

150523

BOOK 251 PAGE 426

Eric Zimmerman  
CLARK COUNTY CLERK  
SEP 30 4 05 PM '03  
J. 1001

RETURN ADDRESS:

Michael G. Neff  
101 SW Main, Suite 1800  
Portland, OR 97204

Please print or type information  
CCT 72744MD

Document Title(s) (or transactions contained therein):  
SPECIAL POWER OF ATTORNEY

Reference Number(s) of Documents:

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

1. AYA, KATHRYN IRENE Successor Trustee of the Roderick Honeyman Aya Revocable Living Trust
2. ☐ Additional names on page of document.

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

1. AYA JR., ALFRED A.
2. ☐ Additional names on page of document.

Legal description (abbreviated: i.e. lot, block, plat or section, township, range)  
T2N R6E SECTION 24 SW 1/4 SW 1/4, WM

☒ Additional legal on page 2 of document.

Assessor's Property Tax Parcel/Account Number

02-06-24-0100-00

☒ Additional on page 2 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.

☒ If checked then.....

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.13.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

*Michael G. Neff*  
Signature of Requesting Party

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## SPECIAL POWER OF ATTORNEY

SEE EXHIBIT "A" ATTACHED HERETO, AND BY THIS REFERENCE INCORPORATED HEREIN AND MADE A PART HEREOF.

Tax Account Number: 02 06 24 00 0100 00  
Abbreviated Legal: T.2N. R.6E. Sec. 24, SW 1/4 SW 1/4, W.M.  
Skamania County, Washington

**This Special Power of Attorney will be of no further effect after January 1, 2005.**

Dated this 24<sup>th</sup> day of September, 2003.

Kathryn Irene Aya

On Sept 24, 2003, before me, Tessa Van Dyke the undersigned Notary public, personally appeared Kathryn Irene Aya, known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument. Witness my hand and official seal.

Witness my hand and  
Seal of the State of Oregon  
this 1st day of June 1968  
at Seaside, Oregon



FWP51MGNy8223 w.p.

EXHIBIT A

Description of Property: A parcel of land located in Section 24, Township 2 North, Range 6 East, Willamette Meridian, Skamania County, State of Washington, more particularly described as follows:

BEGINNING at the Southwest corner of Section 24, Township 2 North, Range 6 East of the Willamette Meridian, Skamania County, Washington; thence North along the West line of said Section 24, 1,320 feet, more or less, to the Northwest corner of the Southwest quarter of the Southwest quarter of said Section 24; thence East along the North line of said quarter-quarter, 440 feet to a point; thence South 1,320 feet, more or less, to the South line of said Section 24; thence West along the South line of said Section 440 feet to the Point of Beginning.



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EXHIBIT B

## WILL

## OF

## RODERICK HONEYMAN AYA

I, Roderick Honeyman Aya, of 1662 Whispering Pines Dr., Seaside, Oregon, 97138, declare that this is my Will and revoke all prior Wills and Codicils.

## ARTICLE 1

## FAMILY

1.1 SPOUSE. I am married to Kathryn Irene Aya, and all references to "my spouse" are to her.

1.2 DESCENDANTS. My presently living children are:

Roderick Riddle Aya, dob 2-20-48  
Dorothy Aya Reynolds, dob 12-25-50  
Ronald Honeyman Aya, dob 9-14-52

References to "my children" include any child later born to or adopted by me.

## ARTICLE 2

## LEGAL REPRESENTATIVES

2.1 PERSONAL REPRESENTATIVE. I name my spouse as my personal representative to serve without bond. If my spouse fails to qualify or ceases to act as my personal representative, I name Alfred Anthony Aya as my personal representative, to serve without bond.

## ARTICLE 3

## DISPOSITION OF MY PROPERTY

3.1 DISTRIBUTION TO MY REVOCABLE LIVING TRUST. I give all of my property of whatever nature and kind and wherever located to my revocable living trust of which I am a Trustor, known as:

Roderick Honeyman Aya, Trustee, or his successors in trust, under the Roderick Honeyman Aya Living Trust, dated April 17, 1993, and any amendments thereto.

3.2 ALTERNATE DISPOSITION. If my revocable living trust is not in effect for any reason, I give all of my property to my Personal Representative under this will, as Trustee, who shall hold, administer, and distribute my property as a testamentary trust the provisions of which are identical to those of my

WILL OF RODERICK H. AYA - Page 1

Kathryn Irene Aya TTEE  
10.18.01

Signed before me this 18<sup>th</sup> day  
of October 2001

Rev. Max Kieper

16-Sep-02 10:33A

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REVOCABLE LIVING TRUST AGREEMENT

DATE: April 17, 1993

TRUSTOR: Roderick Honeyman Aya, SS# 542-07-7835

TRUSTEE: Roderick Honeyman Aya, SS# 542-07-7835

ARTICLE 1

TRUST

1.1 DECLARATION OF TRUST. I, Roderick Honeyman Aya, as trustor, establish a trust with Roderick Honeyman Aya ("my trustee"), as trustee. All property which is made subject to this trust shall be held, administered, and distributed in accordance with this agreement.

1.2 NAME OF TRUST. This trust may be called the Roderick Honeyman Aya Revocable Living Trust.

1.3 TRUST PROPERTY. I have transferred and delivered to my trustee the property described on Schedule A, and my trustee acknowledges receipt of this property.

1.4 ADDITIONS TO TRUST. My trustee may receive other property that is transferred by will or otherwise to my trustee by me or by any other person. My trustee shall have the sole discretion to accept additions to the trust.

1.5 REVOCATION OR WITHDRAWAL. I reserve the right to revoke this agreement or to withdraw all or any portion of the trust property. Revocation or withdrawal shall be made only by a written instrument signed by me as trustor and filed with my trustee.

1.6 AMENDMENT. I reserve the right to amend this agreement by a written instrument signed by me as trustor and accepted by my trustee.

1.7 PERSONAL POWERS. The rights of revocation, withdrawal, and amendment reserved by me must be exercised solely by me and may not be exercised by any other person, including any agent, guardian, or conservator.

1.8 SUCCESSOR TRUSTEE. If I die, resign, or become incapacitated, I name my spouse as successor trustee. If my spouse fails to qualify or ceases to act as my trustee, I name Alfred Anthony Aya, of Cannon Beach, Oregon, as successor trustee.

1.9 INCAPACITY. For purposes of this instrument, I shall be considered incapacitated if I become unable to manage my business

RODERICK H. AYA REVOCABLE LIVING TRUST - page 1

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affairs due to illness, age, or any other cause. The fact of incapacity shall be determined by my trustee upon consultation with any treating physician. If my trustee acts in good faith, my trustee shall not be liable for any acts or omissions by my trustee in reliance upon the determination of incapacity.

## ARTICLE 2

### FAMILY

2.1 SPOUSE. I am married to Kathryn Irene Aya, and all references to "my spouse" are to her.

2.2 DESCENDANTS. My presently living children are:

Roderick Riddle Aya, of Amsterdam, Netherlands  
Deborah Aya Reynolds, of Waldorf, Maryland  
Ronald Honeyman Aya, of San Francisco, California

References to "my children" include any child later born to or adopted by me.

## ARTICLE 3

### TRUST DISTRIBUTIONS DURING MY LIFE

During my lifetime, the trust shall be administered and distributed as follows:

3.1 REQUESTED DISTRIBUTIONS. My trustee shall distribute to me or for my benefit those amounts of income or principal which I request in writing.

3.2 DISTRIBUTIONS UPON INCAPACITY. If I become incapacitated, my trustee shall distribute to me or for my benefit those amounts of income or principal which my trustee considers necessary or advisable for my health, education, support, maintenance, or reasonable comforts. In addition, my trustee shall distribute to or for the benefit of my spouse those amounts of income or principal which my trustee considers necessary for my spouse's health, education, support, and maintenance to enable my spouse to maintain the standard of living which my spouse maintained before my incapacity.

## ARTICLE 4

### TRUST DISTRIBUTIONS AFTER MY DEATH

After my death, the trust shall be administered and distributed as follows:



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4.0 The sum of \$1,000 to each of my children listed in Article 2 of this Trust, if they survive me.

4.1 DEBTS AND EXPENSES. If my trustee determines that other provision has not been adequately made, my trustee shall pay out of the residue of the trust estate, without apportionment, any debts of mine as they come due, expenses of my last illness and funeral, and expenses incurred in administering or distributing my probate or trust estate.

4.2 TAXES. My trustee shall pay out of the residue of my trust estate, without apportionment, all estate, inheritance, and other death taxes (including interest and penalties) payable by reason of my death on property in or passing into any trust created by this agreement at or as a result of my death.

4.3 DISTRIBUTION OF NONBUSINESS TANGIBLE PERSONAL PROPERTY

A. Distribution Letter. Upon the death of Trustor, my Trustee shall distribute the nonbusiness tangible personal property of the deceased Trustor in accordance with the instructions in the signed and dated distribution letter(s) of the deceased Trustor, which has been delivered to my Trustee and which remains unrevoked. The last dated distribution letter shall control as to any item listed on more than one distribution letter.

As used in this section, the term "nonbusiness tangible personal property" means clothing, jewelry, household furnishings, photographs, recreational equipment, automobiles and any other item of nonbusiness tangible personal property listed in a distribution letter.

B. Items not Listed in Distribution Letter. All nonbusiness tangible personal property not listed on a distribution letter shall be distributed among my children, in such equitable manner as may be determined between them with the decision of the Trustee controlling in the event of disagreement concerning items not covered by the distribution letter(s).

4.4 DISTRIBUTIONS DURING MY SPOUSE'S LIFE. If my spouse survives me, my trustee shall distribute to or for the benefit of my spouse during my spouse's lifetime those amounts of income or principal which my trustee considers necessary for my spouse's health, education, support, and maintenance to enable my spouse to maintain the standard of living which my spouse maintained in my lifetime.

4.5 DISTRIBUTION OF RESIDUE. At my spouse's death, or at my death if my spouse does not survive me, my trustee shall distribute the remaining trust property as follows:

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4.5(a) DESCENDANTS. If any of my descendants is then living, the trust shall be divided into equal shares, one share for each child of mine who is then living and one share by right of representation for the then surviving descendants of each child of mine who is then deceased. Unless this article expressly provides otherwise, my trustee shall distribute each share free of trust and this trust shall terminate.

4.5(b) CONTINGENT BENEFICIARIES. If none of my descendants are then living, this trust shall terminate and my trustee shall distribute the remaining trust property as follows:

100% to those persons then living who would be entitled to receive my intestate property as determined by Oregon law, as if I had died at the termination of the trust.

## ARTICLE 5

## TRUST ADMINISTRATION

5.1 NO TRUST BENEFICIARY. If at any time there remains no named or described beneficiary of any trust, my trustee shall distribute the remainder of the trust as provided in section 4.5(b), as if my spouse and I had died at the termination of the trust.

5.2 NONASSIGNMENT. The interest of any beneficiary in income or principal may not be voluntarily or involuntarily anticipated, alienated, or encumbered and shall not be subject to claims of creditors or others or to legal process. The limitations in this section shall not restrict the exercise of any power of appointment or the right to disclaim.

5.3 RULE AGAINST PERPETUITIES. Despite any other provision of this instrument, each trust created by this instrument shall terminate and be distributed as if it had then terminated in accordance with its terms not later than 21 years after the death of the last survivor of my spouse and my descendants living at my death.

5.4 UNDISTRIBUTED INCOME. Income accrued or undistributed at the termination of a beneficiary's interest in a trust shall be added to and become part of the principal of that trust, and any rights of that beneficiary to that income shall terminate.

5.5 CONSIDERATION OF OTHER INCOME OR PROPERTY. In making discretionary distributions, my trustee may, but is not required to, consider any other income, support, or property available to the beneficiary.



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5.6 CONSOLIDATION OF TRUSTS. My trustee may consolidate any trust created by this instrument with any other trust if the trusts have the same beneficiaries and are substantially identical.

5.7 LIFE INSURANCE PROCEEDS. My trustee shall collect the proceeds of any life insurance policy for which my trustee is the beneficiary, and shall hold those proceeds under the terms of this instrument. Payment to my trustee shall be a full discharge of the insurance company on account of the policy, and the insurance company shall not be responsible for the proper discharge of the trust. My trustee has no duty to begin collection proceedings or litigation to enforce payment of any life insurance policies until reasonable provision has been made to indemnify my trustee for all anticipated expenses and liabilities.

## ARTICLE 6

## TRUSTEE POWERS

As to each trust created by this instrument, my trustee shall have all powers conferred on a trustee by Oregon law as now existing or later amended. In addition, my trustee shall have the power:

6.1 MANAGE AND DISPOSE OF ASSETS. To manage, maintain, improve, lease, grant options on, encumber, sell, exchange, or otherwise dispose of part or all of the trust estate in any manner and on any terms my trustee considers beneficial to the trust estate.

6.2 RETAIN ASSETS. To retain any property for so long as my trustee considers retention of probable benefit to the trust estate and the trust beneficiaries.

6.3 MAKE INVESTMENTS. To invest and reinvest the trust estate in common or preferred stocks, bonds, mutual funds, common trust funds, secured and unsecured obligations, mortgages, and other property, real or personal, which my trustee considers advisable and in the best interest of the trust estate, whether or not authorized by law for the investment of trust funds.

6.4 RECEIVE COMPENSATION. To receive reasonable compensation for my trustee's own services and reimbursement for expenses incurred in administering the trust estate.

6.5 ADVANCE FUNDS OR BORROW. To advance my trustee's own funds to the trust for any trust purposes at prevailing rates of interest (with any advance to be a lien on the trust estate) and to borrow money for those purposes and upon those terms and conditions which my trustee considers to be in the best interest of the trust estate.

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6.6 PURCHASE ASSETS AND MAKE LOANS. To purchase assets at their fair market value (as determined by my trustee) from my probate estate or my spouse's probate or trust estate, and to make secured or unsecured loans to my probate estate or my spouse's probate or trust estate, for any reason my trustee believes will benefit my probate estate or my spouse's probate or trust estate.

6.7 COMBINE MANAGEMENT OF SEPARATE TRUSTS. To hold the trust estate as an undivided whole without separation into any separate trusts for as long as my trustee considers suitable and to allot undivided interests in any asset to any separate trusts, but no undivided holding shall defer vesting or distribution under the trusts.

6.8 CHOOSE MANNER OF MAKING DISTRIBUTION. To make any distribution in any of the following ways to a beneficiary who is a minor, incompetent, under legal disability, or considered by my trustee to be unable to handle property if paid to him directly, without liability to my trustee:

6.8(a) Directly to the beneficiary.

6.8(b) To the beneficiary's guardian or conservator, to a custodian under the Oregon Uniform Transfers to Minors Act, or to any other fiduciary.

6.8(c) To any person or organization furnishing health care, education, support, or maintenance.

6.9 DO OTHER ACTS. Except as otherwise provided in this instrument, to do all acts that might legally be done by an individual in absolute ownership and control of property and which in my trustee's judgment are necessary or desirable for the proper and advantageous management of the trust estate.

#### ARTICLE 7

#### TRUSTEE

7.1 RESIGNATION OF TRUSTEE. My trustee may resign the trusteeship at any time. In addition, if all current income beneficiaries of any trust request in writing, my trustee shall resign the trusteeship of that trust. Any resignation shall be in writing and shall become effective only upon written acceptance of the trust by a successor trustee.

7.2 DESIGNATION OF SUCCESSOR TRUSTEE. If a trust has no trustee and no successor is named in this instrument, a majority in interest of the current income beneficiaries of that trust may appoint a successor corporate trustee in writing. Beneficiaries not of legal age or capacity shall be represented by their guardians, if any, in requesting the resignation of a trustee under

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this section. If the current income beneficiaries fail to appoint a successor, any court having jurisdiction may do so at the request of any person interested in the trust.

7.3 TRANSFER TO SUCCESSOR TRUSTEE. Upon acceptance, a successor trustee shall succeed to all rights, powers, and duties of the trustee. All right, title, and interest in the trust property shall vest in the successor. The prior trustee shall, without warranty, transfer the existing trust property to the successor trustee. A successor trustee shall not have any duty to examine the records or actions of any former trustee and shall not be liable for the consequences of any act or failure to act of any former trustee.

7.4 NO BOND REQUIRED. No bond or other undertaking shall be required of any individual trustee of any trust.

## 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.

RODERICK H. AYA REVOCABLE LIVING TRUST - page 7



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This agreement is executed on this 17<sup>th</sup> day of April, 1993.

TRUSTOR:

Roderick Honeyman Aya  
Roderick Honeyman Aya

TRUSTEE:

Roderick Honeyman Aya  
Roderick Honeyman Aya

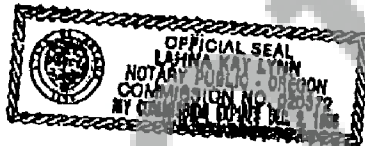
STATE OF OREGON

County of Clackamas

ss.

On April 17<sup>th</sup>, 1993, RODERICK H. AYA personally appeared and acknowledged the foregoing instrument to be his voluntary act and deed.

John J. Lynn  
Notary Public for Oregon  
My commission expires: 12-2-96



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SCHEDULE A

Inventory

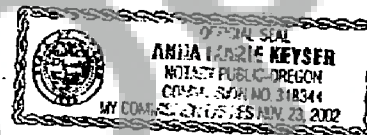
Personal Property per Bill of Sale

My house at 1662 Whispering Pines Dr., Seaside, Oregon 97138.

My real property located in the County of Skamania and the State of Washington.

My entire ownership interests listed below:

A.T. & T. stock  
Ameritech stock  
NYNEX stock  
Bell Atlantic stock  
Bell South stock  
Southwestern Bell stock  
Pacific Telesis stock  
U.S. West stock  
Merrill Lynch Ready Assets Trust  
U.S. Bank Account in Seaside  
The Fairfield County Savings Bank account  
Series HH Bonds  
Series EE Bond  
My 1990 Jaguar Sovereign



Kathryn Irene Aya TTEE  
10-18-01

Signed before me this 18<sup>th</sup> of October, 2001

Andrea Marie Keyser

11/23/2002

SCHEDULE A TO RODERICK H. AYA REVOCABLE LIVING TRUST - page 1

# CERTIFICATION OF VITAL RECORD

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PRINT IN  
PERMANENT  
BLACK INK

144258

ID. TAG NO.

33

Local File Number

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

EXHIBIT C

State File Number

1. DECEDENT'S NAME First: <b>Roderick</b> Middle: <b>Honeyman</b> Last: <b>AYA</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>February 28, 1995</b>	
4. SOCIAL SECURITY NUMBER <b>642-87-7835</b>		5. AGE (Last Birthday) <b>78</b>		6. BIRTHPLACE (City and State or Foreign Country) <b>Portland, ME</b>	
7. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. PLACE OF DEATH (Specify only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		9. DATE OF BIRTH (Month, Day, Year) <b>September 17, 1916</b>	
10. FACILITY NAME (If not institution, give street and number) <b>1662 Whispering Pines Dr.</b>		11. CITY, TOWN, OR LOCATION OF DEATH <b>Seaside</b>		12. COUNTY OF DEATH <b>Clatsop</b>	
13. DECEDENT'S USUAL OCCUPATION (Give kind of work done during year of working and Do not use retired) <b>Tax Executive</b>		14. KIND OF BUSINESS/INDUSTRY <b>Telephone</b>		15. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	
16. RESIDENCE - STATE <b>Oregon</b>		17. COUNTY <b>Clatsop</b>		18. STREET AND NUMBER <b>1662 Whispering Pines Dr.</b>	
19. RESIDENCE - CITY <b>Seaside</b>		20. ZIP CODE <b>97138</b>		21. RACE (American Indian, Black, White, etc. (Specify)) <b>White</b>	
22. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		23. EDUCATION (Specify only highest grade completed) <b>Elementary/Secondary (8-12) College (1-4 or 5+)</b>		24. INFORMANT - Name and relationship to decedent <b>Katherine Aya</b>	
25. FATHER - Name first middle last <b>Alfred Anthony Aya</b>		26. MOTHER - Name first middle maiden <b>Grace Honeyman</b>		27. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Ocean View Cemetery</b>	
28. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Michael K. Hume</i>		30. LICENSE NUMBER <b>3044</b>	
31. DATE FILED (Month, Day, Year) <b>February 9, 1995</b>		32. NAME, ADDRESS AND ZIP OF FUNERAL HOME <b>Hughes-Ransom Mortuary</b>		33. CITY, STATE AND ZIP OF FUNERAL HOME <b>Portland, OR 97101</b>	
34. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		35. DID GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		36. DATE SIGNED (Month, Day, Year) <b>February 9, 1995</b>	
37. TIME OF DEATH <b>1130 Hrs</b>		38. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PROMULGATED DEAD (Month, Day, Year) <b>February 9, 1995</b>	
40. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		41. On the 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. <i>Paul D. Stull, Jr.</i>		42. DATE SIGNED (Month, Day, Year) <b>February 9, 1995</b>	
43. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print) <b>Paul Stull, Jr., M.D., 1000 Exposition, Suite 1100, Astoria, OR 97103</b>		44. NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Paul Stull, Jr., M.D.</b>		45. DATE SIGNED (Month, Day, Year) <b>February 9, 1995</b>	
46. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR INMEDIATE CAUSE OF DEATH) <b>Bladder Cancer, Metastatic</b>		47. INTERVAL BETWEEN ORIGIN AND DEATH <b>Interval between onset and death</b>		48. INTERVAL BETWEEN ORIGIN AND DEATH <b>Interval between onset and death</b>	
49. DUE TO, OR AS A CONSEQUENCE OF: <b>Bladder Cancer, Metastatic</b>		50. INTERVAL BETWEEN ORIGIN AND DEATH <b>Interval between onset and death</b>		51. INTERVAL BETWEEN ORIGIN AND DEATH <b>Interval between onset and death</b>	
52. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Bladder Cancer, Metastatic</b>		53. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		54. Did alcohol use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
55. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		56. DATE OF INJURY (Month, Day, Year) <b>February 28, 1995</b>		57. TIME OF INJURY <b>1130 Hrs</b>	
58. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <b>1662 Whispering Pines Dr.</b>		59. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>1662 Whispering Pines Dr., Seaside, OR 97138</b>		60. DESCRIBE HOW INJURY OCCURRED <b>Bladder Cancer, Metastatic</b>	

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE ORIGINAL VITAL STATISTICS COPY

DATE ISSUED: **February 9, 1995**

KATHERINE E. HELLBERG  
COUNTY REGISTRAR  
CLATSOP COUNTY, OREGON