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BOOK 220 PAGE 659

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SKAMANIA CO., WASH
BY Pabst & Holland

FEB 19 1 42 PM '02
AUDITOR
J. MICHAEL GARVISON

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO:

PAT L. PABST, ESQ.
900 Washington, Suite 820
Vancouver, WA 98660

CERTIFICATION OF TRUST

Grantors (Trustors):	JOHN JOSEPH REGAN and OLIVE M. ROGERS REGAN
Grantees (Trustees):	ROSLYN PETERSON and GWENDOLYN BLUE, Co-Trustees of the Regan Living Trust dated November 12, 1996
Abbreviated Legal:	N/A
Assessor's Tax Parcel #	N/A
Other Reference Nos:	N/A

I, PAT L. PABST, declare and state:

1. I am the attorney for ROSLYN PETERSON and GWENDOLYN BLUE, Co-Trustees of the Regan Living Trust dated November 12, 1996.

2. JOHN JOSEPH REGAN died on April 1, 2000. OLIVE M. ROGERS REGAN died on October 19, 2001. Copies of their death certificates are attached hereto.

3. ROSLYN PETERSON and GWENDOLYN BLUE are now serving as Co-Trustees of the Regan Living Trust dated November 12, 1996. They have all powers and authority granted to Trustees under Washington law and the Washington Trust Act as stated in Article VII which includes the power to lease, buy, sell, convey, encumber, and otherwise manage real property.

Executed at Clark County, Washington, this 12 day of February, 2002.

Pat L Pabst

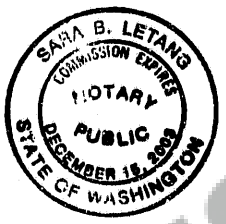
PAT L. PABST
Attorney for Roslyn Peterson and Gwendolyn Blue

PABST & HOLLAND, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 820
Vancouver, Washington 98660
(360) 693-1910 • (503) 222-9201

STATE OF WASHINGTON)
: ss.
County of Clark)

I certify that PAT L. PABST appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 12 day of February, 2002.



Sara B. Letang
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 12-15-03

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 516

STATE FILE NUMBER: 146

Field	Entry
1. Name (First, Middle, Last)	John Joseph REGAN
2. Sex (M/F)	M
3. Death Date (Mo, Day, Yr)	April 1, 2000
4. Age last birthday (Yrs)	89
7. Birthdate (Mo, Day, Yr)	7/31/1910
8. Birthplace (City, State or Foreign Country)	Portland, Oregon
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	No
10. County of Death	Clark
11. City, Town or Location of Death	Washougal
12. Place of Death	X Home — 191 Malfait Road
13. Inside city limits? (Yes/No)	Yes
14. Marital Status	Married
15. Surviving Spouse (if wife, give maiden name)	Olive Rogers
16. Social Security No.	542-03-4961
17. Decedent's Education (College 1-4 or 5+)	2
18. Usual Occupation	Saw Filer
19. Kind of Business or Industry	Lumber Company
20. Was decedent of Hispanic origin?	No
21. Race	White
22. Residence—Number and Street	191 Malfait Road
23. City/Town or Location	Washougal
24. Inside city limits?	56 yrs.
25. County	Clark
26. Length of residence in county	56yrs
26. State	WA
27. Zip Code	98671
28. Father's Name—First, Middle, Last	Cornelius Regan
29. Mother's Name—First, Middle, Maiden Surname	Ellen O'Donovan
30. Informant—Name	Olive Regan
31. Mailing Address (Street or RFD No., City or Town, State, Zip)	191 Malfait Road, Washougal, WA 98671
32. Burial, Cremation, Removal, Other	Cremation
33. Date (Mo, Day, Yr)	April 5, 2000
34. Cemetery/Crematory—Name	Killingsworth Chimes Crematory
35. Location—City/Town, State	Portland, Oregon
36. Funeral Director Signature	X [signature]
37. Name of Facility	Hennessey, Goetsch & McGee FH
38. Address of Facility	210 N.W. 17th Ave. Portland, OR. 97209

To be completed only by certifying physician

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

Signature and Title: X Larry L. Brice, M.D.

40. Date Signed (Mo, Day, Yr): 4/4/2000

41. Hour of Death (24 Hrs): 2300

42. Name and title of attending physician if other than certifier (Type or Print):

To be completed only by medical examiner or coroner

43. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and was due to the cause(s) stated.

Signature and Title: X

44. Date Signed (Mo, Day, Yr):

45. Hour of Death (24 Hrs):

46. Pronounced Dead (Mo, Day, Yr):

47. Hour Pronounced Dead (24 Hrs):

48. Name and Address of Certifier—Physician, Medical Examiner or Coroner (Type or Print): Larry Brice, M.D., 700 NE 8th Ave., Vancouver, WA 98664

49. ME/Coroner File Number:

50. Enter the diseases, injuries, or complications which caused the death.

Cause	Interval between onset and death
Immediate cause: A. Aspiration Pneumonia	
Due to, or as a consequence of: B. Multi-infarct Dementia	
Due to, or as a consequence of: C. HASCVD	
Due to, or as a consequence of: D.	

51. Other significant conditions contributing to death but not resulting in the underlying cause: Chronic Obstructive Pulmonary Disease / Atrial Fibrillation / Prostate Cancer

52. Autopsy? (Yes/No): No

53. Was case referred to medical examiner or coroner? (Yes/No): Yes

54. Acc, Suicide, Hom, Undet, or Pending Invest (Specify):

55. Injury Date (Mo, Day, Yr):

56. Hour of Injury (24 Hrs):

57. Describe how injury occurred:

58. Injury at work? (Yes/No):

59. Place of injury—at home, farm, street, factory, office bldg, etc. (Specify):

60. Location—Street or RFD No., City/Town, State:

61. Record Amendment (Registrar use only) — Item / Documentary Evidence / Reviewed by / Date

62. Registrar Signature: X Karen R Steingart, MD

63. Date Received (Mo, Day, Yr): APR 04 2000

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 116-008 (Rev 7/91)

BOOK 220 PAGE 662

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1. NAME: First: Olive Middle: Myrtle Last: REGAN
2. SEX: F
3. DEATH DATE: October 19, 2001
4. AGE LAST BIRTHDAY: 87
7. BIRTHDATE: July 3, 1914
8. BIRTHPLACE: Saskatchewan, Canada
9. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH: SW Washington Medical Center
13. SMOKING IN LAST 15 YEARS?: No
14. MARITAL STATUS: Widowed
15. SURVIVING SPOUSE:
16. SOCIAL SECURITY NO.: 541-26-2802
17. DECEDENT'S EDUCATION: College (1-4 or 5+): 3
18. USUAL OCCUPATION: Registered Nurse
19. KIND OF BUSINESS OR INDUSTRY: Health Care
20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify: No
21. RACE: White
22. RESIDENCE — NUMBER AND STREET: 191 Malfait Rd
23. CITY/TOWN, OR LOCATION: Washougal
24. INSIDE CITY LIMITS?: Yes
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO.: 56 yrs.
26. STATE: WA
27. ZIP CODE: 98671
28. FATHER'S NAME: John P. Rogers
29. MOTHER'S NAME: Rose Doucet
30. INFORMANT — NAME: Rosylyn Peterson
31. MAILING ADDRESS: 191 Malfait Rd, Washougal, WA 98671
32. BURIAL, CREMATION, REMOVAL, OTHER: Cremation
33. DATE: 10/24/01
34. CEMETERY/CREMATORY — NAME: Killingsworth Chimes Crematory
35. LOCATION — CITY/TOWN, STATE: Portland, Oregon
36. FUNERAL DIRECTOR SIGNATURE: x Richard J Cale
37. NAME OF FACILITY: Hennessey, Goetsch & McGee F.H.
38. ADDRESS OF FACILITY: 210 N.W. 17th Ave. Portland, OR. 97209

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: x Larry T. Brice, MD
40. DATE SIGNED: 10/23/2001
41. HOUR OF DEATH (24 Hrs): 2013
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: x
44. DATE SIGNED:
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD:
47. HOUR PRONOUNCED DEAD:
48. NAME AND ADDRESS OF CERTIFIER: Larry Brice, M.D., 700 NE 87th Ave., Vancouver, WA 98664
49. ME/CORONER FILE NUMBER:

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

	Cause	Interval between onset and death
A (Immediate cause)	Acute Myocardial Infarction	30 hrs.
B (Due to, or as a consequence of)	Iron Deficiency Anemia c Hct < 20%	6 weeks
C (Due to, or as a consequence of)	GI Bleed of Uncertain location	uncertain
D (Due to, or as a consequence of)		

51. OTHER SIGNIFICANT CONDITIONS: Abdominal Aortic Aneurysm / ASCVD
52. AUTOPSY?: No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER?: No
54. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST.:
55. INJURY DATE:
56. HOUR OF INJURY:
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK?:
59. PLACE OF INJURY:
60. LOCATION:
61. RECORD AMENDMENT:
62. REGISTRAR SIGNATURE: x Karen R. Steingart, MD
63. DATE RECEIVED: OCT 23 200[illegible]

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-004 (Rev. 7/01)