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03/05/2019 03:25 PM Pages: 1 of 6 Fees: \$42.00
Skagit County Auditor

WHEN RECORDED RETURN TO:

Land Title & Escrow
3010 Commercial Ave
Anacortes, WA 98221

03-169012-OE ✓

Land Title and Escrow

DOCUMENT TITLE(S):

DEATH CERTIFICATE

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:

STATE OF CALIFORNIA

GRANTEE:

RAYMOND CHARLES SMITH

ABBREVIATED LEGAL DESCRIPTION:

Lot 4, Harbor View Estates.

TAX PARCEL NUMBER(S):

4613-000-004-0003, P105263

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3201837010380

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		3 LAST (Family)	
RAYMOND		SMITH	
2 MIDDLE		6 AGE Yrs	
CHARLES		85	
4 AKA ALSO KNOWN AS - include 1st AKA (FIRST MIDDLE LAST)		7 DATE OF DEATH m/m/d/yyyy	
---		06/11/2018	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER	
TN		[REDACTED]	
11 EVER IN U.S. ARMED FORCES?		12 MARITAL STATUS/SOPH (at time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		MARRIED	
13 EDUCATION - Highest Level (Grade)		14 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		CAUCASIAN	
15 USUAL OCCUPATION ON - 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 OWNER		DEVELOPER	
17 USUAL OCCUPATION ON - Type of work for most of life. DO NOT USE RETIRED		18 YEARS IN OCCUPATION	
743 YUCCA RD		65	
20 DECEDENT'S RESIDENCE (Street and number or location)		21 CITY	
743 YUCCA RD		FALLBROOK	
22 COUNTY/PROVINCE		23 ZIP CODE	
SAN DIEGO		92028	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY	
48		CA	
26 INFORMANT'S NAME & RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route, city or town, state and zip)	
TIMOTHY STEVEN SHOOK, SON-IN-LAW		3210 YUCCA TERRACE, FALLBROOK, CA 92028	
28 NAME OF SURVIVING SPOUSE/SOPH - FIRST		29 MIDDLE	
ARDETH		CAROL	
30 LAST (BIRTH NAME)		31 NAME OF FATHER/PARENT - FIRST	
PARSONS		JAMES	
32 MIDDLE		33 LAST	
PHILANDER		SMITH	
34 BIRTH STATE		35 NAME OF MOTHER/PARENT - FIRST	
TN		NELLIE	
36 MIDDLE		37 LAST (BIRTH NAME)	
MAE		[REDACTED]	
38 BIRTH STATE		39 BIRTH STATE	
TN		TN	
40 DISPOSITION DATE m/m/d/yyyy		41 PLACE OF FINAL DISPOSITION	
06/20/2018		FALLBROOK MASONIC CEMETERY	
42 TYPE OF DISPOSITION(S)		43 SIGNATURE OF EMBALMER	
BU		SCOTT MC GARGILL	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER	
BERRY-BELL AND HALL MORTUARY		FDB828	
46 SIGNATURE OF LOCAL REGISTRAR		47 DATE m/m/d/yyyy	
WILMA J WOOTEN, MD MPH		06/13/2018	
101 PLACE OF DEATH		102 IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ER/CP <input type="checkbox"/> DCA <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other	
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	
SAN DIEGO		743 YUCCA RD	
106 CITY		107 CAUSE OF DEATH	
FALLBROOK		108 DEATH REPORTED TO CORONER?	
FALLBROOK		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109 CAUSE OF DEATH		110 DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final cause of death or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a) CARDIORESPIRATORY ARREST		111 USED IN DETERMINING CAUSE?	
b) CHRONIC KIDNEY DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c) HYPERTENSION		112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107	
113 SIGNATURE OF PHYSICIAN		SYSTOLIC HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
NIZAR SALEK M.D.		114 IF FEMALE, PRECANCER IN LAST YEAR?	
115 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
41593 WINCHESTER RD. STE. 200, TEMECULA, CA 92590		116 LICENSE NUMBER	
A90737		117 DATE m/m/d/yyyy	
06/09/2018		06/13/2018	
118 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		119 INJURED AT WORK?	
VANNER 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 checked="" type="checkbox"/> NO <input type="checkbox"/> U/I	
120 PLACES OF INJURY (e.g., home, construction site, wooded area, etc.)		121 INJURY DATE m/m/d/yyyy	
122 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		122 HOUR (24 hours)	
123 LOCAL OR OF INJURY (Street and number or location, and city and zip)		123 SIGNATURE OF CORONER / DEPUTY CORONER	
124 SIGNATURE OF CORONER / DEPUTY CORONER		125 DATE m/m/d/yyyy	
126 TYPE NAME / TITLE OF CORONER / DEPUTY CORONER		127 TYPE NAME / TITLE OF CORONER / DEPUTY CORONER	
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shall determine appropriate in his absolute discretion.

8.D. The Trustees are under no legal obligation to either purchase assets from the probate estate of a deceased Settlor nor to lend money upon the terms stated herein.

ARTICLE IX

CONCERNING THE TRUSTEES

9.A. Nomination:

(1) In the event of the death, resignation or inability of either Settlor at any time to act as Trustee hereunder, then the surviving Settlor shall act as sole Trustee. The Survivor shall have the power to appoint ~~TIMOTHY S. SHOOK to be Co-Trustee.~~ In the event of the death, resignation or inability of the Survivor at any time to act as Trustee hereunder, then TIMOTHY S. SHOOK shall act as sole Trustee. Subject to the foregoing, any incumbent Trustee shall have the power to nominate in writing a Successor Trustee, which may be an individual or corporate fiduciary.

(2) If at any time, either in the discretion of the named successor Trustee or as certified in writing by two licensed physicians, an incumbent Trustee or Co-Trustee has become physically or mentally incapacitated, whether or not a court of competent jurisdiction has declared him or her incompetent, mentally ill, or in need of a conservator, the named successor Trustee may by written notice to the incumbent Trustee assume the duties of Trustee, and the incumbent Trustee shall cease to act as such. Any third party dealing with the trust who is provided by the successor Trustee with written certification that the preceding procedure has been complied with shall be entitled to rely upon such written certification and shall not be liable to the trust nor to any person interested therein for such reliance. If the

**TRUSTEE RESIGNATION AND
APPOINTMENT OF SUCCESSOR TRUSTEE**

This document, dated August 7, 2018, relates to the resignation and appointment of successor trustees of the various trusts held under declaration creating the Smith Family Trust dated December 22, 1975, as amended, by and between RAYMOND C. SMITH ("Raymond") and ARDETH C. SMITH ("Ardeh"), as trustees and settlors (the "Declaration").

Recitals

- A. Raymond died on June 11, 2018.
- B. Section 9.A.(1) of the Declaration provides that Ardeh shall act as sole trustee upon Raymond's death.
- C. Section 9.B.(1) of the Declaration provides that anyone serving as sole trustee may designate his or her successor or successors.
- D. ~~Ardeh~~ desires to resign as trustee of the Smith Family Trust and appoint TIMOTHY S. SHOOK ("Tim") as her successor with SHERYL LYNN SMITH LACKEY ("Sheryl") as his successor.
- E. Section 9.X. of the Declaration provides that upon Raymond's death, Tim would serve as Special Trustee.
- F. Tim desires to appoint Sheryl as his successor to serve as Special Trustee in the event he for any reason fails or ceases to serve as such.

In accordance with the foregoing recitals:

- 1. Ardeh hereby appoints Tim as successor trustee of the Smith Family Trust and any successor trusts held under the Declaration, including the Survivors Trust, the Exemption Trust, and the Qualified Terminable Interest Property Trust. In the event that he for any reason fails or ceases to serve as trustee of any such trust, Sheryl shall serve as trustee of that trust.
- 2. Ardeh hereby resigns as trustee of the Smith Family Trust and any successor trusts held under the Declaration, including the Survivors Trust, the Exemption Trust, and the Qualified Terminable Interest Property Trust.
- 3. By his signature below, Tim agrees to serve as Special Trustee and as trustee of the Smith Family Trust and any successor trusts held under the Declaration, including the Survivors Trust, the Exemption Trust, and the Qualified Terminable Interest Property Trust.
- 4. Tim hereby appoints Sheryl as the successor Special Trustee, to serve in the event he for any reason fails or ceases to serve as such.

[Signatures Follow on Next Page]

The undersigned hereby execute the TRUSTEE RESIGNATION AND APPOINTMENT OF SUCCESSOR TRUSTEE as of an on the date above first stated.

Ardeeth C. Smith
ARDETH C. SMITH, individually and as
Trustee

Shook
TIMOTHY S. SHOOK, as Trustee and as
Special Trustee

ACKNOWLEDGMENT

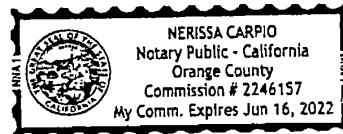
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
)
COUNTY OF ORANGE)

On August 7, 2018, before me, Nerissa Carpio, Notary Public, personally appeared ARDETH C. SMITH, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature *Nerissa Carpio*

(Seal)

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 ORANGE)

On August 7, 2018, before me, Nerissa Carpio, Notary Public, personally appeared TIMOTHY S. SHOOK, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature *Nerissa Carpio*

(Seal)