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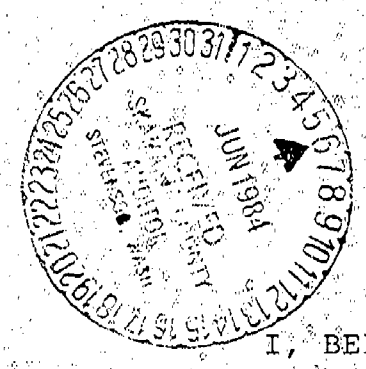

AFFIDAVIT OF SURVIVING SPOUSE

AS TO COMMUNITY PROPERTY

I, BERNICE E. WOCHNICK, being first duly sworn on oath, deposes and states that I am the surviving spouse of Joseph J. Wochnick, who died testate on April 3, 1984, as indicated by the death certificate attached hereto as Exhibit "A", and the true copy of his Last Will and Testament attached hereto as Exhibit "B", which has not been filed for probate. Joseph J. Wochnick died in Portland, Oregon as indicated on Exhibit "A", and prior to his death we resided together at 0541 S.W. Florida, Portland, Oregon 97219. There was one child that survived my husband, Robert J. Wochnick, as indicated in Exhibit "B". The only real property in the State of Washington in which he had an interest in at the time of his death was a parcel in Skamania County, Washington, described as follows:

> All that portion of the Southeast Quarter of the Southeast Quarter of Section 26, T4 North, Range 7 E.W.M., lying northeasterly of the center of the channel of Wind River; save and except that portion thereof lying North and East of the road crossing the above described property and known as Wind River Road.

which we own as community property or as joint tenants with right of survivorship. The value of the 4 bedroom home and property is $93,000.00, which is the current assessed value. All of the debts of last illness and death have been paid, except for an ambulance bill in the sum of $403.00, on which I am waiting to

find out how much Medicare will pay and then pay the balance. My husband and I own real property in the State of Oregon, but there is no inheritance tax due the State of Oregon, and I do not anticipate filing Exhibit "B" for probate in the State of Oregon, or any other state.

Bernice E. Wochnick
Bernice E. Wochnick

STATE OF WASHINGTON)
) ss.
County of Clark)

On this day personally appeared before me BERNICE E. WOCHNICK, to known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the purposes therein mentioned.

GIVEN under my hand and official seal this 25th day of May, 1984.

Notary Public in and for the State of Washington, residing at Battle Ground

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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

CERTIFICATE OF DEATH

TYPE OR PRINT IN: PERMANENT BLACK INK — FOR INSTRUCTIONS, SEE HANDBOOK

Local File Number

State File Number

DECEDENT

1 DECEASED—NAME (First, Middle, Last): JOE aka JOSEPH JOHN WOCHNICK

2 DATE OF DEATH (month, day, year): April 3, 1984

3 RACE (White, Black, American Indian, etc.) (specify): White

4 SEX: Male

5a AGE—Last birthday (years): 64

5b Under 1 year: mos. / days

5c Under 1 day: hours / min.

6 DATE OF BIRTH (month, day, year): August 14, 1919

7a CITY, TOWN OR LOCATION OF DEATH: Portland

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Emanuel Hospital

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient [Specify]: Inpatient

7d COUNTY OF DEATH: Multnomah

8 STATE OF BIRTH (If not in U.S.A. name country): Oregon

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Bernice E.

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? [Specify Yes or No]: No

13 SOCIAL SECURITY NUMBER: 543-03-4441

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): President & Owner

14b KIND OF BUSINESS OR INDUSTRY: Transfer and Delivery Co.

15a RESIDENCE—STATE: Oregon

15b COUNTY: Multnomah

15c CITY, TOWN, OR LOCATION: Portland

15d STREET AND NUMBER OR R.F.D., ZIP: 0541 S.W. Florida 97219

15e Inside City Limits (specify yes or no): yes

16 FATHER—NAME (first, middle, last): Joseph Sylvester Wochnick

17 MOTHER—NAME (first, middle, last, Maiden Name): Margaret Wochnick Emig

18 INFORMANT—NAME and relationship to deceased: Bernice E. Wochnick, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (specify): Entombment

19b CEMETERY OR CREMATORY—NAME: Riverview Abbey Mausoleum

19c LOCATION (city or town, state): Portland, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: Charles Hill

20b NAME AND ADDRESS OF FACILITY: Riverview Abbey Funeral Home 0319 S.W. Taylors Ferry Rd. Portland, Oregon 97219

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated.

21a [Signature]: James M. Kern MD

21b DATE SIGNED (Mo., Day, Yr.): 4/5/84

21c HOUR OF DEATH: 1300 M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): James M. Kern MD Metropolitan Clinic P.C. 265 North Broadway Portland, OR

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): APR 9 1984

22b REGISTRAR [Signature]: Arthur W. Bloom

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

PART I

(a) Cardiac Arrest — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute Myocardial Infarction — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(c) Arteriosclerotic Heart Disease — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Diabetes Mellitus

AUTOPSY (Specify Yes or No): 24 No

WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): 25 Yes

26a ACCIDENT (Specify Yes or No):

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY: M

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No):

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO. — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL - VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF MULTNOMAH

Date APR 9 1984

45-2 REV. 12-83

This is to certify that the foregoing is a reproduction of the original record which was filed with the Multnomah County Department of Human Services.

SEAL

Arthur W. Bloom
REGISTRAR OF VITAL STATISTICS

Exhibit "A"

CS-82/61S

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Last Will and Testament

OF

JOSEPH J. WOCHNICK

I, JOSEPH J. WOCHNICK, being of sound and disposing memory and not acting under duress, fraud or undue influence of any person or persons whomsoever and being of legal age, do make, publish and declare this my Last Will and Testament, revoking all others.

FIRST: I nominate and appoint as my Personal Representative my wife, BERNICE E. WOCHNICK, and if for any reason she cannot serve, then I nominate and appoint my son, ROBERT JOHN WOCHNICK, as my Personal Representative, and I direct that no bond be required of either as such.

SECOND: I hereby direct my Personal Representative to pay all my just debts and funeral expenses as soon as conveniently can be done after my demise.

THIRD: Not unmindful of my son, Robert John Wochnick, I give, devise and bequeath all of my estate, real, personal and mixed, to my wife, BERNICE E. WOCHNICK, to have and to hold the same forever.

FOURTH: Should my said wife predecease me, or should we perish in the same calamity or within a short time of each other, then I give, devise and bequeath all of my estate, real, personal and mixed, to my son, ROBERT JOHN WOCHNICK, to have and to hold the same forever.

FIFTH: I hereby empower my said Personal Representative to lease, encumber, sell, exchange or otherwise deal with or dispose of all my property, real or personal, or any part thereof, in such manner, at such times and upon such terms as my Personal Representative shall deem to be

Exhibit "B"

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to the best interest of my estate, such sale or other disposition to be made at public or private sale in the discretion of my Personal Representative without any reference to the order of disposition of real and personal property and without any petition, citation, hearing, order, or any other action.

IN WITNESS WHEREOF, I have hereunto set my hand at Portland, Oregon, this 23rd day of ~~June~~ Feb, ~~1979~~ 1984.

____
JOSEPH J. WOCHNICK, Testator

The foregoing instrument consisting of two pages, including this page, was on the date thereof signed, sealed, published and declared by the said JOSEPH J. WOCHNICK as and for his Last Will and Testament in the presence of us who, at his request and in his presence and in the presence of each other, have subscribed our names as witnesses thereto.

____

Residing at: [illegible], Oregon

____

Residing at: Portland, Oregon

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AFFIDAVIT OF SUBSCRIBING WITNESSES

STATE OF OREGON,)
) ss.
County of Multnomah.)

We, the undersigned, being sworn, each for myself say:

On the date of the foregoing Will of JOSEPH J. WOCHNICK, in our presence said Joseph J. Wochnick signed the same and declared it to be his Last Will and Testament, whereupon, at his request and in his presence, we attested the Will by signing our names thereto.

To the best of my knowledge and belief, the said Joseph J. Wochnick was, at that time, over the age of 18 years and of sound mind.

Subscribed and sworn to before me this 23 day of Feb June, 1979. 1984

Notary Public for Oregon
My commission expires: 4-1-86

Affidavit of Subscribing Witnesses to
3- LAST WILL AND TESTAMENT OF JOSEPH J. WOCHNICK.