

139854

BOOK 205 PAGE 29

FILED FOR RECORD
SKAMIA CO. WASH.
BY *Allan Weingard*

Return Address:

Allan H. Weingard
6815 SW Dover St.
Portland, OR 97225

Dec 7 3 43 PM '00
G. Laury
AUDITOR
GARY H. OLSON

Document Title(s) or transactions contained herein:

The Leveton Family Living Trust

GRANTOR(S) (Last name, first name, middle initial)

Leveton, Martha Rapp, Estate of

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Weingard, Allan H.
Weingard, Judith Elizabeth
Rapp, Jeffrey Gordon

☐ Additional names on page _____ of document.

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

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents 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.

0000874

BOOK 205 PAGE 30

THE LEVETON FAMILY LIVING TRUST

NAME OF TRUST: The Leveton Family Living Trust
DATE ESTABLISHED: February 13, 1991
INITIAL TRUSTEE: Martha Rapp Leveton
SUCCESSOR TRUSTEES: Allan H. Weingard
Judith Elizabeth Weingard
Jeffrey Gordon Rapp

ASSETS MAY BE TRANSFERRED TO
OR REMOVED FROM THIS TRUST AT ANY TIME

ALL INCOME OR LOSS FROM TRUST ASSETS SHOULD BE
REPORTED ON TRUSTOR'S INDIVIDUAL FEDERAL AND STATE
INCOME TAX RETURNS

DO NOT WRITE ON THIS AGREEMENT
CHANGE IT, OR REVOKE IT
WITHOUT ADVICE FROM YOUR ATTORNEY

FOR TRUST BUSINESS, ALWAYS SIGN NAME:

MARTHA RAPP LEVETON, Trustee, or her successors in trust, under the
LEVETON FAMILY LIVING TRUST dated February 13, 1991, and any
amendments thereto.

TITLE TO ALL TRUST ASSETS ARE VESTED IN THE NAME OF:

MARTHA RAPP LEVETON, Trustee, or her successors in trust, under the
LEVETON FAMILY LIVING TRUST dated February 13, 1991, and any
amendments thereto.

THIS PAGE IS NOT PART OF THE TRUST

CONNIE L.F. TERWILLIGER
The Dall Building
4400 S.W. 110th Avenue, Suite 100
Beaverton, Oregon 97005

BOOK 205 PAGE 32

Section 8. Distributions of Real Estate to JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD

Upon my death, my Trustee shall distribute to my children, JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD, with right of representation, the following described real estate:

100.00% of my one-half interest in the real property commonly known as:

280 SW 133rd
Beaverton, OR 97005

It is my desire to have my children speak to ELROY G. PROSCH, the co-owner, and, if possible, sell the real estate. Each child shall then receive one-half of my one-half interest of the net proceeds from sale.

Section 9. Distributions of Real Estate to JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD

Upon my death, my Trustee shall distribute to my Children, JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD, with right of representation, the following described real estate:

100.00% of my one-half interest in the real property commonly known as:

9308 And 9330 NE Glisan
Portland, OR 97225

It is my desire to have my children speak to ELROY G. PROSCH, the co-owner, and, if possible, sell the real estate. Each child shall then receive one-half of my one-half interest of the net proceeds from sale.

Section 10. Distributions of Real Estate to JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD

Upon my death, my Trustee shall distribute to my children, JEFFREY GORDON RAPP AND JUDITH ELIZABETH WEINGARD, with right of representation, the following described real estate:

100.00% of my one-half interest in the real property commonly known as:

Mile Post 10- Highway 140R
Washougal, WA

Section 3. Replacement of Trustees

Trustees shall be replaced in the following manner:

a. The Death or Disability of a Cotrustee While I am a Trustee

I may serve as a sole Trustee or I may name any number of Cotrustees to serve with me. If a Cotrustee subsequently dies, resigns, becomes legally incapacitated, or is otherwise unable or unwilling to serve as a Cotrustee, I may or may not fill the vacancy, as I choose.

b. My Trustees Upon My Disability

During any period that I am disabled, the following disability Trustee shall replace my initial Trustee:

ALLAN H. WEINGARD

If a disability Trustee is unwilling or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor disability Trustees:

JUDITH ELIZABETH WEINGARD and JEFFREY GORDON RAPP
or the survivor of them

c. My Trustees Upon My Death

On my death, the following death Trustee shall replace my initial Trustee, if she is then serving, or my disability Trustee, if he is then serving:

ALLAN H. WEINGARD

If a death Trustee is unwilling or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor death Trustees:

JUDITH ELIZABETH WEINGARD and JEFFREY GORDON RAPP
or the survivor of them

BOOK 205 PAGE 34

I have executed this agreement the day and year first written above.

I certify that I have read my foregoing revocable living trust agreement, and that it correctly states the terms and conditions under which my trust property is to be held, managed, and disposed of by my Trustee. I approve this revocable living trust in all particulars, and request my Trustee to execute it.

Martha Rapp Leveton
MARTHA RAPP LEVETON, Trustmaker
ALSO KNOWN AS MARTHA RAPP

Martha Rapp Leveton
MARTHA RAPP LEVETON, Trustee
ALSO KNOWN AS MARTHA RAPP

BOOK 205 PAGE 35

STATE OF OREGON)

COUNTY OF WASHINGTON)

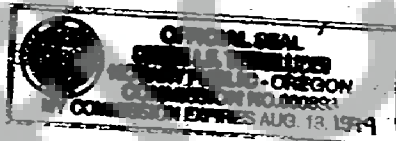
ss.

On Feb 13, 1991, before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARTHA RAPP LEVETON, known to me to be the person whose name is subscribed to the within instrument (or proved to me on the basis of satisfactory evidence) and acknowledged that he executed the same.

Witness my hand and official seal.

James F. T. Remy
Notary Public for Oregon

My Commission Expires: 8-18-94



CERTIFICATION OF VITAL RECORD

BOOK 205 PAGE 36

TYPE OR
PRINT IN
PERMANENT
BLACK INK

297610

10 TAG NO
2429
LOCAL FILE NUMBER

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

136

State File Number

1. DECEDENT'S NAME Hartha		2. SEX Female		3. DATE OF DEATH (Month, Day, Year) December 7, 1999	
4. SOCIAL SECURITY NUMBER 092-09-5975		5. AGE (Last Birthday) 84		6. DATE OF BIRTH (Month, Day, Year) September 26, 1915	
7. WAS DECEDENT EVER A U.S. ARMED FORCES MEMBER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF BIRTH (City and State or Foreign Country) Wheat, Germany		9. PLACE OF DEATH (City and State or Foreign Country) Portland, Oregon	
10. FACILITY NAME (If not permanent, give street and number) 7355 SW Eastmore Terrace		11. CITY, TOWN OR LOCATION OF DEATH Portland		12. COUNTY OF DEATH Washington	
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life or last one) Broker		14. KIND OF BUSINESS/INDUSTRY Real Estate		15. MARITAL STATUS - Married, Single, Widowed, Divorced, Separated Widowed	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN OR LOCATION Portland		18. STREET AND NUMBER 7355 SW Eastmore Terrace	
19. ZIP CODE 97225		20. RACE (Specify) White		21. DECEDENT'S EDUCATION (Specify) High School Graduate	
22. FATHER - Name, Sex, Middle, Maiden Name Leonard - Rogers		23. MOTHER - Name, Sex, Middle, Maiden Name Rache - Pragma		24. INFORMANT - Name and Relationship to Decedent Jeffrey G. RAPP	
25. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal to another State <input type="checkbox"/> Other (Specify) Burial		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other facility) Neveah Zedek-Rose City Lodge		27. LOCATION - City or Town, State Portland, Oregon	
28. SIGNATURE OF OREGON PUBLIC SERVICE LICENSEE OR REGISTRAR <i>[Signature]</i>		29. OREGON LICENSE NO. (If Licensee) 00 1336		30. NAME, ADDRESS AND ZIP OF FACILITY Holman's Funeral Service 2810 SE Hawthorne Blvd. Portland, OR 97214-1444	
31. DATE FILED (Month, Day, Year) DEC 15 1999		32. REGISTRAR'S SIGNATURE <i>[Signature]</i>		33. COUNTY Washington	
RESERVED FOR REGISTRAR'S USE					
TO BE COMPLETED BY CERTIFYING PHYSICIAN					
34. TIME OF DEATH 0235		35. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. DATE SIGNED (Month, Day, Year) 12/9/1999	
37. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Mark Rarick, MD		38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 3600 N. Interstate Ave. Portland, OR 97227		39. IMMEDIATE CAUSE (ENTER ONE OR MORE CAUSES PER LINE FOR 1a, 1b, AND 1c. Do not enter mode of death, e.g., Cardiac or Respiratory Arrest)	
1a. Myocardial Infarction		1b. Coronary Artery Disease		1c. Other (Specify)	
2a. Stroke		2b. Other (Specify)		2c. Other (Specify)	
3a. Other (Specify)		3b. Other (Specify)		3c. Other (Specify)	
4a. Other (Specify)		4b. Other (Specify)		4c. Other (Specify)	
5a. Other (Specify)		5b. Other (Specify)		5c. Other (Specify)	
6a. Other (Specify)		6b. Other (Specify)		6c. Other (Specify)	
7a. Other (Specify)		7b. Other (Specify)		7c. Other (Specify)	
8a. Other (Specify)		8b. Other (Specify)		8c. Other (Specify)	
9a. Other (Specify)		9b. Other (Specify)		9c. Other (Specify)	
10a. Other (Specify)		10b. Other (Specify)		10c. Other (Specify)	
11a. Other (Specify)		11b. Other (Specify)		11c. Other (Specify)	
12a. Other (Specify)		12b. Other (Specify)		12c. Other (Specify)	
13a. Other (Specify)		13b. Other (Specify)		13c. Other (Specify)	
14a. Other (Specify)		14b. Other (Specify)		14c. Other (Specify)	
15a. Other (Specify)		15b. Other (Specify)		15c. Other (Specify)	
16a. Other (Specify)		16b. Other (Specify)		16c. Other (Specify)	
17a. Other (Specify)		17b. Other (Specify)		17c. Other (Specify)	
18a. Other (Specify)		18b. Other (Specify)		18c. Other (Specify)	
19a. Other (Specify)		19b. Other (Specify)		19c. Other (Specify)	
20a. Other (Specify)		20b. Other (Specify)		20c. Other (Specify)	
21a. Other (Specify)		21b. Other (Specify)		21c. Other (Specify)	
22a. Other (Specify)		22b. Other (Specify)		22c. Other (Specify)	
23a. Other (Specify)		23b. Other (Specify)		23c. Other (Specify)	
24a. Other (Specify)		24b. Other (Specify)		24c. Other (Specify)	
25a. Other (Specify)		25b. Other (Specify)		25c. Other (Specify)	
26a. Other (Specify)		26b. Other (Specify)		26c. Other (Specify)	
27a. Other (Specify)		27b. Other (Specify)		27c. Other (Specify)	
28a. Other (Specify)		28b. Other (Specify)		28c. Other (Specify)	
29a. Other (Specify)		29b. Other (Specify)		29c. Other (Specify)	
30a. Other (Specify)		30b. Other (Specify)		30c. Other (Specify)	
31a. Other (Specify)		31b. Other (Specify)		31c. Other (Specify)	
32a. Other (Specify)		32b. Other (Specify)		32c. Other (Specify)	
33a. Other (Specify)		33b. Other (Specify)		33c. Other (Specify)	
34a. Other (Specify)		34b. Other (Specify)		34c. Other (Specify)	
35a. Other (Specify)		35b. Other (Specify)		35c. Other (Specify)	
36a. Other (Specify)		36b. Other (Specify)		36c. Other (Specify)	
37a. Other (Specify)		37b. Other (Specify)		37c. Other (Specify)	
38a. Other (Specify)		38b. Other (Specify)		38c. Other (Specify)	
39a. Other (Specify)		39b. Other (Specify)		39c. Other (Specify)	
40a. Other (Specify)		40b. Other (Specify)		40c. Other (Specify)	
41a. Other (Specify)		41b. Other (Specify)		41c. Other (Specify)	
42a. Other (Specify)		42b. Other (Specify)		42c. Other (Specify)	
43a. Other (Specify)		43b. Other (Specify)		43c. Other (Specify)	
44a. Other (Specify)		44b. Other (Specify)		44c. Other (Specify)	
45a. Other (Specify)		45b. Other (Specify)		45c. Other (Specify)	
46a. Other (Specify)		46b. Other (Specify)		46c. Other (Specify)	
47a. Other (Specify)		47b. Other (Specify)		47c. Other (Specify)	
48a. Other (Specify)		48b. Other (Specify)		48c. Other (Specify)	
49a. Other (Specify)		49b. Other (Specify)		49c. Other (Specify)	
50a. Other (Specify)		50b. Other (Specify)		50c. Other (Specify)	
51a. Other (Specify)		51b. Other (Specify)		51c. Other (Specify)	
52a. Other (Specify)		52b. Other (Specify)		52c. Other (Specify)	
53a. Other (Specify)		53b. Other (Specify)		53c. Other (Specify)	
54a. Other (Specify)		54b. Other (Specify)		54c. Other (Specify)	
55a. Other (Specify)		55b. Other (Specify)		55c. Other (Specify)	
56a. Other (Specify)		56b. Other (Specify)		56c. Other (Specify)	
57a. Other (Specify)		57b. Other (Specify)		57c. Other (Specify)	
58a. Other (Specify)		58b. Other (Specify)		58c. Other (Specify)	
59a. Other (Specify)		59b. Other (Specify)		59c. Other (Specify)	
60a. Other (Specify)		60b. Other (Specify)		60c. Other (Specify)	
61a. Other (Specify)		61b. Other (Specify)		61c. Other (Specify)	
62a. Other (Specify)		62b. Other (Specify)		62c. Other (Specify)	
63a. Other (Specify)		63b. Other (Specify)		63c. Other (Specify)	
64a. Other (Specify)		64b. Other (Specify)		64c. Other (Specify)	
65a. Other (Specify)		65b. Other (Specify)		65c. Other (Specify)	
66a. Other (Specify)		66b. Other (Specify)		66c. Other (Specify)	
67a. Other (Specify)		67b. Other (Specify)		67c. Other (Specify)	
68a. Other (Specify)		68b. Other (Specify)		68c. Other (Specify)	
69a. Other (Specify)		69b. Other (Specify)		69c. Other (Specify)	
70a. Other (Specify)		70b. Other (Specify)		70c. Other (Specify)	
71a. Other (Specify)		71b. Other (Specify)		71c. Other (Specify)	
72a. Other (Specify)		72b. Other (Specify)		72c. Other (Specify)	
73a. Other (Specify)		73b. Other (Specify)		73c. Other (Specify)	
74a. Other (Specify)		74b. Other (Specify)		74c. Other (Specify)	
75a. Other (Specify)		75b. Other (Specify)		75c. Other (Specify)	
76a. Other (Specify)		76b. Other (Specify)		76c. Other (Specify)	
77a. Other (Specify)		77b. Other (Specify)		77c. Other (Specify)	
78a. Other (Specify)		78b. Other (Specify)		78c. Other (Specify)	
79a. Other (Specify)		79b. Other (Specify)		79c. Other (Specify)	
80a. Other (Specify)		80b. Other (Specify)		80c. Other (Specify)	
81a. Other (Specify)		81b. Other (Specify)		81c. Other (Specify)	
82a. Other (Specify)		82b. Other (Specify)		82c. Other (Specify)	
83a. Other (Specify)		83b. Other (Specify)		83c. Other (Specify)	
84a. Other (Specify)		84b. Other (Specify)		84c. Other (Specify)	
85a. Other (Specify)		85b. Other (Specify)		85c. Other (Specify)	
86a. Other (Specify)		86b. Other (Specify)		86c. Other (Specify)	
87a. Other (Specify)		87b. Other (Specify)		87c. Other (Specify)	
88a. Other (Specify)		88b. Other (Specify)		88c. Other (Specify)	
89a. Other (Specify)		89b. Other (Specify)		89c. Other (Specify)	
90a. Other (Specify)		90b. Other (Specify)		90c. Other (Specify)	
91a. Other (Specify)		91b. Other (Specify)		91c. Other (Specify)	
92a. Other (Specify)		92b. Other (Specify)		92c. Other (Specify)	
93a. Other (Specify)		93b. Other (Specify)		93c. Other (Specify)	
94a. Other (Specify)		94b. Other (Specify)		94c. Other (Specify)	
95a. Other (Specify)		95b. Other (Specify)		95c. Other (Specify)	
96a. Other (Specify)		96b. Other (Specify)		96c. Other (Specify)	
97a. Other (Specify)		97b. Other (Specify)		97c. Other (Specify)	
98a. Other (Specify)		98b. Other (Specify)		98c. Other (Specify)	
99a. Other (Specify)		99b. Other (Specify)		99c. Other (Specify)	
100a. Other (Specify)		100b. Other (Specify)		100c. Other (Specify)	
RESERVED FOR REGISTRAR'S USE					

ORIGINAL-VITAL STATISTICS COPY

452 Rev. 11-98



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

DATE ISSUED

DEC 16 1999

THIS COPY NOT VALID WITHOUT INKING STATE SEAL AND SPODER

James F. Bennett
COUNTY REGISTRAR
WASHINGTON COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE