

145512

BOOK 227 PAGE 607

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY CLARK COUNTY TILLS

AUG 8 9 47 AM '02

*J. Michael Garvison*  
J. MICHAEL GARVISON

RETURN ADDRESS:

Clark County Title Company  
1400 Washington Street  
Suite 100  
Vancouver, WA 98660

Please print or type information  
CCT72612MD

Document Title(s) (or transactions contained therein):

Affidavit

Reference Number(s) of Documents:

Grantor(s) (Last name first, then first name and initials)

1. VOLL, ALBERT E. Trustee of the ALBERT E. VOLL and DOROTHEA L. VOLL REVOCABLE LIVING TRUST AGREEMENT dated 11/6/1990
2. VOLL, DOROTHEA L. Trustee of the ALBERT E. VOLL and DOROTHEA L. VOLL REVOCABLE LIVING TRUST AGREEMENT dated 11/6/1990

3. ☐ Additional names on page of document.

Grantee(s) (Last name first, then first name and initials)

1. MATLOCK, VICKIE V. Successor Trustee of the ALBERT E. VOLL and DOROTHEA L. VOLL REVOCABLE LIVING TRUST AGREEMENT dated 11/6/1990

2. ☐ Additional names on page of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)  
Lots 3, 6, ptn 8, ptn 7, 17 & 11, 12, 16, MOUNTAIN GLADE FRUIT TTS

- ☐ Additional legal on page of document.

Assessor's Property Tax Parcel/Account Number  
03-09-31-20-0200-00 & 03-09-31-20-0500-00

- ☐ Additional 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 provided herein.

REAL ESTATE EXCISE TAX

22406

JUL 31 2002

PAID *exempt*

*Vickie Matlock*  
SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor  
7/21/02  
Date 8-9-02-2-200

**Affidavit of Trust**

- 1 The following Trust is the subject of this affidavit:

ALBERT E. VOLL and DOROTHEA L. VOLL, Trustees of the  
ALBERT E. VOLL and DOROTHEA L. VOLL REVOCABLE  
LIVING TRUST AGREEMENT, dated November 6, 1990 and  
any amendments thereto.

- 2 DOROTHEA L. VOLL died on January 15, 1994, in King County, Washington.

- 3 ALBERT E. VOLL died on June 28, 2000, in Multnomah County, Oregon.

- 4 The name and address of the currently acting Sole Successor Trustee of the Trust is as follows:

**Name:**  
VICKIE V. MATLOCK

Gary H. Martin, Shanania County Assessor  
Date 7/31/02 Parcel # 9-9-31-2-200, S&D

**Address:**  
2503 SW Eleven Mile Drive  
Gresham Oregon 97080

- 5 The Trust is currently in full force and effect.

- 6 For purposes of future beneficiary designations and transfers directly into the Trust may also be referred to as:

VICKIE V. MATLOCK, Sole Trustee, or her successors in trust,  
Under the ALBERT E. VOLL and DOROTHEA L. VOLL  
LIVING TRUST AGREEMENT, dated November 6, 1990.

- 7 Attached to this Affidavit and incorporated in it are selected provisions of the Trust evidencing the following:

- |    |                             |   |   |
|----|-----------------------------|---|---|
| a. | Article One<br>Pages 1 & 2  | - | Creation of the Trust and initial Trustees: |
| b. | Article One,<br>Page 3      | - | Statement of Revocability of the Trust:     |
| c. | Article Nine,<br>Page 21    | - | Successor Trustees:                         |
| d. | Article Five<br>Pages 14-17 | - | Powers of the Trustees: and                 |
| e. | Pages 24-25                 | - | Signature pages.                            |

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT



- 8 The Trust provisions, which are not attached to this Affidavit, are of a personal nature and set forth the distribution of Trust property. They do not modify the powers of the Trustee.
- 9 The signatory of this Affidavit is the currently acting Sole Successor Trustee of the Trust and declares that the foregoing statements and the attached Trust provisions are true and correct, under penalty of perjury.
- 10 This Affidavit is dated July 20, 2001.

*Vickie V. Matlock, Trustee*  
VICKIE V. MATLOCK, Sole Trustee

STATE OF OREGON

COUNTY OF MULTNOMAH

ss.

The foregoing Affidavit of Trust was acknowledged before me on July 20, 2001 by VICKIE V. MATLOCK, as Sole Trustee.

Witness my hand and official seal.

My commission expires: 12/10/03

*Bonnie D. Rushing*

Notary Public



THE ALBERT E. VOLL AND DOROTHEA L. VOLL

REVOCABLE LIVING TRUST AGREEMENT

DATED: Nov. 6, 1976

BETWEEN: ALBERT E. VOLL AND DOROTHEA L. VOLL  
AS TRUSTORS/SETTLORS

AND: ALBERT E. VOLL AND DOROTHEA L. VOLL  
AS TRUSTEES

ALBERT E. VOLL AND DOROTHEA L. VOLL, residents of the State of Washington, County of King, establish a Trust upon the conditions and for the purposes hereafter set forth.

ARTICLE ONE

Section 1.01 Trust Estate Defined And Trust Purpose

All property hereafter transferred or conveyed to and received by the Trustee(s) to be held pursuant to the terms of this instrument is herein called the "Trust Estate" and shall be held, administered, and distributed by the Trustee(s) as provided in this Trust Agreement. The Settlers have transferred and delivered to Trustee(s) the property described in the various schedules accompanying this Trust including any and all property (real and personal), which has been transferred to this Trust by other legal documents. Such title and interests the trustee(s) has received or may hereafter acquire in that property, and such other property as may hereafter be added to the Trust, shall be vested in the Trustee(s).

The primary Trust purposes shall be to provide for the health, support and maintenance of the Trustors during their lifetimes, in their accustomed manner of living. The secondary Trust purposes shall be to permit the Trustors to provide funds for the reasonable health, support, and education of the Trustors' designated beneficiaries.

Section 1.02 Definitions

As used in this Declaration of Trust,

- a) the term "husband" shall mean ALBERT E. VOLL.
- b) the term "wife" shall mean DOROTHEA L. VOLL.
- c) the term "trustor" shall refer individually and collectively to Husband and Wife.

RECORDER'S NOTE:  
NOT AN ORIGINAL DOCUMENT



ARTICLE NINE

Section 9.01 Trustees

The following will act as Trustees in the following order of succession:

First: The undersigned, ALBERT E. VOLL and/or DOROTHEA L. VOLL.

Second: The survivor of the undersigned as trustee of the Survivor's Trust, and Decedent's Trust.

Third: At the death, incapacity, or resignation of the survivor of the undersigned, then VICKIE V. MATLOCK as First Successor Trustee. Should the First Successor Trustee fail or decline to serve, then ALBERT C. VOLL as Second Successor Trustee. They are to serve without bond.

Fourth: A Trustee chosen by the majority of beneficiaries, with a parent or legal guardian voting for minor beneficiaries; provided, however, that the issue of any deceased beneficiary shall collectively have only one vote.

# CERTIFICATION OF VITAL RECORD

BOOK 221 PAGE 612

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

H 22229

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

136

Local File Number

State File Number

1. DECEDENT'S NAME First: Albert Middle: Emil Last: VOLL		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 28, 2000
4. SOCIAL SECURITY NUMBER 540-03-5671	5. AGE Last Birthday (Years) 91	6. BIRTHPLACE (City and State or Foreign) Portland, Oregon	7. DATE OF BIRTH (Month, Day, Year) February 21, 1909
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify):	
10. FACILITY NAME (If not institution, give street and number) Fairlawn Good Samaritan		11. CITY, TOWN OR LOCATION OF DEATH Gresham	
12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life or last one) Manager		13. COUNTY OF DEATH Multnomah	
14. KIND OF BUSINESS/INDUSTRY Continental Baking Co.		15. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) Widowed	
16. RESIDENCE - STATE Oregon		17. SPOUSE (If Married, Widowed, Divorced, Separated) Dorothea	
18. COUNTY Multnomah		19. STREET AND NUMBER 2503 SW Eleven Mile Drive	
20. CITY, TOWN OR LOCATION Gresham		21. RACE (American Indian, Black, White, etc.) White	
22. ZIP CODE 97060		23. DECEDENT'S EDUCATION (Specify any degree or diploma) 12	
24. FATHER'S NAME (First, Middle, Last) Frank W. Voll		25. MOTHER'S NAME (First, Middle, Last) Louise - Stober	
26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lincoln Memorial Park	
28. SIGNATURE OF ONE'S FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Kerrin Wright		29. NAME, ADDRESS AND ZIP OF FACILITY Lincoln Memorial Park & Funeral Home 11801 SE Mt. Scott Blvd., Portland, OR 97266	
30. DATE (Month, Day, Year) JUL 05 2000		31. REGISTRATION Sally Meekam	
RESERVED FOR REGISTRAR'S USE			
10. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
32. TIME OF DEATH 1545		33. DATE OF DEATH JUL 05 2000	
34. On the basis of my knowledge and investigation, I certify that the cause of death is: (Signature) John Denker, MD			
35. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) John Denker, MD 5919 SE Belmont, Portland, Oregon 97215			
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g., Cardiac or Respiratory Arrest)			
PART 1 (a) Unknown Natural Causes			
PART 2 (b) Due to OR AS A CONSEQUENCE OF			
PART 3 (c) Due to OR AS A CONSEQUENCE OF			
38. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART 1)			
Remote CVA, CAD			
39. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other			
40. DATE OF INJURY (Month, Day, Year)			
41. TIME OF INJURY			
42. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
43. PLACE OF INJURY (At home, farm, street, factory, office, building, etc.)			
44. LOCATION (Street and Number or House, Room Number, City or Town, State)			
45. DESCRIBE HOW INJURY OCCURRED			

RECORDER'S NOTE:

NOT AN ORIGINAL DOCUMENT

ORIGINAL VITAL STATISTICS COPY

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

JUL 05 2000

DATE ISSUED

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Lila Wickham R.L. MS  
COUNTY REGISTRAR  
MULTNOMAH COUNTY, OREGON



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

727

LOCAL FILE NUMBER

Health  
CERTIFICATE OF DEATH

BOOK 221 PAGE 613  
146

STATE FILE NUMBER

1. NAME <b>DOROTHEA</b>		2. SEX (M/F) <b>FEMALE</b>		3. DEATH DATE (Mo, Day, Yr) <b>JANUARY 15, 1994</b>	
4. AGE LAST BIRTHDAY (Yrs) <b>83</b>		5. UNDER 1 YEAR <b>YES</b>		6. UNDER 1 DAY <b>NO</b>	
7. BIRTHDATE (Mo, Day, Yr) <b>MAR. 10, 1910</b>		8. BIRTHPLACE <b>PORTLAND OREGON</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>NO</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>SEATTLE</b>		11. PLACE OF DEATH: BE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>6400 N.E. 60th St.</b>		12. SMOKING IN LAST 15 YEARS? (Yes/No) <b>NO</b>	
13. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>		14. SURVIVING SPOUSE (If wife give maiden name) <b>ALBERT E.</b>		15. SOCIAL SECURITY NO. <b>553-40-6192</b>	
16. USUAL OCCUPATION (Give kind of work done during year of working; do not use RETIRED) <b>HOMEMAKER</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>2 yrs.</b>		18. RACE (Specify) <b>WHITE</b>	
19. RESIDENCE - NUMBER AND STREET <b>6400 N.E. 60th St.</b>		20. CITY/TOWN OR LOCATION <b>SEATTLE</b>		21. STATE <b>WASHINGTON</b>	
22. FATHER'S NAME - FIRST, MIDDLE, LAST <b>JACOB HUBERT LEIST</b>		23. MOTHER'S NAME - FIRST, MIDDLE, MARRIAGE SURNAME <b>GERTRUDE SHAW</b>		24. ZIP CODE <b>98115</b>	
25. INFORMANT - NAME <b>ALBERT E. VOLL</b>		26. ADDRESS <b>6400 N.E. 60th St. SEATTLE WASHINGTON 98115</b>		27. CITY OR TOWN <b>SEATTLE</b>	
28. DATE (Mo, Day, Yr) <b>JAN 22 1994</b>		29. CEMETERY/CREMATORY - NAME <b>ACACIA FUNERAL HOME 14951 BOTHELL WAY N.E. SEATTLE WA 98155</b>		30. LOCATION - CITY/TOWN, STATE <b>PORTLAND OREGON</b>	
31. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN <i>[Signature]</i> <b>PETER HOHN, M.D.</b>		32. SIGNATURE AND TITLE OF MEDICAL EXAMINER OR CORONER <i>[Signature]</i> <b>James M. Justice</b>		33. DATE RECEIVED (Mo, Day, Yr) <b>JAN 24 1994</b>	
34. DATE SIGNED (Mo, Day, Yr) <b>1/18/94</b>		35. HOUR OF DEATH (24 Hrs) <b>0910</b>		36. DATE SIGNED (Mo, Day, Yr) <b>JAN 24 1994</b>	
37. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>PETER HOHN, M.D., 4412 38TH AVE. N.E., SEATTLE, WASHINGTON 98105</b>		38. HOUR PRONOUNCED DEAD (24 Hrs) <b>0910</b>		39. MEDICORPSE FILE NUMBER <b>NJA208-94</b>	
40. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Atherosclerosis coronary vascular disease, possible MI</b>					
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. <b>Myocardial infarction</b>					
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.					
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE					
52. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) <b>NO</b>		53. INJURY DATE (Mo, Day, Yr) <b>JAN 15 1994</b>		54. HOUR OF INJURY (24 Hrs) <b>0910</b>	
55. INJURY AT WORK? (Yes/No) <b>NO</b>		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) <b>AT HOME</b>		57. DESCRIBE HOW INJURY OCCURRED <b>Slipped on stairs</b>	
58. RECORD AMENDMENT (Register or use only if ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE)		59. SIGNATURE OF REGISTERAR <i>[Signature]</i>		60. DATE RECEIVED (Mo, Day, Yr) <b>JAN 24 1994</b>	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (Formerly DSH-45 9-150)

DOH 01-033 (5-92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.