



201612230082

WHEN RECORDED RETURN TO:

Soldate Family Trust
633 West 5th St FL # 47
Los Angeles, CA 90071

Skagit County Auditor

\$37.00

12/23/2016 Page

1 of

5 1:58PM

GUARDIAN NORTHWEST TITLE CO.

DOCUMENT TITLE(S):

Death Certificate

111526

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

State of ~~Washington~~

California

GRANTEE:

Mary McIntyre Soldate

ABBREVIATED LEGAL DESCRIPTION:

Lot 1, 2, 3, 8, and 9, , Chase Acreage, according to the Plat thereof filed in Volume 3 of Plats at Page(s) 64, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):

P64373, 3881-000-009-0009, P64360, 3881-000-003-0005, P64372, 3881-000-008-0000, P40020, 350520-0-010-0008

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3200819037854

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
MARY		SOLDATE	
2. MIDDLE		4. DATE OF BIRTH	
MCINTYRE		mm/dd/yyyy	
5. AGE Yrs		6. SEX	
87		F	
7. BIRTH STATE/FOREIGN COUNTRY		8. SOCIAL SECURITY NUMBER	
WA		[REDACTED]	
9. EVER IN U.S. ARMED FORCES?		10. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
11. DATE OF DEATH		12. HOURS (24 Hours)	
09/09/2008		1951	
13. EDUCATION - (Highest Level)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
BACHELOR		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))		16. CAUCASIAN	
17. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)		18. YEARS IN OCCUPATION	
HOMEMAKER		50	
19. DECEDENT'S RESIDENCE (Street and number or location)		20. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
276 HACIENDA DR.		OWN HOME	
21. CITY		22. COUNTY/PROVINCE	
ARCADIA		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
91006		48	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CA		STUART SOLDATE, SON	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE - FIRST	
1651 KNOLL WOOD DR., PASADENA, CA 91103		-	
29. MIDDLE		30. LAST (maiden Name)	
-		-	
31. NAME OF FATHER - FIRST		32. MIDDLE	
SIDNEY		J.	
33. LAST		34. BIRTH STATE	
MCINTYRE		WA	
35. NAME OF MOTHER - FIRST		36. MIDDLE	
HAZEL		-	
37. LAST (maiden)		38. BIRTH STATE	
-		WA	
39. DISPOSITION DATE		40. PLACE OF FINAL DISPOSITION	
09/19/2008		SAN GABRIEL CEMETERY	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBAJADOR	
BURIAL		HOWARD HUEHL	
43. NAME OF FUNERAL ESTABLISHMENT		44. LICENSE NUMBER	
DOUGLASS AND ZOOK MORTUARY		FD221	
45. SIGNATURE OF LOCAL REGISTRAR		46. DATE	
JONATHAN FIELDING, MD		09/12/2008	
47. PLACE OF DEATH		48. IF HOSPITAL, SPECIFY ONE	
METHODIST HOSPITAL OF SO. CA		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice	
49. CITY		50. IF OTHER THAN HOSPITAL, SPECIFY ONE	
LOS ANGELES		Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/>	
51. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		52. CITY	
300 W. HUNTINGTON DR.		ARCADIA	
53. CAUSE OF DEATH		54. DEATH REPORTED TO CORONER	
Enter the 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.		Time Interval Between Death and Death	
IMMEDIATE CAUSE (1) CARDIAC ARREST		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(2) CORONARY ARTERY DISEASE		15 MINS	
(3) HYPERTENSION		2008-56170	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107.		56. DEATH REPORTED TO CORONER	
-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, full type of operation and date)		58. IF FEMALE, PREGNANT IN LAST YEAR	
-		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
59. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ON THE CAUSE OF DEATH		60. SIGNATURE AND TYPE OF CERTIFIER	
Decedent Attended Street Decedent Last Seen Ave		NARENDRANATH A REDDY M.D.	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS ZIP CODE		62. LICENSE NUMBER	
NARENDRANATH A REDDY M.D.		A31701	
63. DATE		64. DATE	
01/08/2001		09/12/2008	
65. I CERTIFY THAT MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		66. MANNER OF DEATH	
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <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	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. INJURED AT WORK?	
-		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
69. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		70. INJURY DATE	
-		mm/dd/yyyy	
71. LOCATION OF INJURY (Street and number, or location, and city and ZIP)		72. HOUR (24 Hours)	
-		-	
73. SIGNATURE OF CORONER/DEPUTY CORONER		74. DATE	
-		mm/dd/yyyy	
75. TYPE NAME TITLE OF CORONER/DEPUTY CORONER		76. FAX AUTH #	
-		-	
77. STATE REGISTRAR		78. CENSUS TRACT	
A B C D E		-	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
 DEAN C. LOGAN
 Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

FORM 100 (Rev. 06/04)

APR 13 2008



019233989

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:
EDWARDS, ASHTON & C/O, LLP
ATTENTION: ERIC A. ASHTON
100 West Broadway #860
Glendale, CA 91210

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT RE DEATH OF TRUSTEE
AND CONSENT OF SUCCESSOR TRUSTEE**
(California Probate Code Section 210)

STATE OF CALIFORNIA)
) SS.
COUNTY OF LOS ANGELES)

The undersigned, SIDNEY STUART SOLDATE, being first duly sworn, deposes and says:

1. ALBERT MILLS SOLDATE and MARY M. SOLDATE, as Settlers, entered into a Declaration of Trust, dated November 10, 1995, creating the SOLDATE FAMILY 1995 TRUST (the "Trust").
2. ALBERT MILLS SOLDATE and MARY M. SOLDATE were the original Trustees of the Trust.
3. ALBERT MILLS SOLDATE died on September 25, 1999. A certified copy of his Death Certificate is attached hereto.
4. Upon the death of ALBERT MILLS SOLDATE, MARY M. SOLDATE became the Trustee of the Trust. Said MARY M. SOLDATE has resigned as Trustee. A copy of her Resignation is attached hereto.
5. Pursuant to the terms of the Trust, after the death of ALBERT MILLS SOLDATE and the resignation of MARY M. SOLDATE, then the undersigned is to become the Trustee of the Trust.
6. The trust estate contains real property in Los Angeles County, commonly known as 276 Hacienda Drive, Arcadia, California, Assessor's Identification No. 5770-018-003, which is legally described as follows:

Lot 11 of Tract No. 10955 as per map recorded in Book 191, Page 27 of Maps, in the office of the County Recorder of said County.

7. The undersigned hereby accepts the terms of the trust,
and consents to act as Trustee.

Executed at Arredia, California, on
November 16, 1999.

Sidney R. Seld
Sidney Stuart Seldate

Subscribed and sworn to
before me on November 16, 1999

Valerie Verdugo
Notary Public



RESIGNATION OF TRUSTEE

MARY M. SOLDATE, currently acting as Trustee of the
SOLDATE FAMILY 1995 TRUST," hereby resigns as such Trustee,
effective as of the date of execution hereof.

Executed on Nov. 16, 1999, 1999.

Mary M. Soldate
MARY M. SOLDATE

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } ss

On November 16, 1999, before me, the undersigned, a
Notary Public in and for said State, personally appeared MARY M.
SOLDATE, 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 acknowledged to me that she executed
the same in her authorized capacity and that by her signature on
the instrument she, or the entity upon behalf of which she acted,
executed the instrument.

WITNESS my hand and official seal.



Valerie Verdugo
Notary Public in and for
said County and State