

FILED FOR RECORD  
SKAMMIA CO. WASH.  
BY *Charles Taday*

SEP 8 10 26 AM '93  
*R. Lowry*

AUDITOR  
GARY M. OLSON

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117246

LAST WILL AND TESTAMENT

KNOW ALL MEN BY THESE PRESENTS, That I, CARL M. ROSENKRANZ,  
being of legal age and of sound and disposing mind and memory, and  
not acting under duress, menace, fraud, or the undue influence  
of any persons whomsoever, and having in mind the natural objects  
of my bounty, do make, publish and declare this to be my LAST WILL  
AND TESTAMENT.

FIRST: I hereby direct that my executrix hereinafter named,  
as soon as she shall have sufficient funds on hand, pay all of the  
just indebtedness against my estate.

SECOND: I hereby declare that I have one child, namely,  
KATHERINE R. GRIFFITH; and that there are no descendants of any  
deceased child of mine.

THIRD: After payment of costs of administration and death  
and inheritance taxes, if any, I hereby give, devise and bequeath  
all the residue and remainder of my estate whether real, personal  
or mixed, community or separate, and wheresoever situated, to  
my wife, ERNESTINE H. ROSENKRANZ.

FOURTH: I hereby nominate and appoint my wife, ERNESTINE H.  
ROSENKRANZ, as Executrix of this, my Last Will and Testament, to  
act as such without bond or security of any kind.

FIFTH: I direct that my estate be settled in the manner  
provided by the laws of the State of Washington relating to non-  
intervention wills and that the same shall be managed and settled,  
insofar as by such laws allowed, without the intervention of any court  
whatsoever.

SIXTH: If my wife, ERNESTINE H. ROSENKRANZ, shall predecease  
me, or shall die simultaneously with me, then and in that event,

*Carl M. Rosenkranz*  
CARL M. ROSENKRANZ  
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IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16 day of August, 1979, at Stevenson, Skamania County, State of Washington, and publish and declare this as my Last Will and Testament.

Carl M. Rosenkranz  
CARL M. ROSENKRANZ

STATE OF WASHINGTON )  
 )  
County of Skamania ) ss AFFIDAVIT OF WITNESSES

The undersigned attesting witnesses, being duly sworn, on oath, depose and state:

1. DECLARATIONS: Immediately prior to the execution of the attached document dated August 16, 1979, the Testator, CARL M. ROSENKRANZ, declared it to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names to it.

2. SIGNATURE, ATTESTATION AND SUBSCRIPTION: Immediately following his declaration the Testator signed the attached Will in the presence of the undersigned witnesses. Each of the undersigned

Carl M. Rosenkranz  
CARL M. ROSENKRANZ

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witnesses attested the execution thereof by subscribing his name thereto in the presence of the Testator and of the other subscribing witness.

3. COMPETENCY: Each of the undersigned witnesses, for himself, states that he is competent and of legal age and that the other subscribing witness and the Testator appeared to be of legal age, competent and of sound mind, and the Testator further appeared to be able fully to dispose of his estate and to be acting of his own free will and without duress.

The Testator requested that this affidavit in proof of his attached Will be made by the undersigned subscribing witnesses thereto.

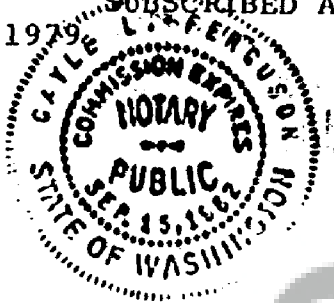
Witness:

Residing at :

Witness:

Residing at :

SUBSCRIBED AND SWORN to before me this 16th day of August, 1979



Gayle L. Ferguson  
NOTARY PUBLIC in and for the State  
of Washington, residing at Stevenson

Carl M. Rosenkranz  
CARL M. ROSENKRANZ

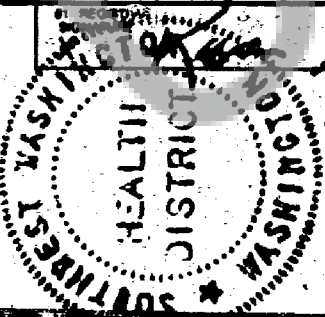
# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## STATE OF WASHINGTON DEPARTMENT OF HEALTH VITAL RECORDS CERTIFICATE OF DEATH

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LOCAL FILE NUMBER

1 NAME—FIRST, MIDDLE, LAST <b>Carl M. ROSENKRANZ</b>				2 SEX <b>Male</b>		3 DEATH DATE (Mo. Day Yr.) <b>09 Dec 1990</b>		146		STATE FILE NUMBER	
4 AGE LAST BIRTH DAY (Yr.) <b>81</b>		5 UNDER 1 YEAR MO. DATE HOURS MIN.		6 BIRTH DATE (Mo. Day Yr.) <b>1/31/1909</b>		7 BIRTH STATE (If not in USA give country) <b>Washington</b>		8 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		10 COUNTY OF DEATH <b>Klickitat</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>White Salmon</b>				12 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 CEMETERY 4 OUT-PT. 5 CHURCH 6 NURS. HOME 7 OTHER PLACE <b>Skyline Hospital</b>				13 SMOKING IN LAST 15 YEARS? (Yr. No) <b>Yes</b>			
14 MARITAL STATUS — Married Never Married Widowed <b>Married</b>		15 SURVIVING SPOUSE (If not give maiden name) <b>Ernestine H. Juday</b>				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yr. No) <b>No</b>		17 SOCIAL SECURITY NO. <b>[REDACTED]</b>		18 HIGH SCHOOL GRADUATE? (Yr. No) <b>No</b>	
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT give title) <b>Timber Faller</b>				20 KIND OF BUSINESS OR INDUSTRY <b>Logging</b>				21 Was Decedent of Hispanic Origin or descent? (Ancestry) Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc. <b>No</b>		22 RACE (Specify: White, Black, Asian or Pacific Islander, Am. Ind. or Alaska Nat., Other) <b>White</b>	
23 RESIDENCE — NUMBER AND STREET <b>4.35 Cook-Underwood Rd</b>				24 CITY/TOWN OR LOCATION <b>Cook</b>		25 POSTAL CITY LASTED? (Yr. No) <b>No</b>		26 COUNTY <b>Skamania</b>		27 STATE <b>Washington</b>	
28 ZIP CODE <b>98605</b>				29 FATHER'S NAME—FIRST, MIDDLE, LAST <b>Charles - Rosenkranz</b>				30 MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME <b>Katrina -</b>			
31 INFORMANT—NAME <b>Ernestine H. Rosenkranz</b>				32 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>4.35 Cook-Underwood Road Cook, WA 98605</b>							
33 BURIAL OR CREMATION REMOVAL OTHER (Specify) <b>Burial</b>		34 DATE (Mo. Day Yr.) <b>12/12/90</b>		35 CEMETERY/CREMATORY—NAME <b>Chris-Zada Cemetery</b>				36 LOCATION—CITY, TOWN, STATE <b>Underwood, WA</b>			
37 PLACING DIRECTOR'S SIGNATURE <i>[Signature]</i>		38 NAME OF FACILITY <b>GARDNER FUNERAL HOME, INC.</b>		39 ADDRESS OF FACILITY <b>Box 390</b>				40 ADDRESS OF FACILITY <b>White Salmon, WA 98672</b>			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
41 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> M.D.						42 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>					
43 DATE SIGNED (Mo. Day Yr.) <b>12/11/90</b>						44 HOUR OF DEATH (24 Hrs.) <b>0330</b>					
45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David Dassoff, M.D.</b>						46 HOUR OF DEATH (24 Hrs.) <b>0330</b>					
47 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>David Dassoff, M.D. Box 1519 White Salmon, WA 98672</b>											
48 PART I: BY THE UNDERLYING CAUSE(S) OR COMPLICATIONS WHICH CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.						INTERVAL BETWEEN ONSET AND DEATH					
a) <b>Stasis</b>						INTERVAL BETWEEN ONSET AND DEATH					
b) <b>Ischemic Necrosis Extremities</b>						INTERVAL BETWEEN ONSET AND DEATH					
c) <b>Peripheral Vascular disease</b>						INTERVAL BETWEEN ONSET AND DEATH					
49 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>CHF, leukemia</b>						50 AUTOPSY (Yr. No) <b>No</b>					
51 ACC. SUICIDE, NO. UNDET. OR PERSONS INVOLVED (Specify)		52 BLUARY DATE (Mo. Day Yr.)		53 HOUR OF BLUARY (24 Hrs.)		54 DESCRIBE HOW BLUARY OCCURRED		55 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr. No)		56 DATE RECEIVED (Mo. Day Yr.) <b>12-12-90</b>	
57 BLUARY AT WORK? (Yr. No)		58 PLACE OF BLUARY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)		59 LOCATION—STREET OR RFD NO. CITY/TOWN, STATE							



*Karen Stenjart, MD*

DOH 110-008 (Rev. 8/89) (formerly DBHS 9-150)

DOH 01-053 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.  
District Health Officer