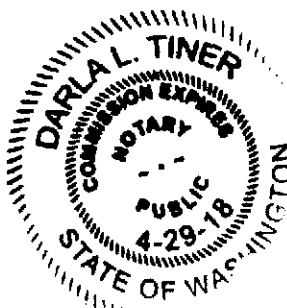
  
CHARLES E. MARR

STATE OF WASHINGTON }  
 } ss  
COUNTY OF ISLAND }

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 15th day of December, 2014, by Charles E. Marr, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal.

Signature 



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## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

3201401007487

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>BESSIE</b>		2. MIDDLE <b>LEORA</b>	
3. LAST (Family) <b>MARR</b>		4. DATE OF BIRTH mm/dd/yyyy	
5. AGE Yrs. <b>85</b>		6. SEX <b>F</b>	
7. DATE OF DEATH mm/dd/yyyy <b>11/14/2014</b>		8. HOUR (24 Hour) <b>1425</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>MISSOURI</b>		10. SOCIAL SECURITY NUMBER	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SDOP (at Time of Death) <b>WIDOWED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>07</b>		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>SALES</b>		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FOOD SERVICES</b>	
17. DECEDENT'S RESIDENCE (House and number, or location) <b>3800 WALNUT AVE #316</b>		18. YEARS IN OCCUPATION <b>40</b>	
19. CITY <b>FREMONT</b>		20. COUNTY/PROVINCE <b>ALAMEDA</b>	
21. ZIP CODE <b>94538</b>		22. YEARS IN COUNTRY <b>1</b>	
23. STATE/FOREIGN COUNTRY <b>CA</b>		24. INFORMANT'S NAME, RELATIONSHIP <b>CHARLES MARR, SON</b>	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>581 COOK RD, CAMANO ISLAND, WA 98282</b>		26. NAME OF SURVIVING SPOUSE/SDOP - FIRST <b>-</b>	
27. MIDDLE <b>-</b>		28. LAST (BIRTH NAME) <b>-</b>	
29. NAME OF FATHER/PARENT - FIRST <b>EMMETT</b>		30. MIDDLE <b>EMANUEL</b>	
31. LAST <b>EVANS</b>		32. BIRTH STATE <b>MO</b>	
33. NAME OF MOTHER/PARENT - FIRST <b>BESSIE</b>		34. MIDDLE <b>MILBURN</b>	
35. LAST (BIRTH NAME) <b>-</b>		36. BIRTH STATE <b>MO</b>	
37. DISPOSITION DATE mm/dd/yyyy <b>11/19/2014</b>		38. PLACE OF FINAL DISPOSITION <b>GREENLAWN MEMORIAL PARK</b>	
39. TYPE OF DISPOSITION <b>CR/BU</b>		40. SIGNATURE OF SURVIVOR <b>NOT EMBALMED</b>	
41. TYPE OF FUNERAL ESTABLISHMENT <b>BERGE-PAPPAS-SMITH CHAPEL OF THE ANGELS</b>		42. LICENSE NUMBER <b>FD668</b>	
43. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS, M.D.</b>		44. DATE mm/dd/yyyy <b>11/18/2014</b>	
45. PLACE OF DEATH <b>WINDSOR COUNTRY DRIVE</b>		46. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> EYOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
47. CITY <b>FREMONT</b>		48. COUNTY/PROVINCE <b>ALAMEDA</b>	
49. ZIP CODE <b>94538</b>		50. YEARS IN COUNTRY <b>1</b>	
51. STATE/FOREIGN COUNTRY <b>CA</b>		52. CAUSE OF DEATH <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	
53. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		54. YRS. <b>10</b>	
55. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO CAUSE ON Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>RENAL FAILURE</b>		56. DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>RENAL FAILURE</b>		58. BODY REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. <b>NO</b>		60. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
61. SIGNATURE AND TITLE OF CERTIFIER <b>RITA VIRESHBAI PATEL M.D.</b>		62. LICENSE NUMBER <b>A52538</b>	
63. DATE mm/dd/yyyy <b>11/18/2014</b>		64. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RITA VIRESHBAI PATEL M.D.</b>	
65. 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		66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. INJURY DATE mm/dd/yyyy	
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		70. HOUR (24 Hour)	
71. LOCATION OF INJURY (Street and number, or location, and city, and zip)		72. SIGNATURE OF CORONER / DEPUTY CORONER	
73. DATE mm/dd/yyyy		74. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA }

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED:

NOV 21 2014

HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIAThis copy not valid unless prepared on engraved border displaying date and signature of Registrar.  
PRNCO (Rev) 6/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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