

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL
TO:

Brian M. Lewis, Esq.
44-700 Village Court, Suite 100
Palm Desert, CA 92260



201904080020

04/08/2019 08:58 AM Pages: 1 of 3 Fees: \$101.00
Skagit County Auditor

Documentary Transfer tax is NONE. (Intra-family transfer without consideration which document transfers title to Successor Trustees of Family Trust).

AFFIDAVIT – DEATH OF TRUSTEE

PROPERTY ADDRESS:

5177 Guemes Island Road, Anacortes, WA 98221

Identification No. 3856-000-071-0003

STATE OF CALIFORNIA)
) ss
COUNTY OF RIVERSIDE)

The undersigned, being of legal age and duly sworn, deposes and says:

1. On May 29, 1996, GEORGE D. SHANNON, as Trustor, executed a Trust Agreement entitled The George D. Shannon Separate Property Revocable Trust.

2. On February 1, 2008, George D. Shannon executed a Quitclaim Deed which was recorded on February 4, 2008, as Document No. 200802040151 of the Records of Skagit County, State of Washington, conveying to George D. Shannon as Trustee of the "Restated George D. Shannon Separate Property Revocable Trust dated May 29, 1996, the hereinafter described property:

Lot 71, "FIRST ADDITION TO ALVERSON'S CAMPING TRACTS ON GUEMES ISLAND", as per plat recorded in Volume 4 of Plats, Page 40, Records of Skagit County, Washington, together with an undivided 1/22 interest in and to "Tidelands of the second class

situated in front of, adjacent to or abutting upon Government Lot 1,
Section 36, Township 36 North, Range 1 East, W.M.

Situate in the County of Skagit, State of Washington.

Tax Parcel No. P61771.

3. On February 15, 2019, George D. Shannon, also known as George David Shannon, the Trustee of the Trust, the same person as the decedent mentioned in the attached certified copy of Certificate of Death, died.

4. The Trust provides that upon the death of George D. Shannon, Martha V. Shannon thereupon became the Successor Trustee of said Trust, and Martha V. Shannon having accepted the office of Successor Trustee, is now the qualified and acting Successor Trustee of said Trust.

5. The property hereinabove mentioned is situated in the County of Skagit, State of Washington, and is commonly described as 5177 Guemes Island Road, Anacortes, WA 98221.

Dated: 04-02, 2019

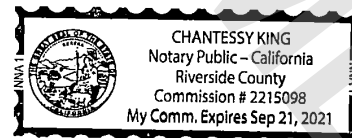
Martha V. Shannon
MARTHA V. SHANNON

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)
) ss
COUNTY OF RIVERSIDE)

Subscribed and sworn to (or affirmed) before me on this 2nd day of April, 2019, by MARTHA V. SHANNON, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052019033351

CERTIFICATE OF DEATH

3201933002108

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
GEORGE		SHANNON	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
DAVID		86	
5. AGE Yrs.		6. SEX	
86		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
WASHINGTON		[REDACTED]	
11. EVER IN U.S. ARMED FORCES		12. MARITAL STATUS/SPR (at time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK		MARRIED	
13. EDUCATION - Highest Level (Degree)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		[X] NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BUSINESS OWNER		WHITE	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		18. YEARS IN OCCUPATION	
HYDRAULICS		62	
20. DECEDENT'S RESIDENCE (Street and number, or location)			
72480 ROLLING KNOLL DRIVE			
21. CITY		22. COUNTY/PROVINCE	
PALM DESERT		RIVERSIDE	
23. ZIP CODE		24. YEARS IN COUNTY	
92260		20	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
CALIFORNIA		MARTHA SHANNON, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/SPOB - FIRST	
72480 ROLLING KNOLL DRIVE, PALM DESERT, CA 92260		MARTHA	
29. MIDDLE		30. LAST (BIRTH NAME)	
VIRGINIA		JONES	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE	
GEORGE		-	
33. LAST (BIRTH NAME)		34. BIRTH STATE	
SHANNON		USA-UNK	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
ELSIE		-	
37. LAST (BIRTH NAME)		38. BIRTH STATE	
[REDACTED]		USA-UNK	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
02/20/2019		RESIDENCE OF MARTHA SHANNON	
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER	
CR/RES		NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
-		ROSE MORTUARY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD 2058		CAMERON KAISER, MD	
47. DATE mm/dd/yyyy		48. DATE mm/dd/yyyy	
02/20/2019		02/20/2019	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
EISENHOWER MEDICAL CENTER		[X] IP [] ER/OP [] DCA [] Hospice [] Home [] LTC [] Other	
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		104. CITY	
39000 BOB HOPE DRIVE		RANCHO MIRAGE	
105. CAUSE OF DEATH		106. DEATH REPORTED TO CORONER?	
HYPOXIA		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
107. IMMEDIATE CAUSE (Final disease or condition resulting in death)		108. DEATH REPORTED TO CORONER?	
CARDIOPULMONARY ARREST		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. ACUTE RESPIRATORY FAILURE		110. AUTOPSY PERFORMED?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. SYSTOLIC CONGESTIVE HEART FAILURE		112. USED IN DETERMINING CAUSE?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CARDIOMYOPATHY, PAROXYSMAL VENTRICULAR TACHYCARDIA, PNEUMONIA			
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 113? (If yes, list type of operation and date)			
NO			
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
JOHN WILLIAM PHILLIP M.D.		A114261	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. DATE mm/dd/yyyy	
JOHN WILLIAM PHILLIP M.D., 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270		02/20/2019	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH: 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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> LINK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
02/20/2019		[REDACTED]	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	
100001004126790		010001004126790	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

DATE ISSUED **Feb 21, 2019**

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

This copy is not valid unless prepared on an engraved border, displaying the date, seal, and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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