

143786

BOOK 220 PAGE 659

RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

PAT L. PABST, ESQ.
900 Washington, Suite 820
Vancouver, WA 98660

FILED
SEAL
BY *Pabst & Holland*

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Clary

J. MICHAEL GARVISON

CERTIFICATION OF TRUST

Grantors (Trustors):	JOHN JOSEPH REGAN and OLIVE M. ROGERS REGAN
Grantees (Trustees):	ROSLYN PETERSON and GWENDOLYN BLUE, Co-Trustees of the Regan Living Trust dated November 12, 1996
Abbreviated Legal:	N/A
Assessor's Tax Parcel #	N/A
Other Reference Nos:	N/A

I, PAT L. PABST, declare and state:

1. I am the attorney for ROSLYN PETERSON and GWENDOLYN BLUE, Co-Trustees of the Regan Living Trust dated November 12, 1996.
2. JOHN JOSEPH REGAN died on April 1, 2000. OLIVE M. ROGERS REGAN died on October 19, 2001. Copies of their death certificates are attached hereto.
3. ROSLYN PETERSON and GWENDOLYN BLUE are now serving as Co-Trustees of the Regan Living Trust dated November 12, 1996. They have all powers and authority granted to Trustees under Washington law and the Washington Trust Act as stated in Article VII which includes the power to lease, buy, sell, convey, encumber, and otherwise manage real property.

Executed at Clark County, Washington, this 12 day of February, 2002.

Pat L. Pabst
PAT L. PABST
Attorney for Roslyn Peterson and
Gwendolyn Blue

CERTIFICATION OF TRUST - 1
REGAN ESTATES/CERT TRUST - SHORT FORM

PABST & HOLLAND, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 820
Vancouver, Washington 98660
(360) 693-1910 • (509) 222-9201

STATE OF WASHINGTON)
: ss.
County of Clark)

I certify that PAT L. PABST appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 12 day of February, 2002.



Sara B. Letang
NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 12-15-03

OFFICE USE ONLY		TYPE OR PRINT IN PERMANENT BLACK INK		Health		146	
LOCAL FILE NUMBER		340		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. NAME	John	2. SEX	M	3. DEATH DATE	April 1, 2000		
4. AGE LAST BIRTH DAY	89	5. BIRTH DATE	7/31/1910	6. BIRTH PLACE	Portland, Oregon	7. HIGHEST GRADE OF SCHOOL	No
8. CITY, TOWN OR LOCATION OF DEATH	Washougal	9. PLACE OF DEATH	191 Malfait Road	10. DEATH PLACE	191 Malfait Road	11. DEATH PLACE	Yes
12. MARITAL STATUS	Married	13. SPOUSE'S NAME	Olive Rogers	14. SOCIAL SECURITY NO.	542-03-4961	15. DECEASED'S EDUCATION	High School Graduate
16. DECEASED'S OCCUPATION	Saw Filer	17. EMPLOYER'S NAME	Lumber Company	18. DECEASED'S RACE	White	19. DECEASED'S SEX	Male
20. DECEASED'S ADDRESS	191 Malfait Road	21. CITY, TOWN OR LOCATION	Washougal	22. STATE	WA	23. ZIP CODE	98671
24. DECEASED'S NAME	Cornelius Regan	25. DECEASED'S NAME	Ellen O'Donovan	26. DECEASED'S NAME	Olive Regan	27. DECEASED'S NAME	191 Malfait Road
28. DECEASED'S NAME	April 5, 2000	29. DECEASED'S NAME	Killingsworth Chiles Crematory	30. DECEASED'S NAME	Portland, Oregon	31. DECEASED'S NAME	210 N.W. 17th Ave.
32. DECEASED'S NAME	Hennessey, Goetsch & McGee FH	33. DECEASED'S NAME	Portland, OR. 97209	34. DECEASED'S NAME		35. DECEASED'S NAME	
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STATE OF WASHINGTON DEPARTMENT OF HEALTH											
1. NAME Last: REGAN First: Myrtle Middle: Olive		2. SEX F		3. DATE OF BIRTH October 19, 2001		4. AGE LAST BIRTHDAY 87		5. UNDER 1 YEAR DATE: July 3, 1914		6. BIRTHPLACE Saskatoon, Canada	
7. CITY, TOWN OR LOCATION OF DEATH Vancouver		8. PLACE OF DEATH SW Washington Medical Center		9. COUNTY OF DEATH Clark		10. DEATH CERTIFICATE No		11. COUNTY OF BIRTH Clark		12. BIRTHING AT LAST No	
13. MARITAL STATUS Widowed		14. SURVIVING SPOUSE No		15. SOCIAL SECURITY NO. 541-26-2802		16. DECEASED'S EDUCATION No		17. DECEASED'S OCCUPATION Registered Nurse		18. DECEASED'S INDUSTRY Health Care	
19. RESIDENCE - NUMBER AND STREET 191 Malfait Rd		20. CITY/TOWN OR LOCATION Washougal		21. COUNTY Clark		22. LENGTH OF RES. IN CO. 56 yrs.		23. STATE WA		24. ZIP CODE 98671	
25. DECEASED'S NAME - FIRST, MIDDLE, LAST John P. Rogers		26. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Rose Doucet		27. DECEASED'S NAME - FIRST, MIDDLE, LAST Roslyn Peterson		28. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME Rose Doucet		29. CITY/TOWN OR LOCATION Washougal		30. STATE WA	
31. DATE OF DEATH 10/24/01		32. CREMATION Yes		33. CREMATION - CITY/TOWN OR LOCATION Portland, Oregon		34. CREMATION - STREET OR RD NO. 210 N.W. 17th Ave.		35. CREMATION - CITY/TOWN OR LOCATION Portland, OR		36. CREMATION - STATE OR	
37. NAME OF PHYSICIAN Larry Brice, M.D.		38. ADDRESS 700 NE 87th Ave., Vancouver, WA 98664		39. CITY/TOWN OR LOCATION Vancouver		40. STATE WA		41. ZIP CODE 98664		42. DATE RECEIVED OCT 23 2001	
43. NAME AND TITLE OF PHYSICIAN Larry Brice, M.D.		44. ADDRESS 700 NE 87th Ave., Vancouver, WA 98664		45. CITY/TOWN OR LOCATION Vancouver		46. STATE WA		47. ZIP CODE 98664		48. DATE RECEIVED OCT 23 2001	
49. NAME AND TITLE OF PHYSICIAN Larry Brice, M.D.		50. ADDRESS 700 NE 87th Ave., Vancouver, WA 98664		51. CITY/TOWN OR LOCATION Vancouver		52. STATE WA		53. ZIP CODE 98664		54. DATE RECEIVED OCT 23 2001	
55. NAME AND TITLE OF PHYSICIAN Larry Brice, M.D.		56. ADDRESS 700 NE 87th Ave., Vancouver, WA 98664		57. CITY/TOWN OR LOCATION Vancouver		58. STATE WA		59. ZIP CODE 98664		60. DATE RECEIVED OCT 23 2001	
61. NAME AND TITLE OF PHYSICIAN Larry Brice, M.D.		62. ADDRESS 700 NE 87th Ave., Vancouver, WA 98664		63. CITY/TOWN OR LOCATION Vancouver		64. STATE WA		65. ZIP CODE 98664		66. DATE RECEIVED OCT 23 2001	
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