

Return Address: Michael Traviniskir
162 Mandi Ln
Skamanig, WA
98648

Document Title(s) or transactions contained herein:

Revocable Trust & Death Certificate

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

Travinski, Walter Joseph

REAL ESTATE EXCISE TAX

23675
MA? 0 1 2004

PAID exempt

Additional names on page _____ of document.

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

Myers, Stanley Alan

Vicene Clelland Dep.
SKAMANIA COUNTY TREASURER

Additional names on page _____ of document.

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

NW⁴ Section 34 T2N R6EWM

Complete legal on page 4 of document.

REFERENCE NUMBER(S) of Documents assigned or released:

Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02-06-34-0-0-0107-00

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.

WALTER JOSEPH TRAVINSKI REVOCABLE LIVING TRUST

THIS AGREEMENT is made this 8 day of October, 2002, between WALTER JOSEPH TRAVINSKI, the Trustor, and WALTER JOSEPH TRAVINSKI, the Trustee. This trust shall be known as the "Walter Joseph Travinski Revocable Living Trust."

ARTICLE 1

TRUST PROPERTY

A. The Trustor has transferred and delivered to the Trustee, without consideration, the property described on the attached Schedule 1. This property, together with any other property that may later be subject to the provisions of this trust, shall constitute the trust estate.

B. All personal property and real property which is transferred to the trust by the Trustor, whether at the date of execution hereof or later, is the separate property of the Trustor.

C. The Trustor is establishing this trust for the purposes of administrative efficiency in the management and distribution of his estate.

ARTICLE 2

IDENTIFICATION OF FAMILY

The family of the Trustor presently consists of the Trustor, the Trustor's spouse, SHARON GALE SUN, and their one (1) child, namely: MICHAEL JOSEPH TRAVINSKI, of legal age. SHARON GALE SUN has four (4) children from a prior marriage, namely: THOMAS LINN MYERS, STANLEY ALAN MYERS, GREGOR LINN MYERS and JEFFREY SAMUEL MYERS, all of legal age.

ARTICLE 3

RIGHTS RESERVED BY TRUSTOR

- A. The Trustor reserves the following rights as set forth in paragraphs 1 through 5 below.
1. Add other property to the trust estate;

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915 Broadway
P.O. Box 1086
Vancouver, Washington 98666
(360) 696-3312

event any litigation arises out of this instrument, the venue for such action shall be in Clark County, Washington.

ARTICLE 8

TRUSTEES

A. Original Trustee. WALTER JOSEPH TRAVINSKI is hereby appointed as Trustee of the trust created herein.

B. Successor Trustee. Upon the death, unwillingness to serve, or incapacity to serve of WALTER JOSEPH TRAVINSKI, STANLEY ALAN MYERS shall serve as successor Trustee. Upon the death, unwillingness to serve or incapacity to serve of STANLEY ALAN MYERS, KATHLEEN McCARTAN MYERS shall serve as successor Trustee.

C. Duties and Responsibilities of Successor Trustees

1. The Trustee shall have the right to resign as Trustee without court proceedings by giving written notice to that effect to the Trustor.

2. Any successor Trustee shall succeed to all title to the property of the trust estate and to all powers, rights, discretions, obligations and immunities of the Trustee hereunder with the same effect as though such successor had been originally named as Trustee.

3. A successor Trustee shall not be responsible to the beneficiaries or to the trust estate for the acts or omissions of a former Trustee in its administration of the trust estate. A successor Trustee shall not be required to audit or investigate the acts or administration of any former Trustee. Unless requested in writing to do so by a person having a present or future beneficial interest under this trust, a successor Trustee shall not have any duty to take action to obtain redress for breach of trust by a former Trustee.

4. The accountability or responsibility of a successor Trustee shall be limited to the assets or properties that were owned by the prior Trustee as trust assets at the date on which the successor Trustee assumed its trusteeship. Furthermore, the assets must have been either delivered into the possession of the successor Trustee or the existence of such assets must have been made known to the successor Trustee.

D. Bond and Liability of Trustee. All Trustees shall serve without bond. The Trustee shall not be liable for any mistake or error of judgment in the administration of the trust hereby created, except for willful misconduct, as long as the Trustee continues to exercise its duties and

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SCHEDULE 1

1. The following described real estate situated in Skamania County, State of Washington:

That portion of the Northwest Quarter of Section 34, Township 2 North, Range 6 East of the Willamette Meridian in the County of Skamania and State of Washington, lying Northerly of the Northerly line of the Easement granted to the USA for the Bonneville Power Administration's Bonneville-Vancouver electric power transmission line, and Southerly of Duncan Creek.

Assessor's Parcel No.: 02-06-34-0-0-0107-00

SW 3-1-04
Gary H. Martin, Skamania County Assessor
Date 3/1/04 Parcel # 2-6-34-107
G.S.

Unofficial Copy

January 18, 2004

To Whom It May Concern:

This letter is concerning the property in the Walter J. Travinski Trust. Prior to his death, Mr. Travinski created the trust. While alive, he was the trustee. Mr. Travinski has passed away and I am now trustee of the above trust. Included in this trust is his former residence at 162 Mandi Lane, Skamania, WA 98648. I accept responsibility for this property. Please continue to send the tax statements to 162 Mandi Lane, Skamania, WA 98648.

Thank you for your consideration. If you have any questions, feel free to contact me.

Sincerely,



Stanley A. Myers
124 Elk Ridge Dr.
Longview, WA 98632
360 423-6801

UNOFFICIAL COPY

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

46

LOCAL FILE NUMBER

1. NAME First: Walter Middle: Joseph Last: Travinski				2. SEX (M/F) Male		3. DEATH DATE (Mo, Day, Yr) November 28, 2002	
4. AGE LAST BIRTHDAY (Yrs) 52		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 08-12-1950	
8. BIRTHPLACE (City, State or Foreign Country) Detroit, Michigan				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Skamania	
11. CITY, TOWN OR LOCATION OF DEATH Stevenson				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 162 Mandi Lane			
13. SMOKING IN LAST 15 YEARS? (Yes/No) No		14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Sharon Fish		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 College (1-4 or 5+) 1				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Asst. Engineer		19. KIND OF BUSINESS OR INDUSTRY Merchant Marines	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21. RACE (Specify) White		22. RESIDENCE — NUMBER AND STREET 162 Mandi Lane		23. CITY/TOWN, OR LOCATION Stevenson	
24. INSIDE CITY LIMITS? (Yes/No) No		25A. COUNTY Skamania		25B. LENGTH OF RES. IN CO. 12 1/2 yrs.		26. STATE WA.	
27. ZIP CODE 98648		28. FATHER'S NAME — FIRST, MIDDLE, LAST Walter P. Travinski		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Barbara F. Nicholas			
30. INFORMANT — NAME Sharon Travinski		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 162 Mandi Lane, Stevenson, Washington 98648		32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation			
33. DATE (Mo, Day, Yr) 12/3/2002		34. CEMETERY/CREMATORY — NAME Portland Memorial Crematory		35. LOCATION — CITY/TOWN, STATE Portland, Oregon			
36. FUNERAL DIRECTOR SIGNATURE Michael B. Hammond		37. NAME OF FACILITY Davies Cremation & Burial Svc.		38. ADDRESS OF FACILITY Vancouver, Washington 98666			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 12/03/02		41. HOUR OF DEATH (24 Hrs.) 1455		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James Chesnut MD 4411 SW Vermont Portland, OR 97219				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). Liver cancer		A. DUE TO, OR AS A CONSEQUENCE OF: Hepatitis C		INTERVAL BETWEEN ONSET AND DEATH months		INTERVAL BETWEEN ONSET AND DEATH years	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes/No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X [Signature]		63. DATE RECEIVED (Mo., Day, Yr) DEC 03 2002	

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