144136

BOOK 222 PAGE 211

FILED FOR RECORD
SKAMANIA COUNTY, WASH
BY Heltzel Upjohn et ae
MAR 22 3 57 PM '02
Q Lawry
AUDITOR
J. MICHAEL GARVISON

Return Address:

Clark B. Williams
Heltzel, Upjohn, Williams, Yandell,
Roth & Smith, P.C.
PO Box 1048
Salem, OR 97308-1048

Document Title(s) or transactions contained herein:

Revocable Living Trust Agreement for the Marion T. White Living Trust (pages 1 and 6)
Death Certificate of Marion T. White

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

White, Marion T., Estate

REAL ESTATE EXCISE TAX
N A
MAR 19 2002

[ ] Additional names on page _____ of document.

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

Esser, Dennis M.

PAID Sw excise # 22122 atd 3/19/02
by deputy
SKAMANIA COUNTY TREASURER

[ ] Additional names on page _____ of document.

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

Lot 3, El Descanso Al Rio, NE 1/4, SW 1/4, Sec. 15, Tshp. 4 N, R 7 E., W.M., Skamania County, Washington.

[ ] 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

4-7-15-3-300 GHL

Gary H. Martin, Skamania County Assessor
Date 3/15/02 4-7-15-3-300 Parcel #

[ ] 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.

BOOK 222 PAGE 212

REVOCABLE LIVING TRUST AGREEMENT

DATED: April 1st, 1999

BETWEEN: MARION T. WHITE, herein called Trustor.

AND: MARION T. WHITE, herein called Trustee.

MARION T. WHITE, as Trustor, hereby establishes a trust with herself as Trustee. Trustor agrees that the property of this trust shall be held, managed and distributed by the Trustee as follows:

ARTICLE I

NAME OF TRUST

This trust may be called the MARION T. WHITE LIVING TRUST.

ARTICLE II

IDENTIFICATION OF FAMILY

Trustor is a widow and has two living children, to-wit: DENNIS M. ESSER and TERI PURVIS, both of whom are over the age of majority. Trustor also has one deceased daughter, DIANE E. MALLOY, who is survived by two children, KEITH MALLOY and JULIE CARSON, both of whom are over the age of majority. Trustor has no other children, either living or deceased.

ARTICLE III

TRUST PROPERTY

Trustor has transferred and delivered to Trustee the property described on Schedule A. Such titles and interests as Trustee has received or may hereafter acquire in that

ARTICLE IX

SURVIVORSHIP

If any beneficiary described in this instrument dies within 30 days after Trustor's death, all the provisions in this instrument for the benefit of such deceased beneficiary shall lapse, and this instrument shall be construed as though the fact was that he or she predeceased Trustor.

ARTICLE X

TRUSTEE PROVISIONS

(1) In the event of the resignation, removal, incapacity or death of Trustee, DENNIS M. ESSER is hereby appointed as Successor-Trustee. The Successor-Trustee shall be under no duty to monitor the capacity of MARION T. WHITE to act as Trustee. The Successor-Trustee may determine the facts of MARION T. WHITE's incapacity (whether by illness, age or other cause, including disappearance) by any means deemed by the him to be adequate for such purposes, and if he acts in good faith in belief that MARION T. WHITE is so incapacitated, he shall not be liable for any acts or omissions by him in reliance upon that belief. In the event of the resignation, removal, incapacity or death of DENNIS M. ESSER, Trustor's daughter-in-law, JEANNE ESSER, is hereby appointed as Alternate Successor-Trustee. The Alternate Successor-Trustee shall be under no duty to monitor the capacity of DENNIS M. ESSER to act as Trustee. The Alternate Successor-Trustee may determine the facts of DENNIS M. ESSER's incapacity (whether by illness, age or other cause, including disappearance) by any means deemed by the her to be adequate for such purposes, and if she acts in good faith in belief that DENNIS M.

CERTIFICATION OF VITAL RECORD

BOOK 222 PAGE 214

TYPE OR PRINT IN PERMANENT BLACK INK

215689 — 10 TAG NO.

GPD

02398 — Local File Number

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

136- — State File Number

1. DECEDENT'S NAME	Marion	Tressa	WHITE	
2. SEX	Female			
3. DATE OF DEATH (Month, Day, Year)	December 6, 2001			
4. SOCIAL SECURITY NUMBER	[redacted]			
5a. AGE-Last Birthday (Years)	86			
6. BIRTHPLACE (City and State or Foreign Country)	Skamania Co., WA			
7. DATE OF BIRTH (Month, Day, Year)	October 13, 1915			
8. U.S. ARMED FORCES?	☐ Yes ☒ No			
9a. PLACE OF DEATH	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number)	5210 River Rd. B-3 Apt. 1012			
9c. CITY, TOWN, OR LOCATION OF DEATH	Keizer			
9d. COUNTY OF DEATH	Marion			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Homemaker			
10b. KIND OF BUSINESS/INDUSTRY	Own Home			
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	Widowed			
12. SPOUSE (If Married, Widowed)	Eldon White			
13a. RESIDENCE - STATE	Oregon			
13b. COUNTY	Marion			
13c. CITY, TOWN OR LOCATION	Keizer			
13d. STREET AND NUMBER	5210 River Rd. B-3 Apt. 1012			
13e. INSIDE CITY LIMITS?	XX Yes ☐ No			
13f. ZIP CODE	97303			
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes			
15. RACE - American Indian, Black, White, etc. (Specify)	White			
16. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		
17. FATHER - NAME first middle last	George Martin			
18. MOTHER - NAME first middle maiden	Bertha Huckins			
19. INFORMANT - NAME and relationship to deceased	Dennis Esser - Son			
20a. METHOD OF DISPOSITION	☐ Masoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)			
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Washougal Memorial Cemetery			
20c. LOCATION - City or Town, State	Washougal, Washington			
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	Mary L Powell			
21b. OREGON LICENSE NO. (Of Licensee)	0080			
22. NAME, ADDRESS AND ZIP OF FACILITY	Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607			
23. DATE FILED (Month, Day, Year)	DEC 17 2001			
24. REGISTRAR'S SIGNATURE				

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0830

28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☐ No

29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)

30. DATE SIGNED (Month, Day, Year): 12/10/2001

31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print): Jeffrey Wang, MD 5900 Inland Shores Way Keizer, OR 97303

32. IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c). Do not enter modes of dying, e.g. Cardiac or Respiratory Arrest.

PART I
(a) DUE TO, OR AS A CONSEQUENCE OF: Atrial Fibrillation — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure — Interval between onset and death:
(c) Pulmonary Hypertension — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART I.

33. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

34. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

35. AUTOPSY ☐ Yes ☒ No

36. IF YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A

37. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention

38a. DATE OF INJURY (Month, Day, Year)

38b. TIME OF INJURY

38c. INJURY AT WORK? ☐ Yes ☐ No

38d. DESCRIBE HOW INJURY OCCURRED

38e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)

38f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: DEC 17 2001

Joseph P. Fowler
JOSEPH P. FOWLER
COUNTY REGISTRAR
MARION COUNTY, OREGON

THIS COPY NOT VALID WITHOUT EMBOSSED STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON 1859

STATE OF OREGON 1859