

STATE OF WASHINGTON DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

117575

CERTIFICATE OF DEATH

BOOK 138 PAGE 542

STATE FILE NUMBER

1. NAME Donald Charles Raphael				2. SEX (M / F) Male		3. DEATH DATE (Mo Day Yr) June 4, 1992	
4. AGE LAST BIRTH DATE (Mo Day Yr) 59		5. UNDER 1 YEAR 1991		6. UNDER 1 DAY 1991		7. BIRTH DATE (Mo Day Yr) June 25, 1932	
8. BIRTH PLACE Aberdeen, WA		9. WAS DECEDENT EVER IN U.S. ARMED SERVICES (Yes/No) No		10. COUNTY OF DEATH Clark			
11. CITY/TOWN OR LOCATION OF DEATH Vancouver				12. PLACE OF DEATH: IN HOME OR PLACE OF INSTITUTION ADDRESS ON INSTITUTION NAME Emerald Terrace Nursing Home			
13. SHOWED IN LAST 15 YEARS (Yes/No) No							
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVOR'S SPOUSE (If wife give maiden name) Gloria J. Creemer		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8	
18. USUAL OCCUPATION (For kind of work done during most of working life. DO NOT USE RETIRED) Auto Detaller		19. KIND OF BUSINESS OR INDUSTRY Freightliner		20. Was Decedent of Hispanic origin or descent? (Specify race) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET MPO.08R Little Road		23. CITY/TOWN OR LOCATION Skamania		24. INSIDE CITY (Yes/No) No		25. LENGTH OF RES IN CO 13 yr	
26. STATE WA		27. ZIP CODE 98648		28. FATHER'S NAME—FIRST, MIDDLE, LAST Charles Raphael		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna Hoffman	
30. INFORMANT NAME Gloria Raphael		31. MAILING ADDRESS MPO.08R Little Road		32. CITY OR TOWN Skamania, WA		33. STATE WA	
34. BIRTH DATE (Mo Day Yr) 6/11/1992		35. CEMETERY/CREMATORY NAME Uniservice Crematorium		36. LOCATION—CITY/TOWN, STATE Portland, Oregon			
37. NAME OF FACILITY Memorial Gardens Mortuary		38. ADDRESS 1101 NE 112th Ave		39. CITY/TOWN, STATE Vancouver, WA 98684			
40. 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 [Signature] M.D. 40. DATE SIGNED (Mo, Day, Yr) June 9, 1992 41. HOUR OF DEATH (24 Hr) 1320 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type & Print) Norman Brindorf, M.D.				43. 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 [Signature] 44. DATE SIGNED (Mo, Day, Yr) OCT 05 1992 45. HOUR OF DEATH (24 Hr) 016134 46. PROHOUNCED DEAD (Mo, Day, Yr) OCT 05 1992 47. HOUR PROHOUNCED DEAD (24 Hr) 016134 48. MEACORNER FILE NUMBER			
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type & Print) Norman Brindorf, M.D., 3414 N Kaiser Center Dr, Portland, OR 97227				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic rectal carcinoma DISEASE ENTER THE MODE OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST 016134 REAL ESTATE EXCISE TAX OCT 05 1992 PAID Exempt			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE PAID Exempt				52. AUTOPSY? (Yes/No) No			
53. ACC. SUICIDE FROM UNDERLYING OR PENDING INVEST. (Specify) No		54. INJURY DATE (Mo, Day, Yr) 1		55. HOUR OF INJURY (24 Hr) 1320		56. DESCRIBE HOW INJURY OCCURRED SKAMANIA COUNTY TREASURER	
57. INJURY AT WORK? (Yes/No) No		58. PLACE OF INJURY—AT HOME, FAIR, STREET, FACTORY, OFFICE, BLDG, ETC (Specify) SKAMANIA COUNTY TREASURER		59. LOCATION—STREET OR RD NO., CITY/TOWN, STATE SKAMANIA COUNTY TREASURER		60. DATE RECEIVED (Mo, Day, Yr) JUN 11 1992	
61. RECORD AMENDMENT (Specify or use only) REVIEWED BY [Signature] DATE JUN 11 1992				62. RECORD AMENDMENT (Specify or use only) REVIEWED BY [Signature] DATE JUN 11 1992			

RECORDER'S NOTE:

NOT AN ORIGINAL DOCUMENT

2-6-26-4-1200

DOI 119-008 (Rev. 7/91) (Form 0248 9-15)

A

DOI 01 003 (77)

Last Will and Testament of

Donald Charles Raphael

KNOW ALL PERSONS BY THESE PRESENTS:

That, I, Donald Charles Raphael
of MP 0.08R Little Rd., Stevenson, County of Skamania, State of Washington
of the age of 59 years, and being of sound and disposing mind and memory, and not acting under duress,
menace, fraud or the undue influence of any person whomsoever, do make, publish and declare this my Last Will
and Testament, hereby revoking all Wills and any Codicils thereto at any time heretofore made by me.

Article I. Identification of Family.

I declare that my family consists of:

Spouse, Gloria Jean Raphael
Son, Edward Eugene Raphael
Stepdaughter, Kimberly Diane Taylor
Stepdaughter, Julie Ann Schamp
Five children from previous marriage

at the time of the execution of this Will.

Article II. 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 or executrix as soon after my death as is practicable and before any division or distribution of property. Any and all property passing under this Will shall pass subject to all encumbrances.

Article III. Disposition of Estate.

I give, devise and bequeath unto:

My wife, Gloria Jean Raphael, all of the property of my estate, real, personal and mixed, wheresoever situated, to which I may be entitled at the time of my death. To the exclusions of my children and all other persons. It is my intention she be executrix of this my Will, and I provide that she shall not be required to post any bond for faithful performance of her trust.

I specifically provide that if my wife, Gloria Jean Raphael, survives me, my children shall not receive anything from my estate, it being my intention that it all goes to my wife, Gloria Jean Raphael.

In the event my wife should not survive me, then and only then I further provide that in that event I give, devise and bequeath all of my property of my estate, real, personal, and mixed wherever situated to which I may be entitled to at the time of my death, to my three stepchildren to share and share alike, namely Edward Eugene Raphael, Kimberly Diane Taylor, and Julie Ann Schamp.

It is my intention that any heir contesting or trying to break this Will shall receive ten dollars and ten dollars only as their share. Their share of the estate then being divided between the rest of heirs.

Will-General (With Non-Intervention Clause)

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

RECORDER'S NOTE:
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To Kimberly Diane Taylor, 824 Celilo St., No. Bonneville, Washington, a 1968 Chevrolet Impala, VIN #163878L149531.

To Edward Eugene Raphael, MP 0.08R Little Rd., Stevenson, Washington, all Rifles and Guns and a Regulator clock.

To Julie Ann Schamp, 2045 S.E. Currin Lane, Hillsboro, Oregon, a turn-of-the-century rocking chair.

To Gloria Jean Raphael, MP 0.08R Little Rd., Stevenson, Washington, a 1970 Ford Pickup, VIN #F26YRJ32849.

Article IV. Nonintervention Clause.

I further direct that my Executrix act without the intervention of any Court, except as may be required in the case of nonintervention wills. My Executrix shall have full power: to sell, lease, exchange, convey and encumber, without notice or confirmation, any assets of my estate, real or personal, at such prices and terms as may seem just to her; to mortgage or pledge any estate property; to invest and reinvest any assets of my estate; to advance funds and borrow money, secured or unsecured, from any source; and to select any part of the estate in satisfaction of any partition or distribution thereunder, in kind, in money, or both. Such powers may be exercised whether or not necessary for the administration of my estate.

Article V. Nominations of Executor and Guardian.

I hereby nominate and appoint Gloria Jean Raphael of MP 0.08R Little Rd., Stevenson, Washington to act as executrix of this, my Last Will and Testament, to act with out bond. In the event that the aforementioned executrix is for any reason unable or unwilling to act in such capacity, I nominate and appoint Darlene Delight Friedrich, 107 Lone Maple Dr., Castle Rock, Washington to act as executrix with bond, and without intervention of any court as hereinafter provided.

If it be necessary to appoint a guardian for my children upon my death, I appoint _____ of _____, and I appoint _____ of _____ as an alternate guardian.

Article VI. Residuary Estate.

Should any of the bequests, gifts or devises in Article III fail due to circumstances that cannot be reconciled with the terms herein or my express wishes, I give, devise and bequeath such, in the alternative, to my residuary estate.

I give my residuary estate to:

Spouse, Gloria Jean Raphael, MP 0.08R Little Rd., Stevenson, Washington 98648

IN TESTIMONY WHEREOF, I hereunto set my hand and publish and declare this as my Last Will and Testament, on this 4th day of May, 1992.

Donald Charles Raphael
Testator/Testatrix

State of Washington }
County of Skamania } ss.

Each of the undersigned, being first duly sworn, on oath, states that on this 4th day of May, 1992:

- (1) I am over the age of eighteen (18) years and competent to be a Witness to the Will of Donald Charles Raphael (the Testat. OR);
- (2) The Testat. OR ; in my presence and in the presence of the other Witnesses whose signatures appear below:
 - (a) Declared the foregoing instrument, consisting of 3 pages, of which this is that last to be his Will;
 - (b) Requested me and the other Witnesses to act as Witnesses to his Will and to make this affidavit; and
 - (c) Signed such instrument;
- (3) I believe the Testat. OR to be of sound mind, and that in so declaring and signing, he was not acting under any duress, menace, fraud, or undue influence;
- (4) The other Witnesses and I, in the presence of the Testat. OR and of each other now affix our signatures as Witnesses to the Will and make this affidavit.

Betty L. Dubenspeck
Witness
P.O. Box 142, Easton Rd.
Address
Carson, WA 98610

Antwain A. Wendell
Witness
P.O. Box 536 Carson WA
Address

Witness

Address

Signed and sworn to before me this 4th day of May, 1992.

Debra A. Tinsman
Notary Public in and for the state of Washington
My appointment expires: 3/1/95

Testament
and
Will
of

DONALD CHARLES RAPHAEL

Date May 4, 1992

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

BOOK 138 PAGE 546

4/28/92

OCT 5 9 55 AM '93

I, Donald C. Raphael, Will to
my wife Gloria Raphael a
1970 Ford pickup - VIN F28YR132849

Donald C. Raphael

Witness
Michael C. Lewis

Witness
Betty L. Drubenspeck

STATE OF WASHINGTON
COUNTY OF SKAMANIA

ON THIS 4TH DAY OF MAY, 1992 BEFORE ME PERSONALLY APPEARED DONALD RAPHAEL KNOWN TO ME TO BE THE PERSON NAMED IN AND WHO EXECUTED THE FOREGOING DOCUMENT, AND ACKNOWLEDGED TO ME THAT HE SIGNED THE SAME FREELY AND VOLUNTARILY FOR THE USES AND PURPOSES THEREIN EXPRESSED.

IN WITNESS WHEREOF, I HAVE HERETOFOR SIGNED AND AFFIXED MY OFFICAL SEAL THE DAY AND YEAR WRITTEN ABOVE.

Debra A. Thompson
NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON
RESIDING AT NORTH BONNEVILLE
MY APPOINTMENT EXPIRES: 3/1/95

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