

# FROMME LIVING TRUST

## Article One Trust Creation

122481

BOOK 150 PAGE 361

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Virginia Ross

JUN 5 2 03 PM '95

GARY H. OLSON  
AUDITOR

### Section 1. Parties to Our Trust

This trust agreement dated July 27, 1993, is made between WILLIAM M. FROMME, the husband Trustor, also known as WILLIAM MARTIN-EDWIN FROMME, and ETHLYN R. FROMME, the wife Trustor, also known as ETHLYN ROSE FROMME, and the following initial Trustees:

WILLIAM M. FROMME  
ETHLYN R. FROMME

### Section 2. Name of Our Trust

This trust may be referred to as the:

FROMME LIVING TRUST, dated July 27, 1993

The formal name of our trust and the designation to be used for the transfer of title to the name of our trust is:

WILLIAM M. FROMME and ETHLYN R. FROMME, Trustees, or their successors in trust, under the FROMME LIVING TRUST dated July 27, 1993, and any amendments thereto.

### Section 3. Revocable Living Trust

Our Trust is a revocable living trust.

Registered	<input checked="" type="checkbox"/>
Indexed, Or	<input checked="" type="checkbox"/>
Indirect	<input checked="" type="checkbox"/>
Filmed	<input type="checkbox"/>
Mailed	<input type="checkbox"/>

### Section 4. Trustors as Trustees

Notwithstanding any other provisions in this trust agreement, when we are serving as Trustees under this trust, either of us may conduct business and act on behalf of our trust without the consent of any other Trustee.

REAL ESTATE EXCISE TAX

JUN 5 1995  
PAID Sec 4x 17023 + 17024  
JW  
SKAMANIA COUNTY TREASURER

GARY H. OLSON, Skamania County Auditor  
Date 6-2-95 Printed 1-7-26-3-300

## Article Seven

### Division into Survivor's Trust and Family Trust

#### Section 1. Division of the Trust Estate

Upon the death of the first Trustor to die, our Trustee shall allocate and distribute the remaining trust estate, including any property that becomes distributable or payable to our Trustee at the deceased Trustor's death, into two separate shares to be identified as the Survivor's Share and the Family Share.

##### a. Property Transferred to the Survivor's Share

The Survivor's Share shall consist of:

1. The surviving Trustor's one-half (1/2) of all assets representing the joint marital property of the Trustors held by our Trustee.
2. All assets theretofore declared to be, or specifically designated upon transfer to our Trustee to be, the separate property of the surviving Trustor as held by our Trustee.
3. One-half (1/2) of all assets theretofore declared to be or specifically designated upon transfer to our Trustee by the Trustors to be the community property of the Trustors.

##### b. Deceased Trustor's Property Transferred to the Survivor's Share

The Survivor's Share shall also consist of assets having a value equal to the the unlimited federal estate tax tax marital deduction allowable to the deceased Trustor's estate, subject to the following:

1. The Survivor's Trust shall be reduced by the net value, for federal estate tax purposes, of all other property that passes or has passed to the surviving Trustor under this trust agreement, the deceased Trustor's probate estate, or otherwise that qualifies for the federal estate tax marital deduction.

2. The Survivor's Trust shall be reduced all federal estate tax deductions actually allowed other than the marital deduction;
3. The Survivor's Trust shall be reduced by the amount, if any, needed to increase the deceased Trustor's taxable estate for federal estate tax purposes to the largest amount that after allowing for the the unified credit against federal estate tax, will result in the smallest, if any, federal estate tax being imposed on the deceased Trustor's estate;
4. The Survivor's Trust shall be reduced by the credit for state death taxes available to the estate of the deceased Trustor, to the extent that the use of that credit does not result in or increase any death tax payable to any state; and
5. The Survivor's Share shall be reduced by any other allowable credits available to the estate of the deceased Trustor, except the credit for tax on prior transfers from a "transferor", as defined in Internal Revenue Code Section 2013, who dies within two years after the date of death of the deceased Trustor, but only to the extent that those credits do not disqualify this gift from receiving the marital deduction.

**c. Survivor's Share to be Administered as Survivor's Trust**

The Survivor's Share shall be held, administered and distributed according to the provisions of the Survivor's Trust as set forth in Article Eight of this trust agreement.

**d. Property Transferred to the Family Share**

The Family Share shall consist of all assets not distributed to the Survivor's Share.

**e. Family Share to be Administered as Family Trust**

The Family Share shall be held, administered and distributed according to the provisions of the Family Trust as set forth in Article Nine of this trust agreement.

Section 18. Governing State Law

This agreement and the trusts created under it shall be construed, regulated and governed by and in accordance with the laws of the State of Oregon.

We have executed this agreement on the date set forth on the first page of this agreement.

We affirm that we have read this trust agreement, and that it correctly states the terms under which our trust property is to be held, administered, and distributed by our Trustee.

William M. Fromme  
WILLIAM M. FROMME, Trustor

Ethlyn R. Fromme  
ETHLYN R. FROMME, Trustor

William M. Fromme  
WILLIAM M. FROMME, Trustee

Ethlyn R. Fromme  
ETHLYN R. FROMME, Trustee

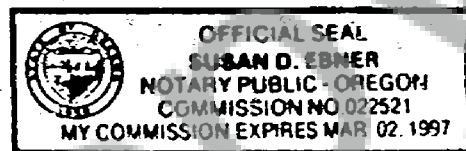
STATE OF OREGON )

SS

COUNTY OF MULTNOMAH )

On July 27, 1993, before me, the undersigned, a Notary Public in and for said State, personally appeared WILLIAM M. FROMME and ETHLYN R. FROMME, Trustors and Trustees, known to me, (or proved to me on the basis of satisfactory evidence), to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.

Witness my hand and official seal.



Susan D. Ebner  
Notary Public for Oregon

My Commission Expires: \_\_\_\_\_



<sup>s</sup>150 PAGE 366

Local File Number

1. OCCIDENTAL NAME <b>William Martin</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>July 8, 1994</b>	
4. SOCIAL SECURITY NUMBER <b>66</b>		5. AGE Last Birthday (Month, Day, Year) <b>66</b>		6. BIRTHPLACE (City and State or Foreign Country) <b>Portland Oregon</b>	
7. PLACE OF DEATH (House only only) <b>2638A S.E. 52nd</b>		8. DATE OF BIRTH (Month, Day, Year) <b>May 2, 1928</b>			
9. FACILITY NAME (If not institution, give street and number) <b>2638A S.E. 52nd</b>		10. CITY, TOWN OR LOCATION OF DEATH <b>Portland</b>		11. COUNTY OF DEATH <b>Multnomah</b>	
12. DECEASED'S USUAL OCCUPATION <b>Real estate appraiser</b>		13. AUNT OF BUSINESS/INDUSTRY <b>Real estate</b>		14. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	
15. RESIDENCE - STATE <b>Oregon</b>		16. COUNTY <b>Multnomah</b>		17. CITY, TOWN OR LOCATION <b>Portland</b>	
18. STREET AND NUMBER <b>2638A S.E. 52nd</b>		19. RACE American Indian, Black, White, etc. (Specify) <b>White</b>		20. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School (12 or 13)</b>	
21. FATHER - NAME First Middle Last <b>William M. Froum, Sr.</b>		22. MOTHER - NAME First Middle Last <b>Charlotte - Metter</b>		23. DECEASED'S NAME and relationship to decedent <b>Ethlyn R. Froum, wife</b>	
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>River View Crematory</b>		26. LOCATION - City or Town, State <b>Portland, Oregon</b>	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. LICENSE NUMBER (If Licensed) <b>47 3346</b>		29. NAME, ADDRESS AND ZIP OF FACILITY <b>Holman's Funeral Service 2610 SE Hawthorne, Portland, OR 97214</b>	
30. DATE PLACED (Month, Day, Year) <b>JUL 15 1994</b>		31. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		32. THIS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
33. TIME OF DEATH <b>11:45 A</b>			34. DATE PROCLAIMED DEAD (Month, Day, Year) <b>July 8, 1994</b>		
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) <b>John Curtis, MD, 3030W N.E. Hogan Dr., Gresham, OR 97030</b>			36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		
37. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.					
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~~RECORDER'S NOTE:~~  
~~NOT AN ORIGINAL DOCUMENT~~

**ORIGINAL VITAL STATISTICS COPY**

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED: JUL 15 1994

ARTHUR W. BLOOM  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



Barry M. Smith, Executive Director, American  
6-2-95. 1-7-26-3-300