

140890

BOOK 208 PAGE 996

FILED FOR RECORD
SKAMANIA CO. WASH
BY *Derald E. Barnes*

Return Address:

Derald E. Barnes
PO Box 787
*Carson, WA 98610*APR 23 4 04 PM '01
[Signature]
AUDITOR
GARY H. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:									
1. <i>LAST WILL + Testament 12.30.91</i>									
2. <i>Death certificate 4.18.01</i>									
3.									
4.									
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX								
1. <i>Barnes, Mildred E.</i>	<i>21485</i>								
2.	<i>APR 24 2001</i>								
3.	PAID <i>Waiver</i>								
4.	<i>[Signature]</i>								
<input type="checkbox"/> Additional Names on page _____ of document.	SKAMANIA COUNTY TREASURER								
GRANTEE(S) (Last name, first, then first name and initials)	<table border="1"> <tr><td>Registered</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Indexed</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Filed</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Other</td><td><input type="checkbox"/></td></tr> </table>	Registered	<input checked="" type="checkbox"/>	Indexed	<input checked="" type="checkbox"/>	Filed	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Registered	<input checked="" type="checkbox"/>								
Indexed	<input checked="" type="checkbox"/>								
Filed	<input checked="" type="checkbox"/>								
Other	<input type="checkbox"/>								
1. <i>Barnes, Derald E.</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>E. 98" of Lot 6 + Lot 7 Pleasant Valley Acres</i>									
<i>in Township 3N Range 8E Section 21</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>03082130 060100</i>									
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned. <i>03082130 0700 06</i>									
<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.									

Last Will and Testament

OF

MILDRED E. BARNES

* * * *

KNOW ALL MEN BY THESE PRESENTS:

I, MILDRED E. BARNES, of Carson, Skamania County, Washington, being of legal age, and of sound and disposing mind and memory, and not acting under duress, menace, fraud or undue influence of any persons whomsoever, do make, publish and declare this my Last Will and Testament, and I do hereby expressly revoke all other and former Wills and Codicils to Wills made by me.

FIRST. I am the wife of Derald E. Barnes, and we have three children, Pamela Milbrandt, Roger Barnes and Randolph Barnes.

SECOND. I direct my Personal Representative hereinafter named to pay all of my just debts and obligations as soon after my decease as practicable.

THIRD. I intend to leave an itemized list gifting certain of my personal property and I direct that my Personal Representative distribute such property pursuant to those written instructions, but only if my husband, Derald E. Barnes, predeceases me.

FOURTH. All of the rest, residue and remainder of my estate, real, personal and mixed, of every kind and character I give, devise and bequeath unto my husband, Derald E. Barnes, providing he survives me.

Gary H. Martin, Skamania County Assessor

Date 4-23-01 Parcel # 2308 213 00601 00
HD 0700

FIFTH. In the event that my husband, Derald E. Barnes, does not survive me, I give and devise my estate assets as follows:

(A) One third of my estate assets to my daughter, Pamela Milbrandt, providing she survives me, and if not, this share of my estate shall go to my two sons, Roger Barnes and Randolph Barnes, in equal shares.

(B) One third of my estate assets to my son, Roger Barnes, providing he survives me.

SIXTH. In the event that my son, Roger Barnes, does not survive me, the property devised and bequeathed to him above is hereby devised and bequeathed to his three children, namely, Amy Barnes, Amber Barnes and Brianna Barnes, in equal shares, but each of these shall take a share of my estate assets only if she has reached her 30th birthday at the time of my death. And if not the share of each beneficiary who has not reached her 30th birthday shall be held in trust by Randy Barnes and if he is unwilling or unable to serve then Gayle Barnes shall act as such Trustee. The trust assets shall be held in trust upon the terms and conditions set out in Paragraph Eighth below, for the benefit of such child who is under the age of 30 years.

SEVENTH. In the event that my son, Randolph Barnes, does not survive me the property devised and bequeathed to him above is hereby devised and bequeathed to his two children, namely Tyler Jason Barnes, and Kylene Ashley Barnes, in equal shares, but each of them shall take such share of my estate assets only if he or she has reached his or her 30th birthday at the time of my death and if not the share of such child who has not reached his or her 30th birthday shall be held in trust by Gayle Barnes and if she is unwilling or unable to serve then Roger Barnes shall act as such

Trustee. The trust assets shall be held in trust upon the terms and conditions set out in Paragraph below, for the benefit of such child who is under the age of 30 years.

EIGHTH. The trust assets shall be held upon the following terms and conditions:

(1) Each Trustee shall establish a separate trust for each beneficiary which shall be maintained until the beneficiary reaches his or her 30th birthday. From the income and principal thereof each trustee is authorized to make discretionary distribution for the care, maintenance, health and education of such beneficiary.

(2) As each trust beneficiary reaches the age of 30 the Trustee shall distribute to that beneficiary all assets then included in the trust estate of that beneficiary.

(3) Should any of the above named trust beneficiaries die prior to receiving his or her share of the trust estate, leaving issue surviving, then and in such event, the fund being held for the benefit of such beneficiary so dying shall be held by the Trustee for the benefit of the issue of such beneficiary, and the net income therefrom shall be paid to, or in the discretion of the Trustee, applied for the benefit of such issue until the youngest child of the beneficiary so dying shall have attained the age of twenty-one (21) years, whereupon the principal of such trust estate shall be paid over, or transferred, assigned, conveyed and delivered to the issue of such beneficiary so dying in equal shares, per stirpes, and the Trustee shall also have the discretionary power to use any portion of the trust principal for the benefit of such issue.

(4) Wherever in this my Will I have provided for the payment

of the income or trust principal to the beneficiary or beneficiaries, it is my Will an I direct that the Trustee charged with the disbursement of such income or trust principal shall pay the same to the beneficiary or for the beneficiary's account, free and clear and discharged from all claims, demands, judgments and executions against the beneficiary and without the right on the part of such beneficiary of alienation or anticipation of income and/or principal.

(5) The Trustees shall have all the rights, powers and duties given by law on the date hereof, including those set forth in the Washington Trust Act. In addition thereto, the Trustee shall have the right to rely with acquittance on advice of counsel on questions of law. The Trustee shall serve without bond.

NINTH. I hereby nominate and appoint my husband, Derald E. Barnes, Personal Representative of this my Last Will and Testament, and of my property and estate herein mentioned, and I direct that he not be required to give bond for the faithful performance of his duties as such, and I hereby release him from giving such bond. In the event that my husband does not desire to or cannot qualify as the Personal representative, or in the event that he is unable to complete his trust as such, then I appoint my son, Randolph Barnes, to act as Personal Representative, without bond, but in case of his death, inability, neglect or refusal to act and complete the trust hereunder, I appoint my son, Roger Barnes as Personal Representative to act without bond.

TENTH. It is further my Will, and I so direct, that my estate be managed, settled and distributed by my Personal Representative

without the intervention of the probate court, or any other court, which shall have jurisdiction of such matters, except the proof, allowance and admission of this my Last Will and Testament to probate, and to file a true inventory of all the property of my said estate, and to take such other and further proceedings as are required by law in the case of a non-intervention Will.

IN WITNESS WHEREOF, I have hereunto set my hand this 12-30-91 day of December, 1991.

Mildred E. Barnes
MILDRED E. BARNES

The foregoing instrument, consisting of five (5) pages, including this, was on the date above written, by the said MILDRED E. BARNES, signed, published and declared by her to be her Last Will and Testament, in the presence of us, who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses thereto.

Larry Dyer
Residing at Chester, Washington

Robin Douglass
Residing at Chester, Washington

STATE OF WASHINGTON)
)
 County of ~~Whitman~~ SKAMANIA) ss.

Larry Douglass, and Robin Douglass,

each being first duly sworn, on oath, deposes and says:

1. This Affidavit is made concerning the foregoing Last Will and Testament to which this affidavit is attached:

Testatrix: Mildred E. Barnes

Date of Instrument: December 30, 1991

2. I am of lawful age and competent to testify in support of the foregoing Will, and a resident of ~~Whitman~~ SKAMANIA County, Washington.

3. The foregoing instrument was signed by the Testatrix at ~~Reese~~ STEVENSON Washington, on the date it bears, in the presence of each of us.

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

5. At the time of signing said instrument, the Testatrix and each of the witnesses were of legal age, and the Testatrix appeared to be of sound and disposing mind, not acting under duress, menace, fraud or undue influence or misrepresentation.

Larry Douglass

Robin Douglass

SUBSCRIBED AND SWORN to before me this

30th day of December, 1991.



Peggy B. Lowry

Notary Public in and for the State
 of Washington, residing at ~~Reese~~ Carson
STEVENSON

CERTIFICATION OF VITAL RECORD

BOOK 208 PAGE 1003

TYPE OR
PRINT IN
PERMANENT
BLACK INK

333532

LD TAG NO.
1043-01
Local File Number

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

135

State File Number

1. DECEASED'S NAME Mildred Ethel BARNES		2. SEX F		3. DATE OF DEATH (Month, Day, Year) April 11, 2001	
4. SOCIAL SECURITY NUMBER 514-12-3473		5. AGE Last Birthday 76		6. BIRTHPLACE (City and State or Foreign Country) Porter, Kansas	
7. DATE OF BIRTH (Month, Day, Year) April 7, 2001		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		9. COUNTY OF DEATH Hood River	
10. FACILITY NAME (If not institution, give street and number) Hood River Care Center		11. CITY, TOWN, OR LOCATION OF DEATH Hood River		12. STREET AND NUMBER 729 Henderson Road	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker		14. KIND OF BUSINESS/INDUSTRY Own Home		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify) Married	
16. RESIDENCE - STATE Oregon		17. COUNTY Hood River		18. SPOUSE (If married, widowed, divorced) (Specify) Derald Barnes	
19. ZIP CODE 97031		20. PLACE OF BIRTH (City and State or Foreign Country) White		21. DECEASED'S EDUCATION (Specify only highest grade completed) College (1-4 or 5-4)	
22. FATHER'S NAME (Last, first, middle) St. Paul Stevens		23. MOTHER'S NAME (Last, first, middle) Alma Stanley		24. DECEASED'S NAME AND relationship to decedent Derald Barnes-Spouse	
25. METHOD OF DEATH (Check only one) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		26. PLACE OF BIRTH (City and State or Foreign Country) Wind River Cemetery		27. CITY, TOWN, OR LOCATION OF BIRTH Carson, Washington	
28. DATE OF BIRTH (Month, Day, Year) April 7, 1925		29. DATE OF DEATH (Month, Day, Year) April 11, 2001		30. NAME, ADDRESS AND ZIP OF FUNERAL HOME Gardner Funeral Home POB 130 White Salmon, WA 98672	
31. NAME OF ATTENDING PHYSICIAN (If other than certifier, give name) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672		32. NAME OF ATTENDING PHYSICIAN (If other than certifier, give name) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672		33. DATE SIGNED (Month, Day, Year) 4/11/01	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type in Part I) Ray FitzSimmons, M.D. POB 1519 White Salmon, WA 98672		35. DATE SIGNED (Month, Day, Year) 4/11/01		36. COUNTY Hood River	
37. IMMEDIATE CAUSE (ENTER ONLY ONE DIAGNOSIS FOR LINE 37a AND 37b) Do not enter more than one diagnosis. a. CONGESTIVE HEART FAILURE b. MYOCARDIAL INFARCTION c. OTHER		38. DATE SIGNED (Month, Day, Year) 4/11/01		39. COUNTY Hood River	
39. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in Part I) ALZHEIMER'S COPD SMOKING		40. DATE SIGNED (Month, Day, Year) 4/11/01		41. COUNTY Hood River	
42. MANNER OF DEATH (Check only one) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other		43. DATE OF DEATH (Month, Day, Year) April 11, 2001		44. TIME OF DEATH M <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N	
45. PLACE OF DEATH (If home, farm, street, factory, office, building, etc. (Specify) Hood River Care Center		46. PLACE OF DEATH (If home, farm, street, factory, office, building, etc. (Specify) Hood River Care Center		47. LOCATION (Street and Number or Rural Route Number, City or Town, State) 729 Henderson Road, Hood River, Oregon	

Gary H. Martin, Skamania County Assessor

Date 4-23-01 Permet # 03082130070000
ORIGINAL-VITAL STATISTICS COPY
\$10

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

DATE ISSUED: HOOD RIVER APR 18 2001 COUNTY OREGON

Dorothy A. O'Dell
DOROTHY A. O'DELL
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON



THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE