Last Will and Testament

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HENRY BONIN

KNOW ALL MEN BY THESE PRESENTS:

THAT I, HENRY BONIN, residing in Anchorage, State of Alaska, being in good health, of sound and disposing mind and memory, and over the age of eighteen (18) years, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all previous Wills and Codicils heretofore made by me.

I.

I hereby appoint my Wife, MARY JANE BONIN, of Anchorage, Alaska, my Personal Representative to administer my estate under this, my Last Will and Testament.

II.

I direct that no proceedings be had in the Superior Court, Probate Division, in relation to the settlement of my Estate other than the probate of this, my Last Will and Testament, and those proceedings determined by my Personal Representative to be necessary under the Probate Code for the disposition of the assets in my Estate.

III.

I hereby direct that all of my legal debts, medical expenses of my last illness, funeral expenses, costs and expenses of administration be paid by my Personal Representative. I hereby authorize my Personal Representative to make whatever arrangements she deems most expedient with respect to the settlement of debts, claims and expenses owing by me and my Estate. However, nothing herein shall accelerate or cause the

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SKAMANIA CO. WASH
BY MT. ADAMS TITLE
MAY 5 2 27 PM '89
E Mayfield
RECORDER
GARY H. OLSON

Henry Bonin

acceleration of the maturity of any indebtedness owed by me at the time of my death, nor shall it be construed to require or authorize the prepayment of any indebtedness owed by me at the time of my death and not then due; but such prepayment of any indebtedness owed by me at the time of my death shall be solely at the discretion of my Personal Representative.

IV.

My Personal Representative shall have the authority and discretion to question the levy of any tax; to pay any such tax without questioning the propriety of such levy; or to litigate, compromise or settle any such tax. The determination of my Personal Representative, or her action in questioning, litigating, compromising, settling or paying any such tax, shall be binding upon all my heirs, devisees, legatees and beneficiaries under this, my Last Will and Testament.

V.

My Personal Representative, in her discretion, may arrange for extension of time for the payment of estate and inheritance taxes, or may postpone the payment of such taxes upon future interests until the time possession thereof accrues to the beneficiary or beneficiaries. Any interest or penalty incurred on those taxes, whether or not resulting from the extension or postponement, shall be paid as provided in this Will.

VI.

All the rest and residue of my property which I own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever located, including all property which I acquire or become entitled to after the execution of this Will, including all lapsed legacies

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and devises, I give, devise and bequeath unto my beloved Wife, MARY JANE BONIN, if my spouse survives me by as much as thirty (30) days. In the event she predeceases me or fails to survive me by as much as thirty (30) days, then all the rest and residue of my property which I own at the time of my death, real, personal and mixed, tangible and intangible, of whatsoever nature and wheresoever located, including all property which I acquire or become entitled to after the execution of this Will, including all lapsed legacies and devises, shall be divided into as many equal shares as there are children of mine then living and children of mine then deceased with issue then living, and I devise and bequeath one share to each living child of mine and one share to the living issue, collectively, of each deceased child of mine, such issue to take by right of representation.

VII.

I hereby grant to my Personal Representative the continuing, absolute discretionary power to deal with any property, real or personal, held in my Estate as freely as I might in handling my own affairs. Such power may be exercised independently and without the prior approval of any judicial authority. My Personal Representative shall have, except as otherwise expressly provided herein, all the powers, duties, and responsibilities conferred upon personal representatives by the laws of the State of Alaska, as existing at the time of the execution of this Will and as those laws may be amended from time to time to enlarge the powers, duties, and responsibilities conferred upon my Personal Representatives.

Henry Bonin

VIII.

During the administration of my Estate, my Personal Representative may permit any beneficiary to have the use, possession and enjoyment, without charge, of any real estate or tangible personal property devised, bequeathed or ultimately distributable to said person so long as he lives; and if he dies before his right to said property becomes absolute, or before said property is distributed to him neither he nor his Estate shall be held liable for any loss, destruction, damage, depreciation or waste of said property except through the fault or neglect of the beneficiary. Neither the existence nor exercise of this power shall be deemed a constructive or actual distribution of the property to which it relates.

IX.

My Personal Representative shall not be liable for mistake of law or of fact, for errors of judgment, or for loss to any beneficiary hereunder or to any other person, except in the case of dishonesty, fraud or willful misconduct on the part of the Personal Representative to be charged.

X.

If, and in the event MARY JANE BONIN should resign, refuse to serve or otherwise fail to qualify as Personal Representative hereunder, or having qualified as Personal Representative, shall fail to continue serving for any reason, then DUSTE ED BONIN shall serve as substitute Personal Representative.

If, and in the event DUSTE ED BONIN should resign, refuse to serve or otherwise fail to qualify as Personal Representative hereunder, or having qualified as Personal Representative, shall fail to continue serving for any reason, then DARNAY COLEEN FRANCO shall serve as substitute Personal Repre-

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sentative. If, and in the event the named Personal Representatives should resign, refuse to serve, or otherwise fail to qualify hereunder, or, having qualified as Personal Representative hereunder, shall fail to continue serving for any reason, then a new Personal Representative shall be named by the Presiding Judge of the Superior Court then sitting in Anchorage, Alaska, acting in his individual capacity. The qualification and appointment of the said successor Personal Representative shall be within the sole discretion and judgment of the said Presiding Judge.

XI.

The Personal Representative named in or appointed in connection with this Will shall not be required to furnish bond or other security.

The Personal Representative named herein, and all substitute Personal Representatives, shall be entitled to a reasonable compensation for their services and shall further be entitled to reimbursement for any reasonable expenses incurred on behalf of the administration of my Estate. These fees and expenses may be paid out of either the income or corpus of my estate.

XII.

If any of the provisions of this Will are held invalid, the invalidity of those provisions shall not affect any of the remaining provisions, it being my intention that each of the provisions shall be independent of each of the others, so that all valid provisions shall be strictly enforced, irrespective of the invalidity of any other provision.

Henry Bonin

XIII.

Words of the masculine gender as used in this Will include the feminine and the neuter and, when the sense so indicates, words of the neuter gender may refer to any gender.

XIV.

If my Wife, all my lineal descendants and other persons who would be entitled to a portion of my estate by virtue of a provision of this Will predecease me or die prior to the expiration of any specified survival period, then all assets of my Estate held by my Personal Representative shall be distributed to those persons who would have inherited from me if I had died immediately after the death of my last surviving lineal descendant and my Wife in accordance with the laws of intestate succession then in effect in the State of Alaska.

XV.

Although my Wife and I are executing our respective Wills at or about the same time, they are not intended to be, and shall not be construed to be, contractual, even though certain provisions are reciprocal. Each Will shall be subject to revocation by its maker.

IN TESTIMONY WHEREOF, I have hereunto signed my name in the presence of Eileen E. Hamilton, and Lucia L. Peterson, WITNESSES; who, at my request and in my presence, and in the presence of each other, sign their names as Witnesses this 29th day of November, 1979.

HENRY BOWIN
Testator

THE FOREGOING INSTRUMENT, consisting of 8 pages, was SIGNED, PUBLISHED and DECLARED by HENRY BONIN as his LAST WILL AND TESTAMENT, in the presence of the undersigned Attesting Witnesses, who, at his request and in his presence and in the presence of each other, sign our names as such Attesting Witnesses this 29 day of Nov., 1979.

Ellen H. Hamilton, residing at 6014 East 3rd Anchorage, Alaska,

Grace L. Peterson, residing at 3127 Briarcliff Anchorage, Alaska 99504.

I, HENRY BONIN, the Testator, sign my name to this instrument this 29 day of Nov., 1979, and, being first sworn, declare to the undersigned authority that I sign it willingly, that I execute it as my free and voluntary act for the purposes expressed in it, and that I am eighteen (18) years of age or older, of sound mind, and under no constraint or undue influence.

Henry Bonin
HENRY BONIN
Testator

We, Ellen H. Hamilton, and Grace L. Peterson, the Witnesses, sign our names to this instrument, and, being first sworn, declare to the undersigned authority that the Testator signs and executes this instrument as his Last Will and that he signs it willingly, and that each of us, in the presence and hearing of the Testator, signs this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen

(18) years of age or older, of sound mind, and under no constraint or undue influence.

Elbert H. Hamilton
Witness

Grace L. Petranovich
Witness

STATE OF ALASKA)
: ss.:
THIRD JUDICIAL DISTRICT)

SUBSCRIBED, SWORN TO and acknowledged before me by HENRY BONIN, the Testator, and subscribed and sworn to before me by Elbert H. Hamilton and Grace L. Petranovich, Witnesses, this 29th day of November, 1979.

Judith A. Johnson
Notary Public in and for Alaska
My Commission expires: 3/31/80

Henry Bonin

BOOK 113 PAGE 826
STATE FILE NUMBER

Form VS-101
REV. 1-78

TYPE OR PRINT IN PERMANENT INK

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS – JUNEAU, ALASKA 99811

RECORDER S.N.O. 80-155-D

DATE RECEIVED

DECEASED

1. DECEASED NAME — First: Henry — Middle: — Last: Bonin
2. SEX: male
3. RACE (SPECIFY): white
4. DATE OF DEATH (Month, Day, Year): March 31, 1980
5. AGE – LAST BIRTHDAY: 5a. 64 YEARS
5b. UNDER 1 YEAR – Months / Days
5c. UNDER 1 DAY – Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Dec 10, 1915
7a. PLACE OF DEATH: ALASKA — RECORDING DISTRICT: Anchorage
7b. CITY, VILLAGE OR LOCATION: Anchorage
7c. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give street and number): Providence Hospital
7d. STREET AND NUMBER:
8. IF HOSP. OR INST., INDICATE – D.O.A. / OUTPATIENT / EVER RX. INPATIENT (Specify): inpatient
9. WAS DECEASED EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNKNOWN
10. LENGTH OF STAY IN ALASKA: 21 years
11. STATE OF BIRTH (If not U.S., give country): La
12. CITIZEN OF WHAT COUNTRY: USA
13. MARITAL STATUS: [ ] NEVER MARRIED [X] MARRIED [ ] WIDOWED [ ] DIVORCED
14. SURVIVING SPOUSE (If wife, give maiden name): Mary Olsen
15. SOCIAL SECURITY NUMBER: 433 03 7123
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plumbing inspector
16b. KIND OF BUSINESS OR INDUSTRY: municapality
17a. RESIDENCE – STATE: Alaska
17b. RECORDING DISTRICT OR COUNTY: Anchorage
17c. CITY, VILLAGE OR LOCATION: Anchorage
17d. INSIDE CITY LIMITS? [X] YES [ ] NO
17e. STREET AND NUMBER: 431 Fern

PARENTS

18. FATHER – NAME — First: Dominic — Middle: — Last: Bonin
19. MOTHER – MAIDEN NAME — First: Actemise — Middle: — Last: Constantine

DISPOSITION

20. INFORMANT – NAME: Mary Bonin
21. MAILING ADDRESS (Street and No. or R.F.D. No., City, State, Zip Code): Box 8 555 Anchorage, Alaska 99508
22a. [X] BURIAL [ ] CREMATION [ ] REMOVAL [ ] DONATED
22b. DATE (Month, Day, Year): 4/2/80
22c. CEMETERY OR CREMATORY – NAME AND LOCATION: Angelus Memorial Park Cemetery Anchorage, Alas
23. PERMIT ISSUED BY: Anchorage
24a. FUNERAL DIRECTOR – SIGNATURE: Dorothy E. Kehl
24b. NAME AND ADDRESS: Kehl's Forest Lawn Mortuary Box 10-1127 S Station Anchorage, Alaska 99511

CERTIFIER

25. CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE DATE AND TIME AND FROM THE CAUSES STATED
25. HOUR OF DEATH: 0835
26a. DATE PRONOUNCED DEAD (Month, Day, Year): March 31 1980
26b. HOUR: 0835
27a. SIGNATURE: [signature] — DEGREE OR TITLE: MD
27b. NAME (Type or Print): Sherman Beacham MD
27c. DATE SIGNED (Month, Day, Year): Apr 2-80
27d. MAILING ADDRESS (Street and No. or P.O. No., City, State, Zip Code): 1818 W NL BLVD Anchorage, Alaska
28a. RECORDER – SIGNATURE: Dolores N. [illegible] REGISTRAR, VITAL STATISTICS — Deputy Clerk
28b. ADDRESS: Anchorage
28c. DATE RECORDED (Month, Day, Year): 4-2-80

CAUSE

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) — SEE REVERSE SIDE
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
IMMEDIATE CAUSE (PRINT OR TYPE)
(a) Septic Cardio-Emaciation — 3½ mo
DUE TO, OR AS A CONSEQUENCE OF:
(b) Metastatic Astro cancer of Sternum
DUE TO, OR AS A CONSEQUENCE OF:
(c) Unknown Cause — 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I
30. AUTOPSY: [X] YES [ ] NO

31a. [ ] ACCIDENT [ ] HOMICIDE [ ] SUICIDE [ ] UNDETERMINED
31b. DATE OF INJURY (Month, Day, Year)
31c. HOUR
31d. DESCRIBE HOW INJURY OCCURRED
31e. INJURY AT WORK? [ ] YES [ ] NO
31f. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
31g. LOCATION – STREET AND NUMBER, CITY, VILLAGE OR LOCATION, STATE, ZIP CODE

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