

145443

BOOK 227 PAGE 298

## RETURN ADDRESS:

Steven D. Waker  
4003 S. Ridge Ct  
West Linn OR, 97068

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Steven Waker

AUG 1 12 26 PM '02

O'Leary  
AUCTION

J MICHAEL GARVISON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. Death cert	
2. trust agreement	
3. trust agreement	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	REAL ESTATE EXCISE TAX
1. Waker, Fred A trustee	22409
2. Waker, Melba A trustee	AUG 01 2002
3. Fred A + Melba A Waker tot	PAID exempt
4.	Victoria Culland
<input type="checkbox"/> Additional Names on Page _____ of Document.	SKAMANIA COUNTY TREASURER
GRANTEE(S) (Last name, first, then first name and initials)	
1. Waker, Steven D. Succ trustee	
2. Hill, Susan D. Succ trustee	
3. Fred A + Melba A Waker trust	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
Cabin Site # 10	
<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	
<input type="checkbox"/> Property Tax parcel ID is not yet assigned.	96-000012
<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.	



REVOCABLE LIVING  
TRUST AGREEMENT  
OF THE  
MELBA A. WAKER TRUST

This Trust Agreement is made this 27 day of October, 1993, by and between MELBA A. WAKER, (hereinafter called the Trustor) and MELBA A. WAKER and FRED A. WAKER (hereinafter collectively called the "Trustee"), with respect to the initial trust estate, described in Schedule A, which Trustor hereby transfers to the Trustee and which the Trustee hereby accepts and agrees to hold, together with any future additions to the trust, upon the terms and conditions hereinafter set forth.

ARTICLE I

NAME OF TRUST

This trust may be called the MELBA A. WAKER TRUST.

ARTICLE II

IDENTIFICATION OF FAMILY

I am the wife of FRED A. WAKER. We are the parents of:

STEVEN D. WAKER  
SUSAN D. HILL

born  
born

17 July 1947  
7 August 1952

The provisions of this trust for the benefit of my children shall include any child or children of mine born or adopted hereafter either before or after my death.



notice to such Trustee. Trustor may also fill any vacancy in the Trusteeship resulting from the death, resignation or incapacity of a Trustee. Trustor may add additional Trustees at any time. Any successor Trustee or Trustee named hereunder may be individuals or banks or trust companies authorized to serve in such capacity.

17.11. Replacement By Beneficiary. If any Trustee shall die, resign, become incompetent or cease to act for any other reason, a majority of the beneficiaries then entitled to receive mandatory or discretionary income under the trust shall have the power to fill any vacancy in the trusteeship by an instrument in writing executed within thirty days after the vacancy occurs. If any vacancy is not filled within a thirty day period, then any beneficiary or his or her legal guardian or conservator may petition a court of competent jurisdiction, ex parte, to name a successor trustee to fill such vacancy. By making such designation, such court shall not thereby acquire any jurisdiction over the trust, except to the extent necessary for making such designation. Any successor Trustee or Trustees named hereunder may be individuals or may be banks or trust companies authorized to serve in such capacity under applicable federal or state law. A corporate Trustee may receive as compensation for its services such amounts as it customarily charges for similar services at the time those services are performed. A Trustee may receive as compensation for its services such amounts as it customarily charges for similar services at the time those services are performed.

17.12. To hold securities or other trust property in the name of the Trustee as Trustee under the Declaration of Revocable Trust or in the Trustee's own name or in the name of a nominee or unregistered in the condition where ownership will pass by delivery.

17.13. Successor Trustee. Any vacancy in the trusteeship arising because one of the original Trustees or any successor Trustee has died, resigned, become incompetent or ceased to act for any other reason, which vacancy is not filled as is provided in the preceding sections, shall be filled so that there shall always be one trustee at any time that there is an individual acting as trustee. Either of the original Trustees named herein may

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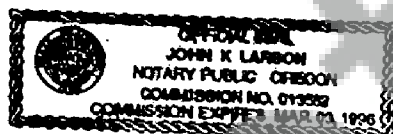
serve as the sole surviving Trustee upon the death or incompetence of the other original Trustee. If there is any further vacancy in the Trusteeship, then the person or persons having the power to fill a vacancy in the Trusteeship shall act to do so. I hereby appoint STEVEN D. WAKER of Tigard, Oregon, and SUSAN D. HILL of Tualatin, Oregon as successor co-Trustees in the event both Trustees originally named herein become unable to act due to death or incapacity.

Executed this 27 day of October, 1993.

Gary H. Martin, Skamania County Assessor  
Date 5/1/94 Parcel # 96-000012

Melba A. Waker  
Trustor

On October 27, 1993, personally appeared before me the above named Trustor, proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument in said capacity, and acknowledged that such person executed the same.



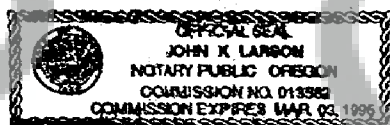
Notary Public for Oregon

My Commission Expires: Mar 3, 1996

Melba A. Waker  
Trustee

Steven D. Waker  
Trustee

On October 27, 1993, personally appeared before me the above named Trustees, proven to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the above instrument in said capacity, and acknowledged that such persons executed the same.



Notary Public for Oregon

My Commission Expires: Mar 3, 1996

31 TRUST AGREEMENT - Melba A. Waker Trust



REVOCABLE LIVING  
TRUST AGREEMENT  
OF THE  
FRED A. WAKER TRUST

This Trust Agreement is made this 27 day of October, 1993, by and between FRED A. WAKER, (hereinafter called the Trustor) and FRED A. WAKER and MELBA A. WAKER (hereinafter collectively called the "Trustee"), with respect to the initial trust estate, described in Schedule A, which Trustor hereby transfers to the Trustee and which the Trustee hereby accepts and agrees to hold, together with any future additions to the trust, upon the terms and conditions hereinafter set forth.

ARTICLE I

NAME OF TRUST

This trust may be called the FRED A. WAKER TRUST.

ARTICLE II

IDENTIFICATION OF FAMILY

I am the husband of MELBA A. WAKER. We are the parents of:

STEVEN D. WAKER  
SUSAN D. HILL

born	17 July 1947
born	7 August 1952

The provisions of this trust for the benefit of my children shall include any child or children of mine born or adopted hereafter either before or after my death.

notice to such Trustee. Trustor may also fill any vacancy in the Trusteeship resulting from the death, resignation or incapacity of a Trustee. Trustor may add additional Trustees at any time. Any successor Trustee or Trustee named hereunder may be individuals or banks or trust companies authorized to serve in such capacity.

17.11. Replacement By Beneficiary. If any Trustee shall die, resign, become incompetent or cease to act for any other reason, a majority of the beneficiaries then entitled to receive mandatory or discretionary income under the trust shall have the power to fill any vacancy in the trusteeship by an instrument in writing executed within thirty days after the vacancy occurs. If any vacancy is not filled within a thirty day period, then any beneficiary or his or her legal guardian or conservator may petition a court of competent jurisdiction, *ex parte*, to name a successor trustee to fill such vacancy. By making such designation, such court shall not thereby acquire any jurisdiction over the trust, except to the extent necessary for making such designation. Any successor Trustee or Trustees named hereunder may be individuals or may be banks or trust companies authorized to serve in such capacity under applicable federal or state law. A corporate Trustee may receive as compensation for its services such amounts as it customarily charges for similar services at the time those services are performed. A Trustee may receive as compensation for its services such amounts as it customarily charges for similar services at the time those services are performed.

17.12. To hold securities or other trust property in the name of the Trustee as Trustee under the Declaration of Revocable Trust or in the Trustee's own name or in the name of a nominee or unregistered in the condition where ownership will pass by delivery.

17.13. Successor Trustee. Any vacancy in the trusteeship arising because one of the original Trustees or any successor Trustee has died, resigned, become incompetent or ceased to act for any other reason, which vacancy is not filled as is provided in the preceding sections, shall be filled so that there shall always be one trustee at any time that there is an individual acting as trustee. Either of the original Trustees named herein may



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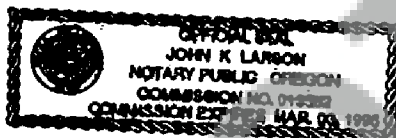
serve as the sole surviving Trustee upon the death or incompetence of the other original Trustee. If there is any further vacancy in the Trusteeship, then the person or persons having the power to fill a vacancy in the Trusteeship shall act to do so. I hereby appoint STEVEN D. WAKER of Tigard, Oregon, and SUSAN D. HILL of Tualatin, Oregon as successor co-Trustees in the event both Trustees originally named herein become unable to act due to death or incapacity.

Gary H. Martin, Skamania County Assessor

Executed this 27 day of October, 1993 Date 9/16/93 Parcel # 96-000012

Fred A. Waker  
Trustor

On October 27, 1993, personally appeared before me the above named Trustor, proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to the above instrument in said capacity, and acknowledged that such person executed the same.



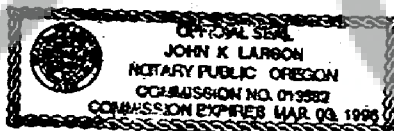
Notary Public for Oregon

My Commission Expires: Mar 3, 1995

Fred A. Waker  
Trustee

Melba A. Waker  
Trustee

On October 27, 1993, personally appeared before me the above named Trustees, proven to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the above instrument in said capacity, and acknowledged that such persons executed the same.



Notary Public for Oregon

My Commission Expires: Mar 3, 1995

31 TRUST AGREEMENT - Fred A. Waker Trust

COPY

# CERTIFICATION OF VITAL RECORD

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PRINT IN  
PERMANENT  
BLACK INK

322175  
LD. TAG NO.

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

Local File Number

136

State File Number

1. DECEASED'S NAME First: Fred, Last: WAKER		2. SEX M		3. DATE OF DEATH (Month, Day, Year) DEC 20, 2000	
4. SOCIAL SECURITY NUMBER 540-07-5545		5. AGE (Last Birthday) 61		6. DATE OF BIRTH (Month, Day, Year) APR 04, 1919	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other		9. CITY, TOWN, OR LOCATION OF DEATH Tualatin	
10. FACILITY NAME (If not institution, give street and number) Meridian Park Hospital		11. MARITAL STATUS (Married, Widowed, Divorced, Single) Widowed		12. SPOUSE (If married, relationship) Melba	
13. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) Electrical Sales Engineer		14. KIND OF BUSINESS/INDUSTRY Electrical		15. COUNTY OF DEATH Clackamas	
16. RESIDENCE - STATE Oregon		17. CITY, TOWN, OR LOCATION Tualatin		18. STREET AND NUMBER 13045 S.W. 107th Court	
19. ZIP CODE 97223		20. RACE (American Indian, Black, White, etc.) White		21. DECEASED'S EDUCATION (Specify only highest grade completed) College (14 or 15)	
22. FATHER - NAME Andrew Waker		23. MOTHER - NAME Anna Hraback		24. DECEASED'S NAME AND RELATIONSHIP TO DECEASED Steve Waker, Son	
25. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other		26. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery		27. LOCATION - City or Town, State Portland, OR	
28. SIGNATURE OF DECEASED (If not, signature of person acting as next of kin) [Signature]		29. OREGON LICENSE NO. (If known) 3325		30. NAME, ADDRESS AND ZIP OF COUNTY Pegg, Dawson & Springer Chapel 4675 SW Wilson, Beaverton, OR 97005	
31. DATE FILED (Month, Day, Year) DEC 27 2000		32. REGISTRAR'S SIGNATURE [Signature]		33. RESERVED FOR REGISTRAR'S USE	
<p>10. TO BE COMPLETED BY CERTIFYING PHYSICIAN</p> <p>34. TIME OF DEATH 12:25 P.M.</p> <p>35. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED IN THE CITY, TOWN, PLACE AND DUE TO THE CAUSE(S) AND MANNER PLACED (Signature) [Signature]</p> <p>37. DATE SIGNED (Month, Day, Year) 12/22/00</p> <p>38. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) Paul Ash M.D., 19250 SW 65th Ave, Suite #155, Tualatin, OR 97062</p> <p>39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</p> <p>40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of death, e.g., Cancer or Respiratory Arrest.) PART I: (a) Subcutaneous emphysema (b) Due to, OR AS A CONSEQUENCE OF: (c) Due to, OR AS A CONSEQUENCE OF: PART II: Other Significant Conditions: Atrial fibrillation</p> <p>41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other</p> <p>42. DATE OF INQUIRY (Month, Day, Year) 12/22/00</p> <p>43. TIME OF INQUIRY M</p> <p>44. INQUIRY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. PLACE OF INQUIRY - At home, farm, school, factory, office, building, etc. (Specify)</p> <p>46. LOCATION (Street and Number or Rural Route Number, City or Town, State)</p> <p>47. DID INQUIRY CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unlikely <input type="checkbox"/> Unknown</p> <p>48. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>49. IF YES, WAS INQUIRY REQUESTED BY A MEMBER OF THE FAMILY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not</p>					

ORIGINAL-VITAL STATISTICS COPY

45-6-Rev (200)

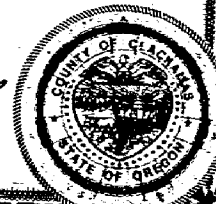


THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CLACKAMAS COUNTY REGISTRAR.

DATE ISSUED: DEC 27 2000

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

MARINA T. STANSELL  
COUNTY REGISTRAR  
CLACKAMAS COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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Unofficial Copy

Gary H. Martin, Skamania County Assessor  
Date 8/1/02 96-000012  
Parcel # \_\_\_\_\_

157504