

FILED FOR RECORD
SKAMANIA CO. WASH
BY Floyd Cooke

FEB 21 3 24 PM '02

Garvey
AUDITOR

J. MICHAEL GARVISON

Return Address:

Floyd Cooke
PO Box 445
N. Bonneville, WA 98639

Document Title(s) or transactions contained herein:

- Abstract of Trust
- Certificate of Incumbency
- Letter from Kimberly Stutzman MD

GRANTOR(S) (Last name, first name, middle initial)

Rowe, M. E.☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Cooke, Floyd☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

No real property☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

143819
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☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax Parcel ID is not yet assigned☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

ABSTRACT OF TRUST

The undersigned hereby certifies that on the 14 day of July, 1994, he/she created a revocable Living Trust. This Trust is known as: MARGE ROWE TRUST, dated the 14 day of July, 1994; M. E. Rowe, Trustor and/or Trustee, for the benefit of the Rowe family.

IT IS AGREED BETWEEN THE PARTIES HERETO AS FOLLOWS:

Description of Trust

The parties hereto desire to confirm the establishment of a revocable Trust on the 14 day of July, 1994, and amendments thereto, for the benefit of the Trustor and containing inter alia the following provisions:

1. The Trustor is designated as the Trustee to serve until his/her death, resignation or incompetence.
2. Upon the removal of an original Trustee, the successor Trustee is (or Co-Trustees are) designated as: Floyd Cooke, PO Box 445, N. Bonneville, WA 99639, phone number (509)427-4640. The alternate successor Trustee is designated as Charlene D. Hutchison, PO Box 445, N. Bonneville, WA 99639, phone number (509)427-4640.
3. Upon the death of the Trustor, the Trust property is allocated as one (1) trust designated as Trust "A". The Trustee may make distributions in a manner as to qualify for an alternate valuation date under Internal Revenue Code §2032.
4. The Trustee has the power and authority to manage and control, buy, sell and transfer, the Trust property, in such manner as the Trustee may deem advisable, and shall have, enjoy and exercise all powers and rights over and concerning said property and the proceeds thereof as fully and amply as though said Trustee were the absolute and unqualified owner of same, including the power to grant, bargain, sell and convey, encumber and hypothecate, real and personal property, and the power to invest in corporate obligations of every kind, stocks, preferred or common, and to buy stocks, bonds and similar investments on margin or other leveraged accounts, except to the extent that such management would cause ineligibility of an Irrevocable Trust in the estate of a Trustee.
5. Following the death of the Settlor, the Trust continues or is distributed in whole or in part for the benefit of other named beneficiaries according to the terms of the Trust.

6. While the Trustor is living and competent, except when there shall be a Corporate Trustee, Trustee may add money to or withdraw money from any bank or savings and loan or checking account owned by the Trust.
7. All personal property transferred into Trust remains personal property and all real property transferred into Trust remains real property.
8. Unless otherwise indicated to a prospective transferee, the Trustor has full power to transfer assets held in the name of the Trust and subsequent transferees are entitled to rely upon such transfers, provided the chain of title is not otherwise deficient.
9. The situs of the Trust is the State of Oregon.
10. This Trust contains a spendthrift provision.
11. The use of the Abstract of Trust is for convenience only and the Trust is solely controlled as to provisions and interpretations, and any conflict between this abstract and the Trust shall be decided in favor of the Trust.

IN WITNESS WHEREOF, the parties hereto have executed this Abstract of Trust this 14 day of July, 1994.

TRUSTOR:

TRUSTEE:

M. E. Rowe
M. E. Rowe, Trustor

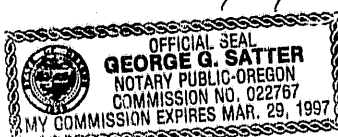
M. E. Rowe
M. E. Rowe, Trustee

STATE OF OREGON)
County of Linn) ss.

On this 14 day of JULY, 1994, before me, a Notary Public, personally appeared M. E. Rowe, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name is subscribed to this instrument, and acknowledged that he/she/they executed it.

[Signature]
NOTARY PUBLIC

My Commission Expires 7/27/97



The foregoing instrument, consisting of two (2) typewritten pages, including this page, was on the 23rd day of October, 1996, signed by the said Testatrix and published and declared to be her Last Will and Testament in the presence of us and each of us who, at her request and in her presence and in the presence of each other, now sign our names as witnesses thereto.

[Signature]
 Witness
 Residing at Stevenson, WA

Claudia J. Lisch
 Witness
 Residing at Stevenson WA

**AFFIDAVIT OF ATTESTING WITNESSES
 TO THE LAST WILL AND TESTAMENT OF
 MARGARET E. ROWE**

STATE OF WASHINGTON)
) ss
 COUNTY OF SKAMANIA)

Each of the undersigned attesting witnesses, after being sworn, on oath states:

1. **Request of Testatrix.** The Testatrix herein, requested that all the attesting witnesses make this affidavit.
2. **Execution.** The Will to which this affidavit is attached was executed by the above-named Testatrix on the 23rd day of October, 1996, at Stevenson, Washington.
3. **Declarations.** Immediately prior to execution, the Testatrix declared the document to be her Last Will and Testament and requested the undersigned witnesses to subscribe their names.
4. **Signatures.** The Testatrix signed the document in the presence of all the witnesses, and the witnesses attested the execution by subscribing their names in the presence of the Testatrix and of each other.
5. **Competency.** At the time of execution of the Will: (a) the Testatrix appeared to be of sound mind, of legal age, and acted freely without any duress or undue influence; and (b) the

M.E.R. Last Will and Testament of MARGARET E. ROWE
 (Testatrix's Initials)

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witnesses were each competent and of legal age.

Robert K. Lewis
Witness
Residing at Steverson, W.N.

Claudia J. Leick
Witness
Residing at Steverson Washington

SUBSCRIBED AND SWORN TO before me on this 23rd day of October, 1996

Frederic L. Ternehan
Notary Public in and for the State of Washington
Residing at White Salmon therein.
My commission expires: April 23, 2000.



CERTIFICATE OF INCUMBANCY

I, FLOYD COOKE, do hereby accept appointment as Trustee of the MARGE ROWE TRUST dated July 14, 1994 and do hereby agree to faithfully perform my duties as Trustee to the best of my ability. Attached hereto as Exhibit "A" is a physician's certificate that the Trustor is no longer capable of managing her financial affairs due to her mental incapacity.

Dated this 17 day of Jan, 2002.

Floyd W. Cooke
FLOYD COOKE

STATE OF WASHINGTON

County of Skamania

} ss:

The foregoing instrument was acknowledged by me on January 17, 2002, by FLOYD COOKE as Trustee of the MARGE ROWE TRUST dated July 14, 1994 as his voluntary act and deed.

Katy Jane Archer
Notary Public of Washington

NOTARY PUBLIC
STATE OF WASHINGTON
KATY JANE ARCHER
My Appointment Expires May 17, 2004

MID-COLUMBIA
FAMILY
HEALTH
CENTER



MID-COLUMBIA
FAMILY PHYSICIANS, P.S.

RAY FITZSIMMONS, M.D.

DAVID S. HINIAHL, M.D.

JAMES G. JANNEY, M.D.

KIMBERLY K. STUTZMAN, M.D.

GREGORY ZUCK, M.D.

ALICIA GIMENEZ, M.D.

R. ALLEN LAMBERGE, M.D.

CYNTHIA JANNEY, P.A.

STEVEN KOONTZ, P.A.-C

DAVE MACNALLY, P.A.-C

DEANA DAHL, FNP

212 Skyline Drive

P.O. Box 1519

White Salmon, WA

98672

509/493-2133

February 6, 2002

RE: Margaret Rowe


DOB: 03-25-12

To Whom It May Concern:

As the attending physician of Margaret Rowe, I feel that she is no longer able to manage her own financial affairs. She is currently a resident at the Hood River Care Center in recovery from recent surgery, but she also has a diagnosis of dementia and is confused enough to the point where she can't remember having surgery. She is not oriented to place or time, and I feel that it would be dangerous for her to try to maintain any of her own financial affairs.

If more information is necessary, please don't hesitate to contact my office.

Sincerely,


Kimberly Stutzman, M.D.

KS/ldk

Cc: Kenneth Woodrich
40 Cascade Avenue, #110
Stevenson, WA 98648

Cc: Charlene Hutchison
P.O. Box 475
North Bonneville, WA 98639

875 Rock Creek Dr. S.W.

P.O. Box 390

Stevenson, WA

98618

509/427-4212