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BOOK 168 PAGE 379

FILED FOR RECORD
SKAMANIA COUNTY WASH
BY *Fred Waker*

Return Address:

Fred A. Waker
7229 SW Lake Ct.
Wilsonville, OR 97070

18982
REAL ESTATE EXCISE TAX

AUG 20 11 25 AM '97

P. Lawry
AUDITOR
GARY H. OLSON

AUG 20 1997

PAID *exempt*
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Please Print or Type Information:

SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained therein:	
1. <i>Trust Agreement & Death Certificate</i>	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. <i>Waker, Melba Abbey</i>	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. <i>Waker, Fred A.</i>	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: IE, Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
<i>Cabin 12 Northwoods</i>	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
<i>n/a</i>	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<i>96-000012</i>	
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned.	
<input type="checkbox"/> Additional parcel #'s 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.	

BOOK 168 PAGE 380

REVOCABLE LIVING
TRUST AGREEMENT
OF THE
MELBA A. WAKER
TRUST

The Law Offices of Guy B. Rencher II, P.C.

ORR08935012JKL

REVOCABLE LIVING
TRUST AGREEMENT
OF THE
MELBA A. WAKER TRUST

This Trust Agreement is made this 27 day of October, 1993, by and between MELBA A. WAKER, (hereinafter called the Trustor) and MELBA A. WAKER and FRED A. WAKER (hereinafter collectively called the "Trustee"), with respect to the initial trust estate, described in Schedule A, which Trustor hereby transfers to the Trustee and which the Trustee hereby accepts and agrees to hold, together with any future additions to the trust, upon the terms and conditions hereinafter set forth.

ARTICLE I

NAME OF TRUST

This trust may be called the MELBA A. WAKER TRUST.

ARTICLE II

IDENTIFICATION OF FAMILY

I am the wife of FRED A. WAKER. We are the parents of:

STEVEN D. WAKER
SUSAN D. HILL

born 17 July 1947
born 7 August 1952

The provisions of this trust for the benefit of my children shall include any child or children of mine born or adopted hereafter either before or after my death.

1 TRUST AGREEMENT - Melba A. Waker Trust

Gary H. Martin, Stanislaus County Assessor
Date 8/20/97 Page 2 of 2-000012

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ARTICLE III

ADDITIONS TO TRUST

3.1. The Trustee shall have the power to receive other property, real or personal, tangible or intangible, including life insurance policies, devised, bequeathed, granted, conveyed, assigned or made payable to Trustee by me or by any other person or persons which, upon acceptance by Trustee, shall be added to and become a part of the trust estate and shall be subject to this agreement.

3.2. Trustee acknowledges receipt of the property traceable to and treated as community property pursuant to the Uniform Disposition of Community Rights at Death Act (ORS 112 705 to 112.775) of Trustor, community property of Trustor and the separate property of Trustor. This property together with any other community property, separate property or property which is traceable to community property hereafter transferred to Trustee, and accepted by Trustee shall constitute the "trust estate" and shall be administered by Trustee as provided in this instrument. All community property, separate property and property traceable to community property transferred to Trustee shall retain its character as community property, separate property or property traceable to community property, as the case may be.

ARTICLE IV

REVOCATION AND AMENDMENT

4.1. I reserve the right by written instrument signed by me as Trustor and filed with the Trustee to revoke this agreement at any time or to withdraw from the trust estate, discharged of the trust, all or any part of the principal and accumulated income of the trust upon satisfying all sums due to the Trustee and indemnifying Trustee to its reasonable satisfaction against liabilities lawfully incurred in the administration of this trust.

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6.2. Debts and Expenses.

6.2.1. Upon my death, the Trustee may pay the following obligations and liabilities of mine or my estate as soon as reasonably convenient (not necessarily in the order stated):

6.2.1.1. Just debts and claims, including income taxes and penalties and interest thereon; except that the Trustee need not pay obligations not yet due and payable;

6.2.1.2. Expenses of last illness and funeral;

6.2.1.3. Costs and expenses, including professional fees, necessary to administer and settle my estate.

6.2.2. The Trustee may pay the obligations and liabilities directly or through the Personal Representative of my probate estate, if any. The Trustee may rely upon a written statement of the Personal Representative as to the amount of such claims, expenses, taxes or other costs, and shall be under no duty to see to the application of any funds so paid.

ARTICLE VII

SPECIFIC DISTRIBUTIONS FROM TRUST

After my death:

7.1. To Spouse, if Surviving. Subject to 7.1.1., below, if included as property of this trust, my Trustee shall distribute to my spouse, if my spouse survives me, all of my interest in all household furniture and furnishings, books, apparel, art objects, collections, jewelry and similar personal effects, sporting and recreational equipment; all other tangible property for personal use; all other like contents of my home and any vacation properties that I may own or reside in on the date of my death; animals; any motor vehicles that I may own on the date of my death; and any unexpired insurance on all such property.

7.1.1. To my daughter, SUSAN D. HILL, all my cut glass crystal.

CERTIFICATION OF VITAL RECORD

BOOK 168 PAGE 384

235373

TO TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS 136
CERTIFICATE OF DEATH

Local File Number

State File Number

1. DECEDENT'S NAME First: <u>Melba</u> Middle: <u>Albey</u> Last: <u>WAKER</u>			2. SEX <u>Female</u>	3. DATE OF DEATH Month, Day, Year <u>December 16, 1996</u>
4. AGE at last birthday (Years) <u>78</u> Sex: <u>Female</u> Days: <u>00</u> Hours: <u>00</u> Minutes: <u>00</u>			5. DATE OF BIRTH Month, Day, Year <u>March 24, 1918</u>	
6. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing home <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			7. COUNTY OF DEATH <u>Multnomah</u>	
8. FACILITY NAME (If not institution, give street and number) <u>Crestview Conv. Center</u>			9. CITY, TOWN OR LOCATION OF DEATH <u>Portland</u>	
10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Homemaker</u>			11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>	
12. RESIDENCE - STATE <u>Oregon</u> COUNTY <u>Clackamas</u>			13. STREET AND NUMBER <u>7229 SW Lake Ct.</u>	
14. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. ZIP CODE <u>97070</u>			17. DECEDENT'S EDUCATION (Specify only highest grade completed) <u>3+</u>	
18. FATHER - NAME First, Middle, Last <u>Oliver Traver</u>			19. MOTHER - NAME First, Middle, Last <u>Florence Fischer</u>	
20. 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)			21. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) <u>Willamette National Cemetery</u>	
22. SIGNATURE OF PERSON ACTING AS REGISTRAR (If not a funeral service licensee or person acting as registrar) <i>[Signature]</i>			23. LICENSE NUMBER (If licensee) <u>3505</u>	
24. DATE FRODO Month, Day, Year <u>DEC 20 1996</u>			25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA			27. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
<p>TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>28. TIME OF DEATH <u>2130</u> <input type="checkbox"/> M <input checked="" type="checkbox"/> P</p> <p>29. To the best of my knowledge, death occurred at the time, date, place and due to the causes and manner stated.</p> <p>30. DATE SIGNED Month, Day, Year <u>12/17/96</u></p> <p>31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <u>Dr. Elizabeth Klein MD, 4510 SW Hall, Beaverton, OR 97005</u></p> <p>32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 33, 34, AND 35. Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest.)</p> <p>PART I: <u>Encephalopathy Chronic Obstructive Pulmonary Disease</u></p> <p>PART II: <u>Stroke</u></p> <p>33. IMMEDIATE CAUSE OF DEATH (Type or Print) <u>Encephalopathy Chronic Obstructive Pulmonary Disease</u></p> <p>34. DATE OF INJURY (Month, Day, Year)</p> <p>35. TIME OF INJURY</p> <p>36. PLACE OF INJURY (If not at home, give street, factory, office, dining etc. (Specify))</p> <p>37. DESCRIBE HOW INJURY OCCURRED</p> <p>38. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>39. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA</p>				



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

DEC 20 1996

DATE ISSUED

[Signature]
HILDA CHASKI ADAMS MPH
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE