



201708070060

Skagit County Auditor
8/7/2017 Page

1 of

\$77.00
4 11:47AM

WHEN RECORDED RETURN TO:

MARTORANA & BEVIER
A PROFESSIONAL LAW CORPORATION
2479 Sunrise Blvd.
Gold River, California 95670

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF CALIFORNIA)
) ss
COUNTY OF PLACER)

I, STARR J. DEHN, of legal age, being first duly sworn, deposes and says:

That GAYLE HAPPY DEHN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GAYLE HAPPY DEHN, named as a Trustee in that certain TRUSTEE'S QUITCLAIM DEED dated May 20, 2006, executed by WILLIAM T. DEHN, successor Trustee of the DEHN FAMILY TRUST dated June 8, 1986, recorded as Document 200606010153 on June 1, 2006, in Official Records of SKAGIT County, WASHINGTON, covering the following described property situated in the said County, State of WASHINGTON:

Tract 14, "Fred Strell's West Beach Tracts", according to the Plat recorded in Volume 5 of Plats, page 22, records of Skagit County, Washington

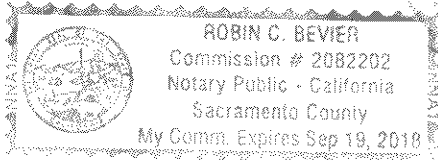
Parcel ID: P65530
6238 W. Shore Rd.
Anacortes, WA 98221

Starr J. Dehn
STARR J. DEHN

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 PLACER)

Subscribed and sworn to (or affirmed) before me on this 19 day of June,
2017, by STARR J. DEHN, proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me. to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Robin C. Bevier
Notary Public in and for Said State

VERIFICATION (UNSWORN STATEMENT - CODE OF CIVIL PROCEDURE 2015.5)

I declare under penalty of perjury under the laws of the State of California [that I am the declarant in the foregoing notice,] that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

Dated: _____

6-19-17

Signed: _____


STARR J. DEHN

UNOFFICIAL DOCUMENT

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL STATISTICS COUNTY OF PLACER

AUBURN, CALIFORNIA 95603

CERTIFICATE OF DEATH

3201631000997

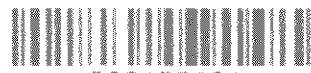
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GAYLE		3. LAST (Family) DEHN	
2. MIDDLE HAPPY		4. AGE Yrs. Mths. Ds. 60	
5. SEX F		6. SEX	
9. BIRTH STATE/FOREIGN COUNTRY WA		12. MARITAL STATUS (at time of death) MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy 04/02/2016	
11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		8. HOUR (24 hour) 1145	
13. EDUCATION - Highest Level Reached BACHELOR		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
14. WAS DECEDENT HISPANIC/LATINO/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for legal 21 yrs. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
19. YEARS IN OCCUPATION 33		20. DECEDENT'S RESIDENCE (Street and number, or location) 1567 MISTY WOOD DRIVE	
21. CITY ROSEVILLE		22. COUNTY/PROVINCE PLACER	
23. ZIP CODE 95747		24. YEARS IN COUNTY 25	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP STARR DEHN, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number, or care, route number, city or town, state and zip) 1567 MISTY WOOD DRIVE, ROSEVILLE, CA 95747		28. NAME OF SURVIVING SPOUSE/PROX STARR	
29. MIDDLE JAMISON		30. LAST (BIRTH NAME) DEHN	
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE HARRISON	
33. LAST HAPPY JR		34. BIRTH STATE WA	
35. NAME OF MOTHER/PARENT - FIRST JOANN		36. MIDDLE [REDACTED]	
37. LAST (BIRTH NAME) [REDACTED]		38. BIRTH STATE WA	
39. DISPOSITION DATE mm/dd/yyyy 04/07/2016		40. PLACE OF FINAL DISPOSITION RES: STARR DEHN 1567 MISTY WOOD DRIVE, ROSEVILLE, CA 95747	
41. TYPE OF DISPOSITION CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT TRIDENT SOCIETY	
45. LICENSE NUMBER ED1909		46. SIGNATURE OF LOCAL REGISTRAR ROBERT LEE OLDHAM, MD	
47. DATE mm/dd/yyyy 04/06/2016		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hosp <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY PLACER		105. ADDRESS OF LOCATION WHERE FOUND (Street and number, apartment) 1567 MISTY WOOD DRIVE	
106. CITY ROSEVILLE		107. CAUSE OF DEATH STAGE IV ADENOCARCINOMA OF THE LUNG	
108. ICD-10 PERICUTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. TIME INTERVAL BETWEEN DEATH AND DATE 6 YRS	
110. ICD-10 PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVEALING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. IF FEMALE, PRECINCT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSED LISTED Decedent's Attended Since: mm/dd/yyyy Decedent Last Seen Alive: mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER KRISTIE A BOBOLIS M.D.	
116. LICENSE NUMBER G58258		117. DATE mm/dd/yyyy 04/06/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE KRISTIE A BOBOLIS M.D. 2 MEDICAL PLAZA # 200, ROSEVILLE, CA 95661		119. I CERTIFY THAT WITH MY OWN EYES I OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSED LISTED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		121. BIRTH DATE mm/dd/yyyy	
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)		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		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#	
A B C D E		CENSUS TRACT	
010501603214752			

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

DATE ISSUED

04/11/2016



000473191

Robert L. Oldham MD

ROBERT L. OLDHAM, MD
HEALTH OFFICER AND LOCAL REGISTRAR

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



CAPLACEROJ