

145819

BOOK 228 PAGE 896

RETURN ADDRESS:

NANCY PALMER OLTMAN
5124 N.E. CLACKAMAS ST.
PORTLAND, OREGON 97213

FILED FOR RECORD
SKAMANIA CO. WASH.
BY *Nancy Palmer Oltman*

SEP 3 11 43 AM '02

Olson
AUDITOR
J. MICHAEL CARVISON

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1. <u>TRUST AGREEMENT</u>	
2. <u>DEATH CERTIFICATE</u>	
3. _____	REAL ESTATE EXCISE TAX
4. _____	22476
GRANTOR(S) (Last name, first, then first name and initials)	
1. <u>PAWNER, ALAN G. CO-TRUSTEE</u>	PAID <u>22476</u>
2. <u>OLTMAN, NANCY PALMER CO-TRUSTEE</u>	<i>Vicki Chittland, Deputy</i>
3. <u>GEORGE F. PALMER TRUST</u>	SKAMANIA COUNTY TREASURER
4. _____	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1. <u>GEORGE F. PALMER TRUSTOR FOR</u>	
2. <u>THE GEORGE F. PALMER TRUST</u>	
3. _____	
4. _____	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
<u>SECTION 0 TOWNSHIP 2 NORTH RANGE 7</u>	
<u>F.W.M. INTERLAKE RESORT CABIN #12</u>	
<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 <u>62-07-14-0-0-2103-00</u>	
<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.	

GEORGE F. PALMER TRUST AGREEMENT

DATE: JUNE 25, 2001

TRUSTOR: GEORGE F. PALMER

TRUSTEE: GEORGE F. PALMER

I, GEORGE F. PALMER, as Trustor, establish a trust with myself as Trustee. All property which is made subject to this trust shall be held, administered, and distributed in accordance with this agreement.

ARTICLE 1

TRUST

1.1 NAME OF TRUST. This trust shall be called the GEORGE F. PALMER TRUST.

1.2 TRUSTOR'S PERSONAL AND FAMILY INFORMATION. My wife KATHERINE G. PALMER is now deceased.

My wife and I are the parents of two children, and they are:

ALAN G. PALMER, now of Corvallis, Oregon; and
NANCY P. OLTMAN, now of South Beach, Oregon.

I declare that I have no deceased children leaving surviving descendants.

1.3 CO-TRUSTEES. My children ALAN G. PALMER and NANCY P. OLTMAN and I shall serve together as Co-Trustees. If any of these three original Co-Trustees cease to serve due to resignation, incapacity, or death, the remaining two original Co-Trustees shall continue to serve together as Co-Trustees. If two of the original Co-Trustees cease to serve due to resignation, incapacity, or death, the remaining Co-Trustee shall serve as sole Trustee.

Gary H. Martin, Skamania County Assessor
Date 9/3/02 Parcel # 62-7-14-2105

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

3.4 TANGIBLE PERSONAL PROPERTY. To the extent included in the trust estate, my Co-Trustees shall distribute any interest I have in other household goods and furnishings, personal vehicles, recreational equipment, clothing, jewelry, personal effects, and other tangible personal property for personal or household use, together with any insurance on this property, in substantially equal shares to my children, to be divided between them as they shall agree, provided they both survive me. If my children do not both survive me, this property shall be distributed as part of the residue of the trust estate.

ARTICLE 4

RESIDUE

4.1 DISTRIBUTION OF RESIDUE. It is my intent that upon my death, my son and daughter shall receive equal shares of all assets which have belonged to me and to my wife KATHERINE G. PALMER, regardless of how title is held to our assets at the time of my death.

4.1.1 APPRAISALS. I direct my Co-Trustees to have all real property held by the trust appraised by a certified fee appraiser, and to have all personal property appraised by a qualified person at the expense of the trust. Copies of these appraisals shall be delivered to each of my Co-Trustees and any beneficiaries hereunder other than my Co-Trustees.

4.1.2 DISTRIBUTION TO BENEFICIARIES. My Co-Trustees shall distribute the residue of the trust estate in equal shares to my two children, provided, however, that if my daughter NANCY P. OLTMAN wishes to take the real property in the state of Washington as part of her share of the trust estate, she may do so, provided that my son ALAN G. PALMER shall receive trust assets with a value equivalent to that of the Washington real property. If the trust does not have sufficient property for my son to receive trust assets with a value equivalent to that of the Washington real property, my daughter shall pay to my son the difference between the value of the Washington property and the remaining trust assets available for distribution to my son, upon terms and conditions agreed to by both of my children.

My daughter shall, within 60 days from the date of her receipt of the written appraisals of all of the real and personal property of the trust, give a written notice to the Co-Trustees of her decision to take or not to take the

ARTICLE 8

GENERAL ADMINISTRATIVE PROVISIONS

8.1 SURVIVORSHIP. A beneficiary under this instrument shall be considered to survive me only if the beneficiary is living on the sixtieth day after the date of my death.

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

8.3 ELECTIONS, DECISIONS, AND DISTRIBUTIONS. I authorize my trustee to make any election or decision available to my trust 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 trustee in the exercise of these powers shall be conclusive and binding on all parties, and my trustee need not make any adjustments among beneficiaries because of any election, decision, or distribution.

8.4 CHANGE IN CORPORATE FIDUCIARY. If any corporate fiduciary is merged or voluntarily liquidated into or consolidated with another entity having the required fiduciary powers, the successor shall have all powers granted to the original corporate fiduciary.

8.5 GOVERNING LAW. The validity and construction of this agreement shall be determined under Oregon law in effect on the date this agreement is signed.

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

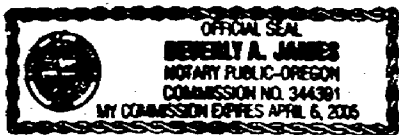
Dated June 25th 2001.

George F. Palmer
GEORGE F. PALMER
Trustor and Trustee

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STATE OF OREGON)
) ss.
County of Multnomah)

On June 25, 2001, GEORGE F. PALMER personally
appeared before me and declared the foregoing instrument to be his voluntary act
and deed.



Beverly A. James
NOTARY PUBLIC FOR OREGON
My Commission Expires: April 6, 2005

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SCHEDULE A

That certain real property located in Skamania County, Washington,
described as follows:

Section 10 Township 2 North Range 7 E.W.M.
Interlaken Resort Cabin #12. *

CERTIFICATION OF VITAL RECORD

BOOK 228 PAGE 902

LIFE ON
PRINT IN
PERMANENT
BLACK INK

346571

ID TAG NO

002999

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

106

State File Number

1. DECEDENT'S NAME First: George Middle: Frederick Last: PALKER		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 4, 2002
4. SOCIAL SECURITY NUMBER 700-05-3725		5. AGE Last Birthday (Years) 94	6. BIRTHPLACE (City and State or Foreign Country) Eureka, CA
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other (Specify):	
9. FACILITY NAME (If not resident, give street and number) Providence Portland Medical Center		10. CITY, TOWN, OR LOCATION OF DEATH Portland	
11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Chief Electrician		12. SPouse (If married, widow, or divorced) Katherine G. Palmer	
13. RESIDENCE - STATE Oregon		14. RESIDENCE - COUNTY Multnomah	
15. RESIDENCE - CITY, TOWN, OR LOCATION Portland		16. STREET AND NUMBER 5124 NE Clackamas Street	
17. RACE White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) College (14 or 15)	
19. FATHER'S NAME First: Isaac Edgar Middle: Palmer Last: Palmer		20. MOTHER'S NAME First: Maude Ida Middle: Stone Last: Palmer	
21. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify):		22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Riverview Cemetery/Crematory	
23. SIGNATURE OF OREGON DEPARTMENT OF HUMAN SERVICES LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>Richard C. Hammond</i>		24. OREGON LICENSE NO. CO 3163	
25. DATE FILED (Month, Day, Year) JUN 11 2002		26. REGISTRAR'S SIGNATURE <i>Suspectan</i>	
RESERVED FOR REGISTRAR'S USE			
27. TIME OF DEATH 0350		28. DATE PRONOUNCED DEAD (Month, Day, Year) June 4, 2002	
29. TO THE BEST OF MY KNOWLEDGE, death occurred at the time, date, place and (Signature) <i>Sean Michael Friend</i>		30. ON THIS basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner stated (Signature) <i>Sean Michael Friend</i>	
31. DATE SIGNED (Month, Day, Year) 6/6/02		32. COUNTY	
33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Sean Michael Friend, MD 5635 NE Alameda Portland, OR 97213			
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b). Do not enter mode of death, e.g., Cardiac or Respiratory Arrest.)			
(a) CHRONIC MYOCARDIAL ISCHEMIA			
(b) HEART FAILURE			
36. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in PART 1.) Multiple Longstanding Fractures			
37. NUMBER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		38. DATE OF INJURY (Month, Day, Year) June 4, 2002	
39. TIME OF INJURY 0350		40. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))	
41. DESCRIBE HOW INJURY OCCURRED		42. LOCATION (Gmail and Number or Rural Route Number, City or Town, State)	
RESERVED FOR REGISTRAR'S USE			

Gary H. Martin, Skamania County Assessor

ORIGINAL VITAL STATISTICS COPY

Parcel #

46-2-Rev (3/00)



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

JUN 17 2002

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTEGRAL STATE SEAL AND BORDER

Ela Wickham RN MS
ELA WICKHAM, RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

