

202111220098

11/22/2021 04:00 PM Pages: 1 of 4 Fees: \$206.50
Skagit County Auditor

After recording mail to:

Stiles & Lehr Inc., P.S.
P.O. Box 228 / 925 Metcalf Street
Sedro-Woolley, WA 98284

Grantor: A. Joan Iwan, Trustee of The Iwan Trust dated February 9, 2005 as restated on July 8, 2020
Grantee: Robert Iwan, as his own separate property
Legal: LOTS 18 AND 19, EXCEPT SOUTHWESTERLY 17 FEET OF LOT 19, DEWEY BEACH ADDITION, NW QUARTER SECTION 19, TOWNSHIP 34, RANGE 02
Tax Parcel #: P64999 / 3900-000-019-0004

QUIT CLAIM DEED

The Grantor, A. JOAN IWAN, TRUSTEE OF THE IWAN TRUST dated February 9, 2005 as restated on July 8, 2020 for and in consideration of Transfer out of the Trust, conveys and quit claims unto ROBERT IWAN, as his own separate property, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the Grantor therein:

Lots 18 and 19 EXCEPT the southwesterly 17 feet of Lot 19, "Dewey Beach Addition", according to the plat recorded in Volume 6 of Plats, page 17, records of Skagit County, Washington.

Situated in Skagit County, Washington.

SKAGIT COUNTY WASHINGTON
REAL ESTATE EXCISE TAX

2021-9347
NOV 22 2021

Dated 11/19/21, 2021

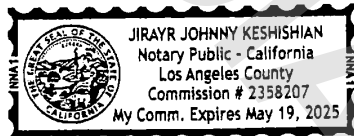
Amount Paid \$ 0
By [Signature] Skagit Co. Treasurer
Deputy

A. Joan Iwan
A. Joan Iwan, Trustee of The Iwan Trust,
dated February 9, 2005 as restated on
July 8, 2020, Grantor

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

On this day personally appeared before me **A. Joan Iwan, Trustee of The Iwan Trust, dated February 9, 2005 as restated on July 8, 2020**, who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN UNDER my hand and official seal this 19th day of November, 2021




NOTARY PUBLIC in and for the
State of California, residing at

Sierra Madre
Commission Expires: 5/19/2025

REAL ESTATE EXCISE TAX ADDENDUM

Skagit Co. Tax Parcel P64999 / 3900-000-019-0004:

Lots 18 and 19 EXCEPT the southwesterly 17 feet of Lot 19, "Dewey Beach Addition", according to the plat recorded in Volume 6 of Plats, page 17, records of Skagit County, Washington.

Situated in Skagit County, Washington.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY OF PASADENA

PUBLIC HEALTH DEPARTMENT

3052020252871

CERTIFICATE OF DEATH

3202063001311

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
WILFRED		DEAN	
3. LAST (Family)		4. DATE OF BIRTH	
IWAN		mm/dd/yyyy	
5. AGE Yrs.		6. SEX	
85		M	
7. DATE OF DEATH		8. HOUR (24 hours)	
10/29/2020		2232	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SDP (at time of death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level (Degrees)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)	
DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
PROFESSOR		UNIVERSITY	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. YEARS IN OCCUPATION	
UNIVERSITY		41	
18. DECEDENT'S RESIDENCE (Street and number, or location)		19. YEARS IN RESIDENCE	
405 ADAMS ST		41	
20. CITY		21. COUNTY/PROVINCE	
SIERRA MADRE		LOS ANGELES	
22. ZIP CODE		23. YEARS IN COUNTY	
91024		82	
24. STATE/FOREIGN COUNTRY		25. YEARS IN STATE	
CA		41	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)	
ALTA JOAN IWAN, SPOUSE		405 ADAMS ST, SIERRA MADRE, CA 91024	
28. NAME OF SURVIVING SPOUSE/SDP - FIRST		29. MIDDLE	
ALTA		JOAN	
30. LAST (BIRTH NAME)		31. BIRTH STATE	
GISH		TX	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE	
WILFRED		AUGUST	
34. LAST (BIRTH NAME)		35. BIRTH STATE	
IWAN		CA	
36. NAME OF MOTHER/PARENT - FIRST		37. MIDDLE	
DOROTHY		SARAH ANNA	
38. LAST (BIRTH NAME)		39. BIRTH STATE	
[REDACTED]		CA	
40. DISPOSITION DATE		41. PLACE OF FINAL DISPOSITION	
11/13/2020		LOS ANGELES NATIONAL CEMETERY	
42. TYPE OF DISPOSITION		43. LICENSE NUMBER	
CR/BU		FD221	
44. NAME OF FUNERAL ESTABLISHMENT		45. SIGNATURE OF LOCAL REGISTRAR	
DOUGLASS & ZOOK FUNERAL AND CREMATION SERVICES		YING-YING GOH, MD	
46. DATE		47. DATE	
11/10/2020		11/10/2020	
48. PLACE OF DEATH		49. IF HOSPITAL, SPECIFY ONE	
HUNTINGTON MEMORIAL HOSPITAL		<input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> OUTPATIENT <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
50. COUNTY		51. CITY	
LOS ANGELES		PASADENA	
52. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		53. CITY	
100 W CALIFORNIA BLVD		PASADENA	
54. CAUSE OF DEATH		55. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CEREBRAL VASCULAR ACCIDENT		56. DEATH REPORTED TO CORONER?	
57. CAROTID STENOSIS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
58. HYPERTENSION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		60. USED IN DETERMINING CAUSE?	
HYPERLIPIDEMIA, MELANOMA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		62. IF FEMALE, PREGNANT AT LAST YEAR?	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
63. SIGNATURE AND TITLE OF CERTIFIER		64. LICENSE NUMBER	
JOSEPH JAMES PACHOREK M.D.		G61061	
65. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		66. DATE	
JOSEPH JAMES PACHOREK M.D.		11/03/2020	
67. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		68. DATE	
JOSEPH JAMES PACHOREK M.D.		11/03/2020	
69. MANNER OF DEATH		70. INJURED AT WORK?	
<input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
71. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		72. INJURY DATE	
[REDACTED]		[REDACTED]	
73. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		74. HOUR (24 hours)	
[REDACTED]		[REDACTED]	
75. LOCATION OF INJURY (Street and number, or location, and city, and zip)		76. SIGNATURE OF CORONER/DEPUTY CORONER	
[REDACTED]		[REDACTED]	
77. DATE		78. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
[REDACTED]		[REDACTED]	
79. STATE REGISTRAR		80. FAX AUTH.#	
A B C D E		[REDACTED]	
81. CENSUS TRACT		82. CENSUS TRACT	
[REDACTED]		[REDACTED]	

This is to certify that this document is a true copy of the official record filed with the City of Pasadena.

YING-YING GOH, MD
HEALTH OFFICER

DATE ISSUED
NOV 12 2020

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



000473087

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE