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BOOK 168 PAGE 559

FILED FOR RECORD  
SKAGHAMOOSH, WASH  
BY Charles W. Carnese

Return Address: Charles W. Carnese  
1500 S.W. First Ave., #507  
Portland, OR. 97201

AUG 26 1 20 PM '97

GARY  
AUDITOR  
GARY M. OLSON

Please Print or Type Information.

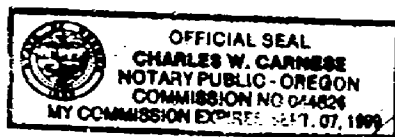
Document Title(s) or transactions contained therein:	
1. The William T. Hyde Revocable Trust	
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. Hyde, William T.	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on page _____ of document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. Ward, Lisa M., Successor Trustee	
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)	
Government Lot 5, Sec. 31, T3N, R8E, W.M.	
<input type="checkbox"/> Complete legal on page _____ of document.	
REFERENCE NUMBER(S) Of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
03-08-31-0-0-0900-0	
<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.	

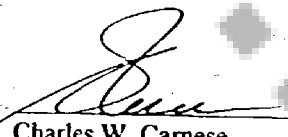
000026


BOOK 168 PAGE 560

STATE OF OREGON )  
 )ss:  
County of Multnomah )

I, Charles W. Carnese, a Notary Public for the State of Oregon hereby certify that attached hereto are true and correct copies of the death certificate of William T. Hyde, page 1 of the William T. Hyde Revocable Trust Agreement which appoints Lisa M. Ward as successor Trustee, and a certification of such trust executed by Mr. William T. Hyde.



  
Charles W. Carnese  
Notary Public for Oregon

3-8-31-900  
8-7-97 

18973  
REAL ESTATE EXCISE TAX

AUG 19 1997

PAID Exempt

  
SKAMANIA COUNTY TREASURER

000028

**CERTIFICATION OF VITAL RECORD**

**CENTER FOR HEALTH STATISTICS**  
**CERTIFICATE OF DEATH**

Local File Number: **00205** State File Number: **130**

**DECEDENT'S NAME:** William Thomas HYDE  
**SEX:** Male  
**DATE OF DEATH (Month, Day, Year):** January 28, 1996  
**DATE OF BIRTH (Month, Day, Year):** May 27, 1930  
**AGE LAST BIRTHDAY (Years):** 65  
**BIRTHPLACE (City and State or Foreign Country):** Lynn, Mass.  
**PLACE OF DEATH (Name only):** Friends Home  
**FACILITY NAME (If not institution, give street and number):** 15273 Labineta  
**CITY, TOWN, OR LOCATION OF DEATH:** Milwaukie  
**COUNTY OF DEATH:** Clackamas  
**DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life):** Field Engineer  
**KIND OF BUSINESS/INDUSTRY:** General Electric Co.  
**MARITAL STATUS - Married, Widowed, Divorced, Single (Specify Date):** Divorced  
**RESIDENCE - STATE, COUNTY, CITY, TOWN, OR LOCATION, STREET AND NUMBER:** New Hampshire, Belnap, Barnstead, 74 South Shore Drive  
**ZIP CODE:** 03225  
**PLACEMENT OF DEATH (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.):** No  
**RACE (American Indian, Black, White, etc. (Specify)):** White  
**DECEDENT'S EDUCATION (Specify only highest grade completed):** 12  
**FATHER - NAME, first, middle, maiden:** William Thomas Hyde  
**MOTHER - NAME, first, middle, maiden:** Marquerite Virginia Jennings  
**INFORMANT - NAME and Relationship to Decedent:** Lisa Ward, Daughter  
**METHOD OF DISPOSITION:** Burial  
**PLACE OF DISPOSITION (Name of cemetery, crematory, or other place):** Idlewild Cemetery  
**SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:** [Signature]  
**LICENSE NUMBER (If Licensed):** 3529  
**NAME, ADDRESS AND ZIP OF FACILITY:** Anderson Funeral Home, 1401 Belmont Rd., Hood River, Or. 97031  
**DATE FILED (Month, Day, Year):** FEB 6 1996  
**REGISTRAR'S SIGNATURE:** [Signature]  
**DO HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENTS (YES or NO):** NO  
**WAS GIFT MADE (YES or NO):** NO

**TO BE COMPLETED BY CERTIFYING PHYSICIAN**  
**TIME OF DEATH:** 1128 AM  
**WAS MEDICAL EXAMINER NOTIFIED (YES or NO):** YES  
**DATE SIGNED (Month, Day, Year):** 01/31/96  
**NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print):** Norman Birndorf, M.D., 3600 N. Interstate Avenue, Portland, Oregon 97227-1191  
**NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):**

**TO BE COMPLETED ONLY BY MEDICAL EXAMINER**  
**TIME OF DEATH:** [Blank]  
**DATE PRONOUNCED DEAD (Month, Day, Year):** [Blank]  
**DATE SIGNED (Month, Day, Year):** [Blank]  
**COUNTY:** [Blank]

**CAUSE OF DEATH**  
**IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest:**  
1. LUNG ADENOCARCINOMA  
2. [Blank]  
3. [Blank]  
**OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I:** [Blank]  
**MANNER OF DEATH:** Natural  
**DATE OF INJURY (Month, Day, Year):** [Blank]  
**TIME OF INJURY:** [Blank]  
**INJURY AT WORK (YES or NO):** NO  
**PLACE OF INJURY - All home, farm, street, factory, office, building, etc. (Specify):** [Blank]  
**LOCATION (Street and Number or Rural Route Number, City or Town, State):** [Blank]



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

DATE ISSUED: FEB 6 1996

THOMAS M. TROXEL  
COUNTY REGISTRAR  
CLACKAMAS COUNTY, OREGON



**COPY**

For Your Information

BOOK 168

PAGE 562

THE WILLIAM T. HYDE  
REVOCABLE TRUST AGREEMENT

This Agreement is made and entered into this 6<sup>th</sup> day of June, 1995, between WILLIAM T. HYDE, as Trustor, and WILLIAM T. HYDE, as Trustee.

ARTICLE 1 - TRANSFER IN TRUST

1.1 Transfer In Trust. I contemporaneously with the execution hereof hereby deliver to Trustee the property described on Schedule A. I, or any other person or persons, may give, bequeath or devise to Trustee additional property, real or personal, which upon acceptance thereof by Trustee, shall become a part of the Trust Estate, subject to all of the terms of this Agreement. All future receipts by Trustee, whether as the recipient of death benefits, gifts, bequests, devises, assignments, conveyances or grants, shall be held, managed and distributed as hereinafter set forth.

1.2 Names To Be Used. The name of this trust is "The William T. Hyde Revocable Trust".

ARTICLE 2 - IDENTIFICATION OF FAMILY

2.1 Identification Of Family. I declare that I am single and that I have five (5) children born of issue, namely: LORI J. DONEGAN, born January 18, 1959; WILLIAM T. HYDE, JR., born September 1, 1960; LISA M. WARD, born March 29, 1962; SANDRA B. HYDE, born October 18, 1963; and MADISON A. EISS, born May 15, 1986.

ARTICLE 3 - TRUSTEES

3.1 Successor Trustee During Trustor's Lifetime. In the event that I am unable or unwilling to serve as Trustee, then LISA M. WARD shall serve as successor Trustee. In the event that LISA M. WARD is unable or unwilling to serve as Trustee, then WILLIAM T. HYDE, JR. shall serve as successor Trustee.

3.2 Successor Trustee After Trustor's Death. Upon my death, LISA M. WARD shall serve as successor Trustee. In the event LISA M. WARD is unable or unwilling to serve as Trustee, then WILLIAM T. HYDE, JR. shall serve as successor Trustee.

ARTICLE 4 - TRUST TO BE REVOCABLE

4.1 Power To Revoke Or Amend. I reserve the right at any time or times to amend or revoke this instrument and the Trust hereunder, in whole or in part, by an instrument or instruments

1 - THE WILLIAM T. HYDE REVOCABLE TRUST AGREEMENT

EXHIBIT A, PAGE 1 OF 36



**COPY**  
**For Your Information**

CERTIFICATION OF TRUST

1. The William T. Hyde Revocable Trust was established on February 6, 1995.
2. The Trustor is William T. Hyde.
3. The current Trustee is William T. Hyde.
4. The Trustee has at least all those trust powers contained in the Uniform Trustees' Powers Act set forth in ORS 128.003 to 128.045.
5. The mailing address for the Trustee is 823 Cascade Street, Hood River, Oregon 97031.
6. The Trust may be revoked only by William T. Hyde in his capacity as Trustor.
7. The Trust's taxpayer identification number is currently the Trustor's social security number which is 018-22-5815.
8. Title to Trust assets should be in the name of William T. Hyde, Trustee of the William T. Hyde Revocable Living Trust u/a/d February 6, 1995.
9. The Trust has not been revoked, modified or amended in any manner that would cause the representations contained in this Certification to be incorrect.

DATED this 13<sup>th</sup> day of February, 1995.

TRUSTEE:

William T. Hyde

HYDECERT.TRS