

141830

BOOK 212 PAGE 833

## RETURN ADDRESS:

Mary T. Turner  
6242 SW 173rd Ave  
Beaverton, OR 97007

FILED FOR RECORD  
SKAMIA CO. WASH  
By Mary Turner

JUL 26 12 47 PM '01

GARY M. OLSON  
AUDITOR

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Death Cert	
2. Last Will & Testament	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1. Hansen, Mel	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
REAL ESTATE EXCISE TAX 21663 JUL 26 2001	
GRANTEE(S) (Last name, first, then first name and initials)	
1. Turner, Mary T	
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
PAID exempt Wenona 10 mts SKAMIA COUNTY TREASURER	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
Cabin Site # 2404 NW, Gov. lot 4 & 8, Sec 26 T57N R6E W1M	
<input type="checkbox"/> Complete Legal on Page _____ of Document.	
REFERENCE NUMBER(S) Of Document assigned or released:	
<input type="checkbox"/> Additional Numbers on Page _____ of Document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 96-000024	
<input type="checkbox"/> Property Tax parcel ID is not yet assigned.	
<input type="checkbox"/> 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.	

WILL  
OF  
MELVIN J. HANSEN

I, MELVIN J. HANSEN, of the State of Oregon, declare that this is my Will and revoke all prior Wills and Codicils.

ARTICLE 1

FAMILY

Gary H. Martin, Skamania County Assessor  
Date 7-26-01 Parcel # 96-00024  
HD

1.1 I am unmarried.

1.2 DESCENDANTS. My presently living children are:

MELVIN JAMES HANSEN, JR.  
JANICE ARLENE RIANJ

References to "my children" include any child later born to or adopted by me.

ARTICLE 2

LEGAL REPRESENTATIVES

2.1 PERSONAL REPRESENTATIVE. I name PAUL K von BERGEN, as my personal representative.

ARTICLE 3

SPECIFIC GIFTS AND SPECIAL DIRECTIONS

3.1 I give to my friend, MARY THERESA TURNER, the following:

- (a) The sum of \$120,000.00;
- (b) Any automobile that I may own at the time of my death;
- (c) My cabin in Skamania County, Washington, more particularly described as Lot 24, NORTHWOODS SUBDIVISION, including all the fixtures, appliances, and personalty therein located;
- (d) The remainder of my Indian artifact collection, if any, except Frame "E";
- (e) The right to continue to live in my residence from the date of my death

PAGE - 1 - LAST WILL OF MELVIN J. HANSEN

*Melvin J. Hansen*

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT



for a maximum of 50 days;

(f) The following personal property:

Sailing ship on shelf in family room  
"Three Graces" sculpture and carved cabinet below in living room  
Dining room table, six chairs, buffet, extra leaf and pads  
Cobalt and green glassware in buffet  
Sterling silver bird ashtray in buffet  
General Electric television (32") and table in master bedroom  
Blue vases in master bath  
Whirlpool washing machine  
Amana clothes dryer  
Sanyo television (21") and table in den  
Desk and desk lamp in den  
Leather hide-a-bed in den  
Black vase and flowers in hall bath  
Copper and brass pieces on family room fireplace mantle  
Cascade Crest trail sign on fireplace wall  
Flint loading rifle on fireplace wall  
Black cabinet, including stereo tape player, tape recorder, CD player, Sony digital player and video tape storage containers  
Black 7-shelf storage unit  
Crystal chain lamp over piano in living room  
Piano music box  
Minolta camera X700 Series, lenses and case  
Medium Format camera, tri-pod, lenses and case  
Kitchen utensils, bake-ware and cook-ware  
Grocery supplies and cleaning supplies in kitchen cupboard, pantry and garage

3.2 I give to my son, MELVIN JAMES HANSEN, JR., the following:

(a) My Baldwin grand piano, on the express condition that he give to my daughter, JANICE ARLENE RIAN, the grand piano now in my son's possession.

(b) My arrowhead Frame "E" of my Indian artifact collection, if I have not previously disposed of it.

3.3 I give to my niece, NANCY TYSON, the sum of \$10,000.

3.4 I direct my personal representative to give to MARY THERESA TURNER a 90-day listing for the sale of my residence at 9605 SW Regal Drive, Portland, Oregon, 97225, for a sales price to be no more than 15% above the Washington County Department of Assessment and Taxation evaluation at the time of my death.

ARTICLE 4

RESIDUE

4.1 I give the residue of my estate in equal shares to my children, one share for each child who survives me and one share by right of representation for the then surviving descendants of each child who does not survive me.

4.2 CONTINGENT BENEFICIARIES. If none of my descendants survive me, I give the residue of my estate to those persons surviving me who would be entitled to receive my intestate property as determined by Oregon law at the time of my death.

For purposes of this section, persons entitled to receive intestate property shall not include those persons described in ORS 112.017(2).

#### ARTICLE 5

##### PERSONAL REPRESENTATIVE

5.1 NO BOND REQUIRED. No bond shall be required of any individual named in this Will as my personal representative.

5.2 POWERS. I give my personal representative all powers conferred on a personal representative by Oregon law as now existing or later amended, whether or not those powers are exercised in Oregon.

5.3 TRANSFER TO CUSTODIAN. If any interest passes under this Will to a person under the age of 21, I authorize my personal representative to transfer that interest to a custodian for that person under the Oregon Uniform Transfers to Minors Act.

#### ARTICLE 6

##### GENERAL ADMINISTRATIVE PROVISIONS

6.1 SURVIVORSHIP. Any beneficiary under my Will shall be considered to survive me only if the beneficiary is living on the sixtieth day after the date of my death.

6.2 DESCENDANTS. "Descendants" means all naturally born or legally adopted descendants of the person indicated.

6.3 TAXES. I direct my personal representative to pay out of the residue of my estate, without apportionment, all estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death on property passing under this Will or otherwise. If my residue is insufficient to pay all such death taxes, the excess shall be apportioned according to Oregon law.

6.4 DEBTS AND EXPENSES. I direct my personal representative to pay out of the residue of my estate my debts as they become due, and my funeral and estate administration expenses.

6.5 ELECTIONS, DECISIONS, AND DISTRIBUTIONS. I authorize my personal representative to make any election or decision available to my estate under federal or state tax laws, to make pro rata or non-pro rata distributions without regard to any differences in tax basis of assets distributed, and to make distributions in cash, in specific



property, in undivided interests in property, or partly in cash and partly in property. The good faith decisions of my personal representative in the exercise of these powers shall be conclusive and binding on all parties, and my personal representative need not make any adjustments among beneficiaries because of any election, decision or distribution.

6.6 GOVERNING LAW. The validity and construction of my Will shall be determined under Oregon law in effect on the date my Will is signed.

6.7 CAPTIONS. The captions are inserted for convenience part of this instrument and do not limit the scope of the section to which each refers.

I have signed this Will on this 5 day of May, 2000.

Melvin J. Hansen  
Melvin J. Hansen

On the date of the foregoing Will of MELVIN J. HANSEN I saw him sign it. Upon his declaration that it was his Will, I signed my name below as a witness.

Bulkron Begen

Residing at: 3720 SW Jerald Way, Portland, Oregon

Rhoda C. Cole

Residing at: 13824 NW Milburn Av., Portland, Oregon

AFFIDAVIT OF ATTESTING WITNESSES

STATE OF OREGON

County of Washington

ss.

PAUL K von BERGEN and RHODA C. COLE, being sworn, each say:

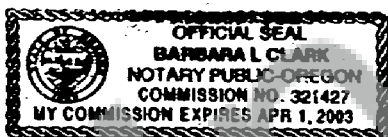
On the date of the attached Will of MELVIN J. HANSEN, I saw him sign it.  
Thereafter and on that same date, I attested that will by signing my name on it as a witness.

To the best of my knowledge and belief, at that time MELVIN J. HANSEN, was of  
legal age, of sound mind, and not acting under any restraint, undue influence, duress, or  
fraudulent misrepresentation.

*Paul von Bergen*

*Rhoda C. Cole*

Subscribed and sworn to before me this 5<sup>th</sup> day of May, 2000.



*Barbara L. Clark*  
Notary Public for Oregon

My Commission Expires: April 1, 2003

*Melvin J. Hansen*



# CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HUMAN SERVICES OREGON HEALTH DIVISION, CENTER FOR HEALTH STATISTICS

PARENT A INC. 322136 OREGON DEPARTMENT OF HUMAN SERVICES BOOK 212 PAGE 839  
LD. TAG NO. HEALTH DIVISION  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH 136

1. DECEASED'S NAME <b>Malvin James HANSEN</b>		2. SEX <b>Male</b>		3. DATE OF BIRTH (month, day, year) <b>April 14, 2001</b>	
4. SOCIAL SECURITY NUMBER <b>87</b>		5. PLACE OF BIRTH (city and state or foreign country) <b>Tacoma, Washington</b>		6. DATE OF BIRTH (month, day, year) <b>July 5, 1913</b>	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
8. FACILITY NAME (if not institution, give street and number) <b>Crestview Convalescent Center</b>					
9. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) <b>Owner/Operator</b>					
10. RESIDENCE STATE <b>Oregon</b>					
11. COUNTY OF DEATH <b>Multnomah</b>					
12. CITY, TOWN OR LOCATION OF DEATH <b>Portland</b>					
13. STREET AND NUMBER <b>9605 SW Regal Dr.</b>					
14. DECEASED'S EDUCATION (Specify and attach birth certificate) <b>12</b>					
15. DATE OF DEATH (month, day, year) <b>APR 30 2001</b>					
16. TIME OF DEATH (month, day, year) <b>2:15</b>					
17. TO BE COMPLETED ONLY BY MEDICAL EXAMINER <b>TO BE COMPLETED ONLY BY MEDICAL EXAMINER</b>					
18. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN <b>Frank Price, MD, 9155 SW Barnes Rd., 97225</b>					
19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN <b>Dr. Price</b>					
20. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE AND DO NOT EXCEED 100 CHARACTERS) <b>1. Pulmonary embolism</b>					
21. DUE TO, OR AS A CONSEQUENCE OF: <b>1. Pulmonary embolism</b>					
22. PART OTHER SIGNIFICANT CONDITIONS <b>1. Pulmonary embolism</b>					
23. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Unintentional <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal <input type="checkbox"/> Other					
24. DATE OF INJURY (month, day, year) <b>APR 30 2001</b>					
25. TIME OF INJURY (month, day, year) <b>2:15</b>					
26. PLACE OF INJURY (city, town, street, factory, office, building, etc.) <b>Portland, Oregon</b>					
27. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Portland, Oregon</b>					



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON HEALTH DIVISION.

DATE ISSUED:

APR 30 2001

THIS COPY NOT VALID WITHOUT INTACT OREGON STATE SEAL AND BORDER

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, PhD  
STATE REGISTRAR

