

Doc # 2005158535

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Date: 08/29/2005 03:44P

Filed by: CARL F JEPSEN

Filed & Recorded in Official Records
of SKAMANIA COUNTY

J. MICHAEL GARVISON

AUDITOR

Fee: \$35.00

Return Address:

Carl F. Jepsen
WARREN ALLEN LLP
830 NE 122nd Avenue
Portland, OR 97230

Document Title(s) or transactions contained herein:

Revocable Living Trust Agreement and death certificate

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

Carl E. Johnson, Trustee

☐ Additional names on page _____ of document.

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

Gregory C. Johnson, Trustee
Susan J. Fisher, Trustee

☐ Additional names on page _____ of document.

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

Lots 11 of Aria Oaks, according to the recorded Plat thereof, recorded
in Book 'B' of Plats, Page 114 in the County of Skamania, State of
Washington

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

N/A

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

02-07-21-0-0-1013-00

65 ady

☐ 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.

REVOCABLE LIVING TRUST AGREEMENT

DATED: September 12, 2002

TRUSTOR: CARL E. JOHNSON
SSN#: 544-09-8680
DOB : October 22, 1919

TRUSTEE: CARL E. JOHNSON

I, CARL E. JOHNSON, as Trustor, hereby establish a trust with CARL E. JOHNSON as Trustee. The property of this trust shall be held, managed and distributed by the Trustee in accordance with this Agreement.

ARTICLE I NAME OF TRUST

This Trust may be called the **CARL E. JOHNSON LIVING TRUST**.

ARTICLE II IDENTIFICATION OF FAMILY

I am widowed. I have two children, SUSAN J. FISHER and GREGORY C. JOHNSON. The provisions of this trust for the benefit of my children shall include any children of mine born or adopted after the date of this trust. The term "lineal descendants" includes adopted descendants.

ARTICLE III TRUSTEE

A. Successor Trustee. If I die, resign, or become incapacitated, I appoint SUSAN J. FISHER and GREGORY C. JOHNSON as co-successor Trustees. In the event that either one of my co-trustees dies, becomes incapacitated or for any other cause, ceases to act as trustee hereunder, the surviving Trustee shall continue to act as the sole Trustee to serve with all of the obligations, powers and authority contained within this trust agreement.

J. Power to Allocate Generation Skipping Tax. To allocate any unused portion (including a zero amount) of my generation-skipping tax exemption to any property (including unallocated lifetime transfers and marital trust) and in any manner without adjustment in the sole discretion of my Personal Representative.

K. Other Acts. To do all acts not otherwise provided herein that might legally be done by an individual in absolute ownership and control of property and which in the Trustee's judgment are necessary or desirable for the proper and advantageous management of the trust estate.

IN WITNESS WHEREOF, Trustor has executed this Agreement and Trustee has accepted this Trust on this 12 day of September, 2002.

Carl E. Johnson

CARL E. JOHNSON, Trustor
Soc. Sec. No. 544-09-8680

Carl E. Johnson

CARL E. JOHNSON, Trustee
Soc. Sec. No. 544-09-8680

STATE OF OREGON)
) ss.
County of Multnomah)

I hereby certify that on this 12th day of September, 2002, personally appeared before me CARL E. JOHNSON, the Trustor and Trustee, who executed and acknowledged the foregoing Trust.



Heather Shearer

Notary Public for Oregon
My Commission Expires: 9-29-02

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

445524
I.D. TAG NO.
003999
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

1. DECEDENT'S NAME First: Carl Middle: Eddie Last: JOHNSON				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) August 7, 2005	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 85		5b. Under 1 Year Mos. _____ Days _____		5c. Under 1 Day Hours _____ Mins. _____	
6. BIRTHPLACE (City and State or Foreign) Clear Brook, MN		7. DATE OF BIRTH (Month, Day, Year) October 22, 1919					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check one only.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): Foster Care					
9b. FACILITY NAME (If not an institution, give street and number.) 4124 N. E. 136th Avenue				9c. CITY, TOWN, OR LOCATION OF DEATH Portland		9d. COUNTY OF DEATH Multnomah	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Dispatcher		10b. KIND OF BUSINESS/INDUSTRY Railroad		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced. (Specify) Widowed		12. SPOUSE (If Married, Widowed) Eunice Johnson	
13a. RESIDENCE - STATE Oregon		13b. COUNTY Multnomah		13c. CITY, TOWN OR LOCATION Portland		13d. STREET AND NUMBER 14615 N. E. Knott Ct.	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 97230		14. 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		15. RACE American Indian, Black, White, etc. (Specify) White	
17. FATHER'S NAME First: Arthur E. Middle: Johnson Last: _____		18. MOTHER'S NAME First: Myrtle F. Middle: Mettling Maiden: _____		19. INFORMANT'S NAME and relationship to deceased Susan Fisher - Daughter			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): _____				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place.) Omega Crematory		20c. LOCATION (City or Town, State) Portland, Oregon	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				21b. OREGON LICENSE NO. (Of Licensee) 3753		22. NAME, ADDRESS AND ZIP CODE OF FACILITY Omega Funeral & Cremation Service 223 SE 122nd Ave Portland, OR 97233	
23. DATE FILED (Month, Day, Year) AUG 16 2005				24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
RESERVED FOR REGISTRAR'S USE							
27. TIME OF DEATH 2130				28. WAS MEDICAL EXAMINER NOTIFIED? (The Medical Examiner MUST be notified of all injury and poisoning deaths.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. To the best of my knowledge, death occurred at the time, date, place, and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>				30. DATE SIGNED (Month, Day, Year) 8-10-05			
31a. TIME OF DEATH 2130				31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) 8-10-05			
32. 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. (Signature) <i>[Signature]</i>				33. DATE SIGNED (Month, Day, Year) 8-10-05			
34. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Douglas Grossnickle, M. D. 10373 N. E. Hancock Street #219 Portland, Oregon 97220				35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____			
36. 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 I (a) Adenocarcinoma metastatic to lung, primary colon DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. 37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No 38. AUTOPSY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A							
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		41a. DATE OF INJURY (Month, Day, Year) _____		41b. TIME OF INJURY M _____		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
41d. DESCRIBE HOW INJURY OCCURRED: _____		41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) _____		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____			
RESERVED FOR REGISTRAR'S USE							

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

AUG 17 2005

DATE ISSUED: _____

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

[Signature]
LILA WICKHAM, RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DOC # 2005150532
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