

135962

BOOK 192 PAGE 163

RETURN ADDRESS:

Betty L. Breckel
1417 S.E. 95th Avenue
Lancaster, WA 98664

REAL ESTATE EXCISE TAX

20348

AUG - 8 1993

PAID Exempt
SW

SKAMANIA COUNTY TREASURER

Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. Membership Certificate, Will & Death Certificate

2. _____

3. _____

4. _____

GRANTOR(S) (Last name, first, then first name and initials)

1. Breckel, Joseph W

2. _____

3. _____

4. _____

☐ Additional Names on Page _____ of Document.

GRANTEE(S) (Last name, first, then first name and initials)

1. Breckel, Betty L.

2. _____

3. _____

4. _____

☐ Additional Names on Page _____ of Document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)

Robin Site #6 Interlaken Resort☐ Complete Legal on Page _____ of Document.

REFERENCE NUMBER(S) Of Document assigned or released:

☐ Additional Numbers on Page _____ of Document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

☐ Property Tax parcel ID is not yet assigned.☐ Additional Parcel Numbers on Page _____ of Document.

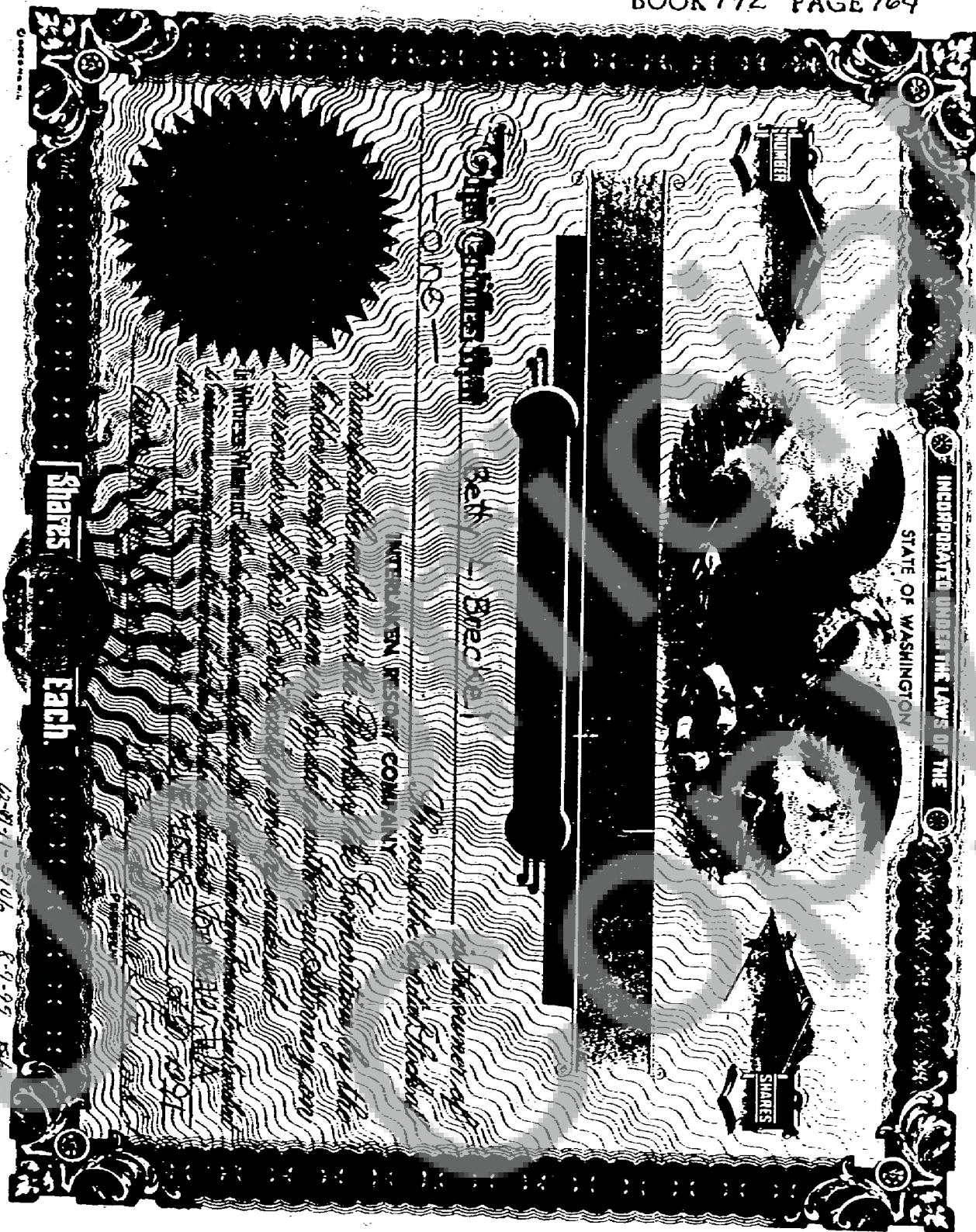
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read
the document to verify the accuracy or completeness of the indexing information.

Betty Breckel

Aug 8 1993

Deputy

GARY L. BROWN



CERTIFICATION OF VITAL RECORD

BOOK 192 PAGE 165

F-5829
10 TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

136

State File Number

1. DECEDENT'S NAME Joseph W. BRECKEL		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 5, 1991	
4. SOCIAL SECURITY NUMBER 66		5. AGE - Last Birthday (Years) 66		6. DATE OF BIRTH (Month, Day, Year) November 16, 1922	
7. PLACE OF BIRTH (City and State or Foreign Country) Portland, Oregon		8. PLACE OF DEATH (City and State or Foreign Country) Portland, Oregon		9. COUNTY OF DEATH Multnomah	
10. DECEASED BY <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		11. HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A.		12. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
13. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		14. CITY, TOWN, OR LOCATION OF DEATH Portland		15. COUNTY OF DEATH Multnomah	
16. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Branch Manager		17. KIND OF BUSINESS/INDUSTRY Carnation Co.		18. MARITAL STATUS - Mar: <input checked="" type="checkbox"/> Married, Widowed, Divorced, (Specify) Married	
19. RESIDENCE - STATE Washington		20. COUNTY Clark		21. STREET AND NUMBER 1417 SE 95th Ave	
22. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23. ZIP CODE 98684		24. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (14 or 15)	
25. FATHER - NAME first middle last Joe P. Breckel		26. MOTHER - NAME first middle maiden Jessie W. Weatherly		27. INFORMANT - NAME and relationship to decedent Betty Breckel, wife	
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify):		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Uniservice Crematorium		30. LOCATION - City or Town, State Portland, Oregon	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		32. LICENSE NUMBER (For Licensee) 1529		33. NAME, ADDRESS AND ZIP OF FACILITY Memorial Gardens Mortuary 1101 NE 112th Ave Vancouver, WA 98684	
34. DATE FILED (Month, Day, Year) AUG 21 1991		35. REGISTRAR'S SIGNATURE <i>[Signature]</i>		36. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
37. TIME OF DEATH 1800		38. DATE PRONOUNCED DEAD (Month, Day, Year) 8-9-91		39. DATE SIGNED (Month, Day, Year) 8-9-91	
40. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN Charles Martinson, M.D. 1130 NW 22nd # 640 Portland, OR 97210		41. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Charles Martinson, M.D.		42. 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.) Chronic Kidney Failure	
43. DUE TO, OR AS A CONSEQUENCE OF: Polyarterial Nephritis		44. DUE TO, OR AS A CONSEQUENCE OF:		45. INTERVAL BETWEEN ONSET AND DEATH 12 years	
46. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I.		47. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		48. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
49. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		50. DATE OF INJURY (Month, Day, Year)		51. TIME OF INJURY M <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
52. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		53. LOCATION (Street and Number or Rural Route Number, City or Town, State)		54. DESCRIBE HOW INJURY OCCURRED	

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

DATE ISSUED

AUG 23 1991

[Signature]
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

CL 015-11-5106 8-9-91 ERM

91 4 00479 1

W I L L
OF
JOSEPH WARREN BRECKEL

FILED
AUG 28 1991
JoAnne McBride, Clerk, Clark Co

I, JOSEPH WARREN BRECKEL, of Vancouver, Washington, being of legal age, do make, publish and declare this my Last Will and Testament as follows, hereby revoking all Wills and Codicils previously by me made, that is to say:

1. DECLARATIONS

1.1 Family Status. I declare that my wife is BETTY LOU BRECKEL. I have three children, namely: NANCY LOU BRECKEL, of legal age; DOUGLAS WARREN BRECKEL, of legal age; and JEFFREY POWELL BRECKEL, of legal age.

1.2 Revocation. My wife is executing a Will contemporaneously with this Will. It is not our intention, however, to create thereby a binding contract between the two of us, each of us reserving the full right of revocation, cancellation, or amendment whether exercised prior to or subsequent to the death of the other.

1.3 Children. Whenever the words "child" or "children" are used in the following paragraphs it is intended to encompass both natural and adopted children.

1.4 Taxes. I direct that all state or federal estate, inheritance or succession taxes shall be paid as an expense of administration of my estate to the end that all distributions made shall be net to the recipient.

2. PROBATE ADMINISTRATION

2.1 Personal Representative. I hereby appoint my wife,

67 09 11 6106
8-9-98

449
365

Initials

ALL TESTAMENTS
AND PROBATE RECORDS
MAINTAINED IN THE
CLERK'S OFFICE
CLARK COUNTY
WASHINGTON
JULY 28 1991

BETTY LOU BRECKEL, to be my personal representative to administer my Will and to act without bond and with the nonintervention powers granted in paragraph 2.3.

2.2 Alternate Personal Representative. If my wife, BETTY LOU BRECKEL, is unable or unwilling to serve as personal representative, or has predeceased me, then JEFFREY POWELL BRECKEL is designated alternate personal representative to act without bond and with the same nonintervention powers granted in paragraph 2.3.

2.3 Nonintervention Powers. I direct that my personal representative act without the intervention of any court, except as may be required under the laws of the state where probated. My personal representative shall have full power: to sell, 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 my personal representative; to mortgage or pledge any estate property; to continue any or all of my business operations; 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.

3. SPECIFIC DEVISE

3.1 In the event that my wife, BETTY LOU BRECKEL, survives me by ten (10) full days, I give and devise my stock in Interlaken Resort Company to my wife.

3.2 Should my wife die prior to ten (10) full days after my death, I give and devise my stock in Interlaken Resort Company to my son, JEFFREY POWELL BRECKEL.

Jeffrey Powell Breckel
Initials

4. PRIMARY BENEFICIARY

In the event my wife, BETTY LOU BRECKEL, survives me by ten (10) full days, I give, devise and bequeath all of the rest, residue and remainder of my estate to my wife, BETTY LOU BRECKEL.

5. SECONDARY BENEFICIARIES

In the event my wife, BETTY LOU BRECKEL, does not survive me by ten (10) full days, I give, devise and bequeath all of the rest, residue and remainder of my estate to my children, NANCY LOU BRECKEL, DOUGLAS WARREN BRECKEL, and JEFFREY POWELL BRECKEL, to be divided equally among such children, share and share alike, or to their children by right of representation.

6. WITNESS AFFIDAVIT

I request that the attesting witnesses to my Will make an affidavit before a Notary Public stating such facts as they would be required to testify to a court in order to prove such Will.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 30 day of Oct., 1980.


JOSEPH WARREN BRECKEL

STATE OF WASHINGTON
County of Clark

)
) ss.
)

The undersigned, of lawful age and competent to testify, being duly sworn, each for himself, testifies as follows:

The foregoing document was executed by the testator on the date it bears.

The testator declared the document to be his Last Will and Testament and requested us to sign the same as witnesses. At


Initials

the request of and in the presence of the testator and in the presence of the Notary Public and each other, the other witness and I subscribed our names as witnesses hereto.

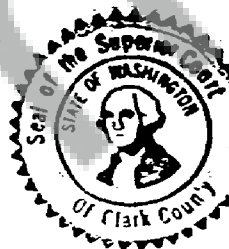
At the time of executing the document, testator and witnesses were of the age of majority and the testator appeared to be of sound and disposing mind, and not acting under duress, menace, fraud, undue influence or misrepresentation.

Paula Yuller

George D. Davies
Subscribing Witnesses

Subscribed and sworn to before me this 30 day of October, 1980.

Debbie H. Fitch
Notary Public in and for the State
of Washington, residing at
Vancouver



STATE OF WASHINGTON } ss.
COUNTY OF CLARK
I, JoAnne McBride, County Clerk and Clerk of the Superior Court of Clark County, Washington, DO HEREBY CERTIFY that this document, consisting of 4 page(s), is a true and correct copy of the original now on file and of record in my office and, as County Clerk, I am the legal custodian thereof.
Signed and sealed at Vancouver, Washington this date: 7/13/93

JoAnne McBride, County Clerk

Debbie H. Fitch Deputy

Initials