

FILED IN RECORD
SKAMANIA COUNTY, WASH
BY Alice Hahn

MAY 28 1985 AM '91

P. Lowry

GARY LOWRY

Registered
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Filed, 5/28/91
Mailed

LAST WILL AND TESTAMENT

of

J. HENRY HAHN

I, J. HENRY HAHN, a resident of Stevenson, Skamania County, State of Washington, declare the following provisions to be my last will and testament:

ARTICLE I
Revocation of Prior Wills

I hereby revoke all wills and codicils previously made by me and in particular, that certain will dated June 28, 1978.

ARTICLE II
Identification of Family

I hereby declare that I am married and that my immediate family now consists of my wife, ALICE J. HAHN, and my two sons, TERRY D. HAHN and JAMES H. HAHN. I have no deceased children.

ARTICLE III
Payment of Debts

I hereby direct and order that all just debts for which proper claims are filed against my estate, and the expenses of my last illness and funeral be paid by my Executor, hereinafter named, as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

ARTICLE IV
Provisions for Wife

I have this date entered into a Community Property Agreement with my wife, ALICE J. HAHN. I hereby affirm said agreement in all respects but, if for any reason said agreement should fail, I give, devise and bequeath all of my property, both real and personal, wheresoever situate, to my wife, ALICE J. HAHN.

ARTICLE V
Alternate Specific Bequests

I may now have, or in the future may prepare a list of tangible personal property, designating the recipient of each item listed thereon. It is my intent that such writing qualify as a testamentary disposition of these items in accordance with RCW 11.12.260 as now in effect or as amended in the future.

ARTICLE VI
Specific Bequests

A. I have various bank accounts on which one or more of my children are listed as "joint tenants with right of survivorship". It is my intent in so doing that these accounts,

Testator

together with their inheritance under this will, would equalize themselves between the two children and, if that doesn't happen, then it would be my wish, although not my direction, that the Executor of my estate adjust the distribution in the estate in order that the total amount passing to each of my children from me, from whatever source, is equal.

B. If my wife should predecease me, or shall die simultaneously with me, then and in that event, I hereby give, devise and bequeath all of my estate, whether real, personal or mixed, and wheresoever situated, to my sons, TERRY D. HAHN and JAMES H. HAHN, in equal shares, per stirpes.

ARTICLE VII
Appointment of Executor

I hereby nominate and appoint my son, TERRY D. HAHN, as Executor of this my last will, to act as such without bond and without the intervention of any court, except as may be required under the laws of the State of Washington in the case of nonintervention wills. My Executor shall have full power to sell, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as to him may seem just; to select any assets of the estate in satisfaction of any partition or distribution hereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

ARTICLE VIII
Taxes

I direct that all estate, inheritance and succession taxes, if any, assessed by reason of my death, whether attributable to property passing under this will or outside of it, shall be paid out of the residue of my estate disposed of by this will without apportionment, deduction or reimbursement therefor, and without adjustment thereof among the residuary beneficiaries.

ARTICLE IX
Validity

A. If a court of competent jurisdiction rules invalid or unenforceable any of the provisions hereof, each such provision shall be disregarded, but the remainder of this instrument shall be given full force and effect. All questions pertaining to the validity, interpretation, construction and administration of this instrument shall be determined in accordance with the laws of the State of Washington.

B. Should any person mentioned in this will, or any person not mentioned in this will, endeavor by legal process or otherwise to change or alter the terms or conditions of this will, I hereby direct that in such event, such person or persons be each paid the sum of One Dollar (\$1.00) in full settlement of their claims to my estate.

ARTICLE X
Witness Affidavits

I request that the attesting witnesses to my will make an affidavit before a Notary Public stating such facts as they would be required to testify to a court to prove such will.

Testator

J. H. H.
- Page Two of Three Pages

IN WITNESS WHEREOF, I have hereunto set my hand and published and declared this my Last Will and Testament on this 10th day of August, 1989.

J. Henry Hahn
Testator

Robert K. Stark
Subscribing Witness
Residing at Stevenson, Wa.

Claudia J. Leick
Subscribing Witness
Residing at Stevenson, Wa.

STATE OF Washington) ss. AFFIDAVIT OF SUBSCRIBING WITNESSES
County of Skamania)

The undersigned, of lawful age and competent to be a witness hereof, being duly sworn, each of himself/herself, testifies as follows:

The foregoing document, consisting of three (3) pages, this being the third page, was executed in our presence by the Testator on the date it bears.

The Testator declared the document to be his Last Will and Testament and requested us to sign the same as witnesses. At the request of and in the presence of the Testator, and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses hereto.

At the time of executing the document, the Testator and both witnesses were of the age of majority and the Testator appeared to be of sound and disposing mind and not acting under duress, menace, fraud, undue influence, or misrepresentation.

Robert K. Stark
Subscribing Witness

Claudia J. Leick
Subscribing Witness

SUBSCRIBED AND SWORN to before me this 10th day of August, 1989.

Shelley A. Roche
Notary Public in and for the State of Washington, residing at Stevenson
My commission expires 8-17-91



OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 123 PAGE 443

1050-91
LOCAL FILE NUMBER

136-

State File Number

1. DECEASED'S FIRST NAME	2. MIDDLE NAME	3. LAST NAME	4. SEX	5. DATE OF DEATH (Month, Day, Year)	
John	Henry	HAHN	Male	May 2, 1991	
6. SOCIAL SECURITY NUMBER	7a. AGE - LAST BIRTHDAY (Year/8/83)	7b. Under 1 Year MOS Days Hours Minutes	7c. Under 1 Day Hours Minutes	7d. BIRTHPLACE (City and State or Foreign Country) Steel Co., MN	7e. DATE OF BIRTH (Month, Day, Year) Feb. 16, 1908
532-10-2893	83				
8. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If facility owned, give street and numbers)		11. CITY, TOWN, OR LOCATION OF DEATH		12. COUNTY OF DEATH	
Hood River Care Center		Hood River		Hood River	
13a. RESIDENCE - STATE		13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER	13e. SPOUSE (If Married, Widowed) Married
Washington		Skamania	Stevenson	75 NW Lasher	Alice J.
13f. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	13g. ZIP CODE 98648	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify	15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+)	1
17. FATHER - NAME first middle last		18. MOTHER - NAME first middle maiden	19. INFORMANT - NAME and relationship to deceased Alice Hahn, Wife		
John Wesley Hahn		Julia Margaret Johnson			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Park Hill Crematory	20c. LOCATION - City or Town, State Vancouver, WA		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>John Wesley Hahn</i>		21b. LICENSE NUMBER (Of Licensee) 1482	22. NAME, ADDRESS AND ZIP OF FACILITY GARDNER FUNERAL HOME, INC. Box 390 White Salmon, WA 98672		
23. DATE FILED (Month, Day, Year) May 13, 1991		24. REGISTRAR'S SIGNATURE <i>Dorothy P. O'Dell</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		26. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
27. TO BE COMPLETED BY CERTIFYING PHYSICIAN					
27. TIME OF DEATH 0950	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29. TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
30. DATE SIGNED (Month, Day, Year) 5-9-91					
31a. TIME OF DEATH					
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)					
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>David Hindahl, M.D.</i>					
33. DATE SIGNED (Month, Day, Year) COUNTY					
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) David Hindahl, M.D. P.O. Box 1519 White Salmon, WA 98672					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
PART I (a) <i>Cardiac respiratory arrest</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Felopthitic thrombo cytopenic purpura</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>pneumonia (which had been treated)</i> CVAC (cerebrovascular accident) 2 weeks					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.					
37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
38. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
39. If YES were findings considered in determining cause of death?					
40. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Unnatural					
41a. DATE OF INJURY (Month, Day, Year)					
41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No					
41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No					
41d. DESCRIBE HOW INJURY OCCURRED					
41e. PLACE OF INJURY - Home, farm, street, factory, office, building etc (Specify)					
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
RESERVED FOR REGISTRAR'S USE					

ORIGINAL — VITAL STATISTICS COPY

452 REV 1-89

STATE OF OREGON
COUNTY OF HOOD RIVERThis certifies that the foregoing is a correct
and complete transcript of a record of death on
file with HOOD RIVER COUNTY PUBLIC HEALTH DEPARTMENT.*Dorothy P. O'Dell*
County Registrar of Vital Statistics*May 16 1991*
DATENOT VALID WITHOUT RAISED SEAL OF
HOOD RIVER COUNTY HEALTH DEPARTMENT