



202402150015

02/15/2024 09:38 AM Pages: 1 of 7 Fees: \$309.50  
Skagit County Auditor

Document Title:

Affidavit Death of Trustee and Change of Trustee

Reference Number :

Grantor(s):

additional grantor names on page \_\_\_\_.

1. Barber Family Trust, Dated August 4, 2000

2.

Grantee(s):

additional grantee names on page \_\_\_\_.

1. John Paul Gostanian

2. Leonard Wheeler and Heather Wheeler

Abbreviated legal description:

full legal on page(s) \_\_\_\_.

Lot 21, "CLEARIDGE, DIV. 1," as per plat recorded in Volume 12 of Plats, pages 76, 77, 78 and 79, records of Skagit County, Washington.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page \_\_\_\_.

4410-000-021-0001

**RECORDING REQUESTED BY:**

**AND WHEN RECORDED MAIL TO:**

HEATHER WHEELER  
15337 RIVERSIDE DRIVE  
APPLE VALLEY, CA 92307

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**AFFIDAVIT DEATH OF TRUSTEE AND CHANGE OF TRUSTEE**  
(California Probate Code §18105)

STATE OF CALIFORNIA )  
 )ss  
COUNTY OF SAN BERNARDINO )

We, **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER**, of legal age, being first duly sworn, depose and say:

1. That the Trustors, **BRUCE E. BARBER A.K.A. BRUCE EDWARD BARBER** and **DORIS M. BARBER A.K.A. DORIS MARY BARBER** executed a Declaration of Trust, known as the **BARBER FAMILY TRUST, DATED AUGUST 4, 2000**.

2. That **DORIS M. BARBER A.K.A. DORIS MARY BARBER**, the decedent mentioned in the attached certified copy of Certificate of Death, which is incorporated herein by reference, is the same person as **DORIS M. BARBER A.K.A. DORIS MARY BARBER**, the Trustee named in that Trust, died January 30, 2015.

3. That **BRUCE E. BARBER A.K.A. BRUCE EDWARD BARBER**, the decedent mentioned in the attached certified copy of Certificate of Death, which is incorporated herein by reference, is the same person as **BRUCE E. BARBER A.K.A. BRUCE EDWARD BARBER**, the Trustee named in that Trust, died October 6, 2023.

4. The trust states that upon the failure, refusal or inability of **BRUCE E. BARBER A.K.A. BRUCE EDWARD BARBER** to act as Trustee, then **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER** the Named Successor Co-Trustees, shall act as Co-Trustees.

5. We, **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER**, are the Successor Co-Trustees under the above-referenced Trust. The Trust was in effect at the time of the death of the Decedents mentioned in paragraphs 2 and 3 above, and has not been revoked.

6. The Trust has an interest in real property situated in the County of Skagit, State of Washington as follows:

Lot 21, "CLEARIDGE, DIV. 1," as per plat recorded in Volume 12 of Plats, pages 76, 77, 78 and 79, records of Skagit County, Washington.

Commonly known as: 4436 Blakely Drive, Anacortes, WA 98221 (APN: 4410-000-021-0001

CLIENT PROVIDED LEGAL DESCRIPTION - NO INDEPENDENT RESEARCH PERFORMED BY CALDWELL, KENNEDY & PORTER

**ACCEPTANCE**

7. By our signatures hereto, We, **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER**, consent to serve as Successor Co-Trustees and agree to accept title to the Trust Estate as Successor Co-Trustees. We, **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER**, accept the Trust and all of its terms as provided in **BARBER FAMILY TRUST, DATED AUGUST 4, 2000**.

8. That the Co-Trustees have the power and the right to administer and manage the Trust pursuant to the terms of the Trust which include, inter alia, the following powers:

- a. The power to hold Trust property in the Successor Co-Trustee's name as Successor Trustee under the Trust, or in the Successor Trustee's own name, or in the name of a nominee.
- b. The power to manage, control, sell, exchange, lease, loan, improve, repair, and encumber the Trust property.
- c. The power to make investments in stocks, bonds, real estate, deeds of trust, notes and other investments.
- d. The power to acquire, maintain, and deal with life insurance and other types of insurance.
- e. The power to open, manage and close accounts at banks, savings and loan associations, investment companies, stock brokerages and other financial institutions; and by the separate signature of either Trustee, acting alone, to take any action on behalf of the Trust with respect to any such accounts, including but not limited to negotiating, making, endorsing or transferring any checks or other instruments, including stocks, bonds, commodities, securities, and investments of every kind and buying, selling, trading and dealing in securities of every nature.

**NOTICE**

9. **JOHN PAUL GOSTANIAN, LEONARD WHEELER** and **HEATHER WHEELER** are now the acting Successor Co-Trustees of the **BARBER FAMILY TRUST, DATED AUGUST 4, 2000**.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on January 18, 2024, at Victorville, California.

**BARBER FAMILY TRUST, DATED AUGUST 4, 2000.**

  
\_\_\_\_\_  
**JOHN PAUL GOSTANIAN**, Successor Co-Trustee





STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

3052023226596

CERTIFICATE OF DEATH

3202336012250

Form with sections: DECEASED PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSAL/PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PREVIOUS CERTIFICATION, CORONER'S USE ONLY. Includes fields for name (BRUCE EDWARD BARBER), date of death (10/06/2023), cause of death (PARKINSONS DISEASE), and registrar information.

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

SS

DATE ISSUED

NOV 13 2023

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

MICHAEL A. SEQUEIRA, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH  
351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH 3201536001017

Form with fields for: DECEASED'S PERSONAL DATA (Name: DORIS MARIE BARBER, Age: 85, Birth: 01/30/2015), USUAL RESIDENCE (17420 LA JUNTA STREET, HESPERIA), INFORMANT (BRUCE EDWARD BARBER, HUSBAND), SPONSOR AND PARENT INFORMATION (MARY), FUNERAL DIRECTOR (DESSERT VIEW FUNERAL HOME), PLACE OF DEATH (RESIDENCE/HOSPICE), CAUSE OF DEATH (GLOBLASTOMA MULTIFORME), PHYSICIAN'S CERTIFICATION (AQUEELAH HAQQ RICHMOND, M.D.), and CORONER'S USE ONLY.

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED  
FEB 23 2015

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

Signature: Maxwell Ohikhuare  
MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

Barcode: 01001002850209  
\* 0 0 2 3 6 8 1 9 5 \*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

