

132280

Return Address:

Leo & Loretta Harrington
10905 NE 26th Ave
Vancouver, WA 98686

BOOK 179 PAGE 602

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Loretta Harrington*

JUL 23 2 09 PM '98

R. Johnson
AUDITOR
GARY H. OLSON

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JUL 23 1998

Please Print or Type Information.

Document Title(s) or transactions contained therein: 1. <i>Last Will & Testament</i> 2. <i>Death Certificate</i> 3. 4.	
GRANTOR(S) (Last name, first, then first name and initials) 1. <i>Holkenbeck, Leonard J.</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.	
REAL ESTATE EXCISE TAX 19661 JUL 23 1998 PAID <i>exempt</i> <i>Jim</i> <input type="checkbox"/> Additional Names on page _____ of document.	
SKAMANIA COUNTY TREASURER	
GRANTEE(S) (Last name, first, then first name and initials) 1. <i>Harrington, Leo et ux</i> 2. 3. 4. <input type="checkbox"/> Additional Names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) <i>Cabin 14 Northwoods</i> <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 <i>96-000014</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.	

Date *7-23-98* Parcel # *96-000014*
Gary H. Olson, Skamania County Assessor

LAST WILL AND TESTAMENT

OF CLARK CO probate
964000

LEONARD J. HOLLENBECK

I, LEONARD J. HOLLENBECK, of Clark County, Washington, currently residing at 27120 NE 105th Avenue, Battle Ground, 98604, being over the age of majority, of sound and disposing mind and memory, and not acting under any duress, menace, fraud or undue influence, do make, publish and declare this to be my Last Will and Testament, hereby annulling, canceling and revoking any and all former wills and codicils thereto made by me at any time.

ARTICLE I. GENERAL MATTERS AND INFORMATION

Section 1. Family. I am a married man and my family consists of my wife, Julia E. Hollenbeck, and our two children, Timothy D. Hollenbeck and Terrance H. Hollenbeck, both of whom are over the age of majority. I have no other children, either natural or adopted. My wife is suffering from Alzheimer's Disease and I have been appointed guardian of her person and estate. Except as provided herein, I make no provision in this will for any child who survives me, whether named herein or hereafter born or adopted, nor for the descendants of any child who does not survive me.

Section 2. Payment of Debts and Taxes.

A. 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 personal representative as soon after my death as is practicable; provided, however, that this direction shall not authorize any creditor to require payment of any debt or obligation prior to its normal maturity in due course.

B. My personal representative shall pay all estate, inheritance and succession taxes assessed by reason of my death, whether attributable to property passing under this will or outside it, from the residue of my estate disposed of by this will. I waive for my estate all rights of reimbursement from the beneficiaries for any such payments.

C. All fees, expenses, costs, charges and other amounts payable in connection with the administration of my estate shall be paid from the residue of my estate.

Section 3. Social Security Number. My Social Security number is 515-13-2018.

Testator's Initials LH

Date 7-11-95

ARTICLE II. PERSONAL REPRESENTATIVE

Section 1. Appointment. I hereby appoint my son, Terrance H. Hollenbeck, as my personal representative to administer this my Last Will and Testament, if he survives me. In the event Terrance H. Hollenbeck fails to survive me, I hereby appoint my son, Timothy D. Hollenbeck to act as my personal representative.

Section 2. Court Intervention. I direct that my estate be settled in the manner provided for in this will without the intervention of any court or courts insofar as may be conformable to law.

Section 3. Powers. Without limiting the generality of the foregoing, my personal representative or the successor or substitute shall, in carrying out the provisions of this will, and in otherwise administering my estate, have full and plenary power, authority and discretion without court authorization, confirmation or intervention to do all that may to him seem necessary or desirable in managing, conserving and distributing the assets of my estate during the administration thereof.

Section 4. Bond. I direct that no bond be required of my personal representative or the successor or substitute in this or in any other jurisdiction.

ARTICLE III. DISPOSITION OF PROPERTY

Section 1. Specific Bequests.

A. Pursuant to the provisions of RCW 11.12.260, I may in the future execute a writing disposing of part or all of my tangible personal property. In the event I do execute such a writing, I intend the provisions of such writing, and any amendments thereto, to govern the disposition of the personal property described in such writing, notwithstanding that I may have provided for the disposition of my estate otherwise herein.

B. I hereby acknowledge that at the time of the execution of this, my Last Will and Testament, the title to my home located in Battle Ground, Clark County, Washington, is held jointly in my name, individually and as guardian for Julia A. Hollenbeck, and Terrance H. Hollenbeck and Eunice M. Hollenbeck, husband and wife, with the right of survivorship. I further give, devise and bequeath my interest in said real property to Terrance H. Hollenbeck and Eunice M. Hollenbeck, in equal shares, share and share alike. If either Terrance or Eunice fails to survive me, then my entire interest shall be distributed to the survivor thereof.

Testator's Initials Jok

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Date 7-11-95

C. I hereby give, devise and bequeath any and all interest I may have at the time of my death in and to that certain property known as the "Northwoods Cabin" to Leo Harrington and Loretta Harrington, jointly, or to the survivor of them.

Section 2. Residuary Bequests.

HPD
7-23-98

A. In the event my wife survives me by sixty (60) days, I hereby give, devise and bequeath all of the property (except that property disposed of under the provisions of Section 1 of this Article III) which I may own, in whole or in part, or to which I may be entitled at the time of my death, real, personal and mixed, and wherever situated, including therein all property with respect to which I may then have any power of appointment, to the Trustee of The Julia E. Hollenbeck Trust dated April 15, 1988, to be added to and merged with the trust property and held, administered and distributed by my Trustee subject to and in accordance with the terms and provisions of said Trust Agreement.

B. In the event my wife fails to survive me by sixty (60) days, I hereby give, devise and bequeath all of the property (except that property disposed of under the provisions of Section 1 of this Article III) which I may own, in whole or in part, or to which I may be entitled at the time of my death, real, personal and mixed, and wherever situated, including therein all property with respect to which I may then have any power of appointment, to the Trustee of The Leonard J. Hollenbeck Trust dated April 15, 1988, to be added to and merged with the trust property and held, administered and distributed by my Trustee subject to and in accordance with the terms and provisions of said Trust Agreement.

ARTICLE IV. DEFINITIONS

A. All references to "children" shall include adopted children and shall also include children born or adopted hereafter.

B. Unless some other meaning and intent is apparent from the context, the plurals shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

C. Where a distribution is to be made to a person's issue by right of representation, the person's descendants in the nearest generation having representatives living at the time of the distribution shall be treated as the original stocks, and a further subdivision shall be made at each succeeding generation.

ARTICLE V. SEVERABILITY

If a court of competent jurisdiction rules invalid or

Testator's Initials SLH

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Date 2-11-95

Any questions of law regarding the execution of this Will or its effect shall be determined in accordance with the laws of the State of Washington.

Leonard J. Hollenbeck
Leonard J. Hollenbeck, Testator

Sharon M. Chace
Address: 1010 Washington Street
Vancouver, WA

I, the testator named above, on this date hereby request that the attesting witnesses to my Last Will and Testament make an affidavit before a Notary Public stating such facts as they would be required to testify to in court in order to prove my will and have it admitted to probate.

Leonard J. Hollenbeck
Leonard J. Hollenbeck

STATE OF WASHINGTON)
County of Clark) ss.

The undersigned, of lawful age and competent to testify, being

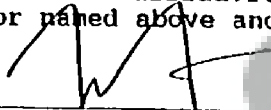
first duly and separately sworn, state as follows:

1. The above Last Will and Testament of Leonard J. Hollenbeck, and his request for Affidavit for Proof of Will were signed and executed by the testator in our presence.

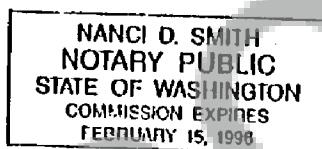
2. The testator published the instrument as, and declared it to be his Last Will and Testament and requested us to sign the same as witnesses. At the request and in the presence of the testator and in the presence of each other, the other witness and I subscribed our names as witnesses thereto.

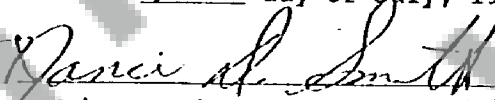
3. At the time of executing the document, testator and witnesses were of the age of majority, and the testator appeared to be of sound and disposing mind and memory and not acting under any duress, menace, fraud, undue influence or misrepresentation.

4. This affidavit is made pursuant to the request of the testator named above and is made to comply with RCW 11.20.020.

 Sharon M. Elson

signed and sworn to before me this 11th day of July, 1995.




Nanci D. Smith
Notary Public
My appointment expires 2-15-96

FOLEY & HAGENSEN
THOMAS J. FOLEY
Attorney at Law
1010 Washington Street, Suite 220
Post Office Box 609
Vancouver, Washington 98666-0609
Telephone: (360) 696-8990
(503) 223-9006
Fax: (360) 696-9641

Gary H. Martin, Skamania County Assessor
Date 7-23-95 Parcel # 26 0000/4
MD

Testator's Initials LH

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Date 11 July

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

BOOK 179 PAGE 608

CERTIFICATE OF DEATH

3-95-30-014294

STATE FILE NUMBER		LOCAL IDENTIFICATION NUMBER	
1. NAME OF DECEASED—FIRST NAME LEONARD		2. LAST NAME HOLLENBECK	
3. DATE OF BIRTH MM/DD/CCYY 08/28/1927		4. AGE IN YEARS 68	
5. SEX MALE		6. DATE OF DEATH MM/DD/CCYY 12/10/1995	
7. TIME OF DEATH 2000		8. HOURS 2000	
9. STATE OF BIRTH KS		10. MARITAL STATUS MARRIED	
11. OCCUPATION MAINTENANCE SUPERVISOR		12. YEARS IN OCCUPATION 22	
13. RACE WHITE		14. USUAL EMPLOYER OREGON STEEL MILLS	
15. RESIDENCE—STREET AND NUMBER OR LOCATION 27120 N.E. 105TH AVE.		16. CITY BATTLE GROUND	
17. COUNTY CLARK		18. ZIP CODE 98604	
19. STATE OF BIRTH WA		20. STATE OF DEATH WA	
21. NAME, RELATIONSHIP TERRY HOLLENBECK, SON		22. RESIDENCE ADDRESS, STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604	
23. NAME OF SURVIVING SPOUSE—FIRST JULIA		24. LAST SPOUSE NAME CUNNINGHAM	
25. NAME OF FATHER—FIRST LEONARD		26. LAST NAME HOLLENBECK	
27. NAME OF MOTHER—FIRST GARIE		28. LAST NAME ILES	
29. DATE OF BIRTH 12/12/1995		30. PLACE OF BIRTH TERRY HOLLENBECK RESIDENCE 27120 N.E. 105TH AVE. BATTLE GROUND, WA 98604	
31. TYPE OF DEATH TR/CR/RES		32. SIGNATURE OF LOCAL REGISTRAR [Signature]	
33. NAME OF FUNERAL DIRECTOR FERRARA COLONIAL MORTUARY		34. LICENSE NO. ED 1184	
35. PLACE OF DEATH UCI MEDICAL CENTER		36. COUNTY ORANGE	
37. STREET ADDRESS—STREET AND NUMBER OR LOCATION 101 CITY DRIVE SOUTH		38. CITY ORANGE	
39. DEATH WAS CAUSED BY: (SEE INSTRUCTIONS FOR LINE 39) (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)		40. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
41. IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		42. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
43. DUE TO (B) CORONARY ARTERY DISEASE		44. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
45. DUE TO (C) OTHER		46. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
47. DUE TO (D) OTHER		48. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE SHOWN IN 41-48 NONE		50. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN 41-48 OR 49? IF YES, LIST TYPE OF OPERATION AND DATE NO		52. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. OCCURRENCE ATTEMPTED AND DATE 12/10/1995		54. SIGNATURE OF PHYSICIAN [Signature]	
55. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE. OCCURRENCE ATTEMPTED AND DATE 12/10/1995		56. SIGNATURE OF PHYSICIAN MUSTAFA SULEIMAN, M.D. 101 CITY DRIVE SOUTH, ORANGE, CA 92668	
57. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		58. DATE MM/DD/CCYY 12/11/1995	
59. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		60. DATE MM/DD/CCYY 12/11/1995	
61. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		62. DATE MM/DD/CCYY 12/11/1995	
63. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		64. DATE MM/DD/CCYY 12/11/1995	
65. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		66. DATE MM/DD/CCYY 12/11/1995	
67. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		68. DATE MM/DD/CCYY 12/11/1995	
69. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		70. DATE MM/DD/CCYY 12/11/1995	
71. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		72. DATE MM/DD/CCYY 12/11/1995	
73. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		74. DATE MM/DD/CCYY 12/11/1995	
75. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		76. DATE MM/DD/CCYY 12/11/1995	
77. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		78. DATE MM/DD/CCYY 12/11/1995	
79. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		80. DATE MM/DD/CCYY 12/11/1995	
81. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		82. DATE MM/DD/CCYY 12/11/1995	
83. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		84. DATE MM/DD/CCYY 12/11/1995	
85. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		86. DATE MM/DD/CCYY 12/11/1995	
87. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		88. DATE MM/DD/CCYY 12/11/1995	
89. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		90. DATE MM/DD/CCYY 12/11/1995	
91. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		92. DATE MM/DD/CCYY 12/11/1995	
93. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		94. DATE MM/DD/CCYY 12/11/1995	
95. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		96. DATE MM/DD/CCYY 12/11/1995	
97. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		98. DATE MM/DD/CCYY 12/11/1995	
99. SIGNATURE OF CORONER OR DEPUTY CORONER [Signature]		100. DATE MM/DD/CCYY 12/11/1995	

88512

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED 12/12/1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

[Signature]
HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

