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BOOK 204 PAGE 969

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SKAMANIA CO. WASH  
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Dec 6 1 50 PM '00

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AUDITOR  
GARY M. OLSON

**AFTER RECORDING MAIL TO:**

Name John Gary Freeland

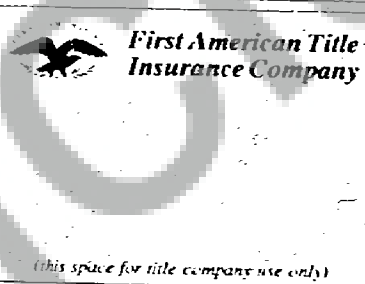
Address PO BOX 689

City/State Kaelakekua HI 96750

SR 23631

Document Title(s): (or transactions contained therein)

1. DEATH CERTIFICATE
2. WILL
- 3.
- 4.



Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document

Grantor(s): (Last name first, then first name and initials)

1. KATHLEEN G. ROE, TRUSTEE OF THE KATHLEEN G. ROE TRUST DATED 2-29-2000
- 2.
- 3.
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

Grantee(s): (Last name first, then first name and initials)

1. JOHN GARY FREEDLAND, SUCCESSOR TRUSTEE OF THE KATHLEEN G. ROE TRUST
2. Gary H. Martin, Skamania County Assessor
3. Date 12/6/00 Parcel # 3-8-29-1-1-400
- 4.

5. ☐ Additional names on page \_\_\_\_\_ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Lots 1 and 2, Block 2 ESTABROOK'S ADDITION to the Town of Carson,  
according to the recorded Plat thereof, recorded in Book A of Plats, Page  
31, in the County of Skamania, State of Washington.

☐ Complete legal description is on page \_\_\_\_\_ of document

REAL ESTATE EXCISE TAX

21228

Assessor's Property Tax Parcel / Account Number(s): 03-08-29-1-1-400

PAID *Freeland*

*Olson*

SKAMANIA COUNTY TREASURER

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

# CERTIFICATION OF VITAL RECORD

BOOK 204 PAGE 970

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

165046

10 TAG NO.

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

136

Local File Number

State File Number

1. DECEASED'S NAME <b>Kathleen C. ROE</b>		2. SEX <b>F</b>		3. DATE OF DEATH (Month, Day, Year) <b>September 15, 2000</b>	
4. SOCIAL SECURITY NUMBER <b>534-14-9765</b>		5. AGE Last Birthday <b>83</b>		6. BIRTHPLACE (City and State or Foreign) <b>Dighton, Kansas</b>	
7. DATE OF BIRTH (Month, Day, Year) <b>July 4, 1917</b>		8. PLACE OF DEATH (City and State) <b>Hood River, Oregon</b>			
9. FACILITY NAME (If not available, give street and house no.) <b>Hood River Care Center</b>					
10. DECEASED'S USUAL OCCUPATION (Only enter if usual during last 12 months) <b>Owner/Operator</b>					
11. TYPE OF BUSINESS/INDUSTRY <b>Grocery Store</b>					
12. RESIDENCY - STATE <b>Washington</b>		13. COUNTY <b>Clatsop</b>		14. CITY, TOWN, OR LOCATION OF DEATH <b>Hood River</b>	
15. MARITAL STATUS <b>Widowed</b>		16. SPOUSE'S NAME (Last, first, middle) <b>Henry Roe</b>			
17. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School</b>		18. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School</b>			
19. FATHER'S NAME <b>Charles</b>		20. MOTHER'S NAME <b>Gary</b>			
21. DATE OF BIRTH <b>1917</b>		22. DATE OF BIRTH <b>1917</b>			
23. DATE OF DEATH <b>September 15, 2000</b>					
24. NAME, TITLE, ADDRESS OF REGISTRAR <b>Raymond Fitzsimmons M.D. 711 Spilline Dr. Astoria, Oregon, OR 97103</b>					
25. NAME OF ATTENDING PHYSICIAN (If none, enter "None") <b>None</b>					
26. IMMEDIATE CAUSE (Enter only one cause) <b>Ischemic Heart Disease</b>					
27. DUE TO OR AS A COMPLICATION OF: <b>None</b>					
28. OTHER SIGNIFICANT CONDITIONS: <b>None</b>					
29. DATE OF BIRTH <b>1917</b>					
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100. DATE OF BIRTH <b>1917</b>					

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 HOOD RIVER COUNTY REGISTRAR

*Dorothy A. Odell*

DATE ISSUED:

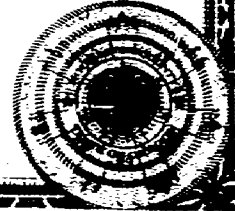
HOOD RIVER

OCT 12 2000

COUNTY

DOROTHY A. ODELL  
COUNTY REGISTRAR  
HOOD RIVER COUNTY, OREGON

THIS COPY NOT VALID WITHOUT INTERIOR SEAL AND BORDER





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REVOCABLE LIVING TRUST AGREEMENT

DATED: February 29, 2000

BETWEEN: KATHLEEN G. ROE, as Trustor,

AND: KATHLEEN G. ROE as Trustee and upon her death or incapacity, JOHN GARY FREEDLAND is hereby named as Successor Trustee. In the event he is unable or unwilling to so act, DAVID D. JOHNSON is hereby named as Successor Trustee.

I, KATHLEEN G. ROE, as Trustor, hereby establish a trust with Trustee. The parties agree that the property of this trust shall be held, managed and distributed by my Trustee as hereafter provided.

ARTICLE I

NAME OF TRUST

This trust may be called the KATHLEEN G. ROE TRUST dated February 29, 2000.

ARTICLE II

FAMILY

I declare that I am unmarried. I have no children or deceased children.

ARTICLE III

TRUST PROPERTY

I have transferred and delivered to my Trustee the property described on Schedule A. Schedule B lists property not transferred to the trust for tax reasons but in which the trust may have a contingent interest, such as a beneficiary designation. Such titles and interests as my Trustee has received or may hereafter acquire in that property and such other property as may hereafter be added to the trust shall be vested in my Trustee.

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SCHEDULE "A"

TRUST PROPERTY

THE KATHLEEN GENE ROE TRUST dated February 29, 2000

(Including the proceeds of any such investments to the extent they may be traced to those listed below; Values, if given, are approximate and relate only to the value at the date set forth below)

Bank Accounts

Riverview Community Bank  
Account No. 00399304479

Real Property

Lots 1 and 2 of Block Two of ESTABROOK'S ADDITION TO THE TOWN OF CARSON according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington, in the City of Carson, County of Skamania and State of Washington, commonly known as PO Box 822, Carson, Washington.

Personal Property

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.

I hereby convey, transfer and deliver all of the foregoing assets to the KATHLEEN GENE ROE TRUST dated February 29, 2000, subject to the terms and conditions stated therein.

*Kathleen G. Roe*  
KATHLEEN GENE ROE

///  
///  
///

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

LAST WILL  
OF  
KATHLEEN GENE ROE

I, KATHLEEN GENE ROE, of Skamania County Washington, do make,  
publish and declare this my last will, hereby revoking all former wills and codicils.

ARTICLE I  
FAMILY

I declare that I am unmarried. I have no children or deceased children.

ARTICLE II  
APPOINTMENT OF FIDUCIARIES

A. Personal Representative. I nominate JOHN GARY FREEDLAND Personal Representative. In the event s/he shall have predeceased me or is unable or unwilling to serve, I nominate DAVID D. JOHNSON, as Successor Personal Representative. My Personal Representative shall serve without bond and after appointment shall have full power to act without intervention of the court.

B. Waiver of Bond. To the extent allowed by law, I direct that any of the fiduciaries named above, or their alternates or successors, shall be entitled to serve without bond or other undertaking and without reporting or accounting to any court. In appropriate cases, consideration should be given to requiring a bond and an accounting.

C. Designation of Guardian. I hereby designate JOHN GARY FREEDLAND as guardian of my person in the event of my incapacity. In the event JOHN GARY FREEDLAND shall have predeceased me or is unable or unwilling to serve, I nominate DAVID D. JOHNSON, as guardian of my person.

///  
///  
///

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT

K.R.