



201807060016

07/06/2018 09:02 AM Pages: 1 of 5 Fees: \$103.00
Skagit County Auditor

After Recording Mail To:

uDeed, LLC - 86549
9041 South Pecos Road, Suite 3900
Henderson, NV 89074

COVER PAGE

Type of Document to be Recorded: AFFIDAVIT OF SURVIVING TRUSTEE

Grantor: Rodney Latimer and Diana M. Latimer, Trustees of the Latimer Family Trust dated June 27, 2000

Grantor's Mailing Address: 222 Danielle Way, Folsom, California 95630

Grantee: Diana M. Latimer, Surviving Trustee of the Latimer Family Trust dated June 27, 2000

Grantees Mailing Address: 222 Danielle Way, Folsom, California 95630

Legal Description (abbreviated): UNIT A-202, SKYLINE COURT CONDO

Assessor's Property Tax Parcel Account Number(s): P100704; XrefID 4581-000-202-0001

Prior Recorded Doc. Ref.: Quitclaim Deed: Recorded August 22, 2011, Doc. No. 201108220085

Prepared By:

Dianna M. Latimer, Surviving Trustee
222 Danielle Way
Folsom, CA 95630

After Recording Mail To:

uDeed, LLC - 86549
9041 South Pecos Road, Suite 3900
Henderson, NV 89074

Mail Tax Statements To:

Dianna M. Latimer, Surviving Trustee
222 Danielle Way
Folsom, CA 95630

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX
2018 2946
JUL 06 2018

Amount Paid \$6
Skagit Co. Treasurer
By *Manz* Deputy

Assessor's Parcel Number: P100704;
XrefID 4581-000-202-0001

AFFIDAVIT OF SURVIVING TRUSTEE

TITLE OF DOCUMENT

I, **Diana M. Latimer, Surviving Trustee**, the undersigned, affirm under penalty of perjury under the laws of the State of Washington, that the following is true and correct:

- (1) By instrument dated **June 27, 2000, Rodney Latimer and Diana M. Latimer** executed the **Latimer Family Trust**.
- (2) Said trust appointed me to serve as Surviving Trustee upon the death or incapacity of Rodney Latimer.
- (3) Rodney John Latimer died on February 4, 2018 at Folsom, California, a resident of Sacramento County, California pursuant to the attached certified copy of the Certificate of Death and is the same person as said Rodney Latimer.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of Surviving Trustee.
- (5) The following described real property is part of the trust estate:

UNIT A-202, "PLAT OF SKYLINE COURT, CONDOMINIUM," ACCORDING TO THE SURVEY RECORDED APRIL 16, 1992, UNDER AUDITOR'S FILE NO. 9204160064, IN VOLUME 15 OF PLATS, PAGES 33 THROUGH 37, INCLUSIVE, AND ACCORDING TO THAT DECLARATION RECORDED APRIL 16, 1992, UNDER AUDITOR'S FILE NUMBER 9204160065, SAID DECLARATION BEING BY THOSE INSTRUMENT RECORDED UNDER AUDITOR'S FILE NOS. 9206240092 AND 9212100086, ALL RECORDS OF SKAGIT COUNTY, WASHINGTON.

SITUATE IN THE CITY OF ANACORTES, COUNTY OF SKAGIT, STATE OF WASHINGTON.

- (6) No other person has a right to the interest of the Trust in the described property.
- (7) The described property shall be transferred to **Diana M. Latimer** as Surviving Trustee(s).

Dated April 11th, 2018

Diana M Latimer, Surviving Trustee
Diana M. Latimer, Surviving Trustee

STATE OF _____)
COUNTY OF _____) ss

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by
Diana M. Latimer, Surviving Trustee.

NOTARY STAMP/SEAL

Given under my hand and official seal of office this
____ day of _____, A.D., 20____.

NOTARY PUBLIC

MY Commission Expires: _____

Residing at: _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me
on this 11th day of April, 2018,
by Date Month Year
(1) Diane M. Latimer
(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Cheryl Dworman
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Surviving Trustee Document Date: 4/11/18
Number of Pages: 2 Signer(s) Other Than Named Above: 0

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORDS

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052018026650

CERTIFICATE OF DEATH

3201834001127

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
RODNEY		LATIMER	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
JOHN		75	
5. AGE Yrs		6. SEX	
75		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 hours)	
02/04/2018		0915	
9. BIRTH STATE/ORIGIN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/GRUP in Time of Death	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back)		14. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
MASTER'S <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> NO CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
BUSINESS MANAGEMENT		COMMUNICATIONS	
17. YEARS IN OCCUPATION		18. DECEASED'S RESIDENCE (Street and number, or location)	
25		222 DANIELLE WAY	
19. CITY		20. STATE/FOREIGN COUNTRY	
FOLSOM		CA	
21. COUNTY/PROVINCE		22. ZIP CODE	
SACRAMENTO		95630	
23. YEARS IN COUNTY		24. STATE/FOREIGN COUNTRY	
1		CA	
25. INFORMANT'S NAME, RELATIONSHIP		26. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
DIANA LATIMER, WIFE		222 DANIELLE WAY, FOLSOM, CA 95630	
27. NAME OF SURVIVING SPOUSE/GRUP - FIRST		28. MIDDLE	
DIANA		MARGARET	
29. LAST (BIRTH NAME)		30. LAST (BIRTH NAME)	
ROWBOTHAM		ROWBOTHAM	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
GEORGE		FRANCIS	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
LATIMER		MA	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
RUBY		[REDACTED]	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
[REDACTED]		UNKNOWN	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
02/08/2018		RES. DIANA LATIMER 222 DANIELLE WAY, FOLSOM, CA 95630	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
FD2059		LOWEST COST CREMATION AND BURIAL	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
[REDACTED]		OLIVIA KASIRYE, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
02/06/2018		02/06/2018	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> HUSP <input type="checkbox"/> TSP <input checked="" type="checkbox"/> Other	
103. COUNTY		104. CITY	
SACRAMENTO		FOLSOM	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
222 DANIELLE WAY		FOLSOM	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final cause or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) CARDIORESPIRATORY ARREST		109. DISPOSTION PERFORMED?	
(B) CONGESTIVE HEART FAILURE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) [REDACTED]		110. AUTOPSY PERFORMED?	
(D) [REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(E) [REDACTED]		111. USED IN DETERMINING CAUSE?	
(F) [REDACTED]		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		M. NADIR ALOCOZY M.D.	
116. DATE mm/dd/yyyy		117. DATE mm/dd/yyyy	
02/01/2018		02/03/2018	
118. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. DATE mm/dd/yyyy	
M. NADIR ALOCOZY M.D.		A63564	
2211 PARK TOWNE CIRCLE, SACRAMENTO, CA 95825		02/06/2018	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
[REDACTED]		[REDACTED]	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER/DEPUTY CORONER	
[REDACTED]		[REDACTED]	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
[REDACTED]		[REDACTED]	
129. SIGNATURE OF CORONER/DEPUTY CORONER		130. DATE mm/dd/yyyy	
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341. SIGNATURE OF CORONER/DEPUTY CORONER		342. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
343. SIGNATURE OF CORONER/DEPUTY CORONER		344. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
345. SIGNATURE OF CORONER/DEPUTY CORONER		346. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
347. SIGNATURE OF CORONER/DEPUTY CORONER		348. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
349. SIGNATURE OF CORONER/DEPUTY CORONER		350. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
351. SIGNATURE OF CORONER/DEPUTY CORONER		352. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
353. SIGNATURE OF CORONER/DEPUTY CORONER		354. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
355. SIGNATURE OF CORONER/DEPUTY CORONER		356. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
357. SIGNATURE OF CORONER/DEPUTY CORONER		358. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
359. SIGNATURE OF CORONER/DEPUTY CORONER		360. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
361. SIGNATURE OF CORONER/DEPUTY CORONER		362. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
363. SIGNATURE OF CORONER/DEPUTY CORONER		364. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
365. SIGNATURE OF CORONER/DEPUTY CORONER		366. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]	
367. SIGNATURE OF CORONER/DEPUTY CORONER		368. DATE mm/dd/yyyy	
[REDACTED]			