

Return Address:

WOODRICH & ARCHER LLP
P.O. BOX 570
STEVENSON, WASH. 98648

Document Title(s) or transactions contained herein:

DEATH CERTIFICATE + REVOCABLE LIVING TRUST AGREEMENT

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

JOHN T. DENNE, TRUSTEE OF THE JOHN T. DENNE TRUST

☐ Additional names on page of document.

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

NEVA SCHUPBACH + EVELYN SKAAR SUCCESSOR CO-TRUSTEES
OF THE JOHN T. DENNE TRUST

☐ Additional names on page of document.

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

ALL THAT PORTION OF THE W. 1/2 OF THE SW 1/4 OF SECTION
14 TOWNSHIP 4 RANGE 7 E.W.M.

☒ Complete legal on page 2 of document.

REFERENCE NUMBER(S) of Documents assigned or released **REAL ESTATE EXCISE TAX**

04 07 14 00 1000 00

27196

AUG 15 2007

☐ Additional numbers on page of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

04 07 14 00 1000 00

Exempt
Vickie Orellana
SKAMANIA COUNTY TREASURER

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

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

136-

446055
I.D. TAG NO.

STATE FILE NUMBER

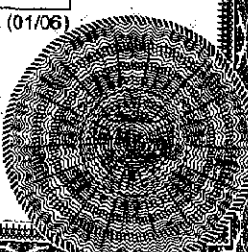
1. Legal Name (Include AKA's, if any) First: <u>John</u> Middle: <u>Talbot</u> Last: <u>DENNE</u> Suffix: _____										2. Death Date (MM/DD/YYYY) <u>December 7, 2006</u>	
3. Sex (MF) <u>Male</u>		4a. Age - Last Birthday <u>89</u>		4b. Under 1 Year Months: _____ Days: _____		4c. Under 1 Day Hours: _____ Minutes: _____		5. Social Security Number _____		6. County of Death <u>Hood River</u>	
7. Birthdate (MM/DD/YYYY) <u>Sept. 18, 1917</u>		8a. Birthplace (City/Town, or County) <u>Los Angeles</u>				8b. (State or Foreign Country) <u>California</u>		9. Decedent's Education <u>9th - 12th Grade, No Diploma</u>			
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) <u>No</u>						11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) <u>1011 Wind River Highway</u>						14. City/Town <u>Carson</u>		15. Residence County <u>Skamania</u>			
16. State or Foreign Country <u>Washington</u>						17. Zip Code + 4 <u>98610</u>		18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. Marital Status at Time of Death <u>Widowed</u>						20. Spouse's Name (If married or widowed, give name prior to first marriage) <u>Margaret Lesley Koehler</u>					
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") <u>Repairman</u>						22. Kind of Business/Industry (DO NOT USE COMPANY NAMES) <u>Television Repair</u>					
23. Father's Name (First, Middle, Last, Suffix) <u>William Denne</u>						24. Mother's Name (First, Middle, Last) <u>Irene Talbot</u>					
25. Informant's Name <u>Neva Schupbach</u>				26. Telephone Number <u>509/427-8354</u>		27. Relation to Decedent <u>Personal Rep.</u>		28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <u>PO Box 1049 Carson, WA 98610</u>			
29. Place of Death <u>Nursing Home</u>						30. Facility Name <u>Hood River Care Center</u>					
31. Location of Death (Give address) <u>729 Henderson Road</u>						32. City/Town or Location of Death <u>Hood River</u>		33. State <u>Oregon</u>		34. Zip Code + 4 <u>97031</u>	
35. Method of Disposition <u>Removal From State</u>						36. Place of Disposition (Name of cemetery, crematory, or other place) <u>Old Carson Cemetery</u>					
37. Location <u>Carson, Washington</u>						38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <u>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</u>					
39. Date of Disposition (MM/DD/YYYY) <u>December 14, 2006</u>						40. Funeral Director's Signature <u>[Signature]</u>				41. OR License Number <u>64</u>	
42. Registrar's Signature <u>[Signature: Angela Youckton]</u>						43. Date Received (MM/DD/YYYY) <u>DEC 14, 2006</u>		44. Local File Number <u>176-2006</u>			
45. Record Amendment											
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death <u>1715</u>	
CAUSE OF DEATH (See instructions and examples.)											
50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Final disease or condition resulting in death: <u>Longestive Heart Failure</u> Due to (or as a consequence of): <u>One hour</u> Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										Approximate Interval: Onset to Death <u>Year</u>	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:											
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending				53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death				54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY) _____				56. Time of Injury _____		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) _____				58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street, City/Town, State, Zip + 4) _____											
60. Describe how injury occurred. _____										61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) <u>Gary Regaluto, MD 1410 May Street, Hood River, OR 97031</u>											
63. Name and Title of Attending Physician if Other than Certifier _____											
64. Title of Certifier <u>MD</u>						65. License Number <u>12088</u>		66. Date Certified (MM/DD/YYYY) <u>12-11-2006</u>			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <u>[Signature]</u>											
68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. _____											
69. Record Amendment <u>040714 001000 00</u>											

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

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DEC # 2007167281



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

DEC 14 2006

DATE ISSUED: _____

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

ANGELA YOUCKTON
COUNTY REGISTRAR
HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Assessor's Tax Parcel Nos: 04 07 14 0 0 1000 00

THE UNDERSIGNED GRANTOR, NEVA SCHUPBACH and EVELYN SKAAR as Co-Trustees of the JOHN T. DENNE TRUST, for and in consideration of distribution from said Trust, and for no monetary consideration, conveys and quitclaims to LITTLE CHURCH OF THE VALLEY, a Washington non-profit corporation, all of Grantor's right in and to the following described real estate, situated in the County of Skamania, state of Washington, together with all after-acquired title of the Grantor therein, to-wit:

All that portion of the west half of the southwest quarter (W. $\frac{1}{2}$ S.W. $\frac{1}{4}$) of Section 14, Township 4 North, Range 7 E.W.M., lying westerly and southerly of Wind River Road according to the deed thereof, recorded in Book 38, Page 427 of Deeds, records of

Skamania County Assessor
Date 08-15-07 Parcel 040714 00100 000
MS

Skamania County, Washington. Except Lot 1 of the John T. Denne short Plat recorded in Book 3, Page 71, under Auditor's File No. 98655. Tax Parcel No. 04 07 14 0 0 1000 00.

JOHN T. DENNE died leaving an irrevocable trust named the John T. Denne Trust dated May 3, 2000 and NEVA SCHUPBACH and EVELYN SKAAR are the duly qualified and acting Co-Trustees under the John T. Denne Trust dated May 3, 2000. This deed is given by way of distribution from the trust estate.

DATED this 21 day of February, 2007.

Neva Schupbach
NEVA SCHUPBACH, Co-Trustee of the
JOHN T. DENNE TRUST

Evelyn L. Skaar
EVELYN SKAAR, Co-Trustee of the
JOHN T. DENNE TRUST

REVOCABLE LIVING TRUST AGREEMENT

DATED: May 3, 2000.

BETWEEN: JOHN T. DENNE, as Trustor,

AND: JOHN T. DENNE as Trustee and upon his death or incapacity, and NEVA SCHUPBACH and EVELYN SKAAR, hereby named as Successor Co-Trustees. In the event NEVA SCHUPBACH and/or EVELYN SKAAR is unable or unwilling to so act, LARRY T. THAYER is hereby named as a Successor Trustee.

I, JOHN T. DENNE, as Trustor, hereby establish a trust with Trustee. The parties agree that the property of this trust shall be held, managed and distributed by my Trustee as hereafter provided.

ARTICLE I

Skamania County Assessor
Date 8-15-01 Parcel# 0407 14 00 100000
210

NAME OF TRUST

This trust may be called the JOHN T. DENNE TRUST Dated May 3, 2000.

ARTICLE II

FAMILY

I declare that I am a widower and that I am not survived by any children.

ARTICLE III

TRUST PROPERTY

I have transferred and delivered to my Trustee the property described on Schedule A. Schedule B lists property not transferred to the trust for tax reasons but in which the trust may have a contingent interest, such as a beneficiary designation. Such titles and interests as my Trustee 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 my Trustee.

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ARTICLE IX

DISTRIBUTION OF RESIDUARY TRUST ESTATE

A. To My Beneficiaries. Except as specifically set forth above, after my death the entire trust estate (real and personal) shall be distributed and allocated to my Successor Co-Trustees who (shall) distribute all the remaining property described in Schedule A along with any additions or amendments to my beneficiary, LITTLE CHURCH IN THE VALLEY, A duly existing Washington non-profit corporation, (outright, free of trust.)

B. Contingent Beneficiaries. If in any circumstances not provided for in this Article there is any portion of a trust established by this trust for which there is no beneficiary named, described or otherwise, that portion shall be distributed to THE AMERICAN MISSIONARY FELLOWSHIP, a duly existing Pennsylvania non-profit corporation. If in any circumstances not provided for in this Article there is any portion of a trust established by this trust for which there is no beneficiary named, described or otherwise, that portion shall be distributed to those persons then living who would be entitled to receive my estate as provided by the intestate laws of the State of Washington in effect on the date of this trust.

C. Minor Beneficiaries. If any property is distributable outright under the provisions of this instrument to a person who is a minor, distribution may be made under the Washington Gift to Minors Laws; any fiduciary acting under this instrument may name the custodian and distribute the property to the custodian, except that if he or she is willing and able to act as custodian, distribution shall be made to the Trustee as custodian.

ARTICLE X CHARITABLE TRUST

A. Trust for Little Church in the Valley, A Washington non-profit corporation.

After my death, the (gifts to The Little Church in the Valley) located in Carson, County of Skamania, State of Washington, shall be distributed and administered for the benefit of the Little Church in the Valley as follows:

1. The trust shall be established for the benefit of The Little Church in the Valley, as long as it is a duly existing Washington non-profit corporation, located in Carson, in the County of Skamania, at the time of my death.

2. The trust shall be used for the benefit of the non-profit organization, The Little Church in the Valley, and for the benefit of members of the congregation of the Little Church in the Valley who are active members of the

D. Spendthrift Protection. No beneficiary shall have any power to sell, assign, transfer, encumber or in any other manner anticipate or dispose of his or her interest in the trust or the income produced thereby prior to its actual distribution by my Trustee to said beneficiary or to another for the benefit of the beneficiary in the manner authorized by this Agreement. No beneficiary shall have any assignable interest in any trust created under this Agreement or in the income therefrom. Neither the principal nor the income shall be liable for the debts of any beneficiary. The limitations herein shall not restrict the exercise of any power of appointment or the right to disclaim.

E. Rule Against Perpetuities. Unless sooner terminated or vested in accordance with other provisions of this instrument, all interests not otherwise vested, including but not limited to all trusts and powers of appointment created hereunder shall terminate 90 years after the date of my death at the end of which time distribution of all principal and all accrued, accumulated and undistributed income shall be made to the persons then entitled to distributions of income and in the manner and proportions herein stated, (or, if not stated, equally) irrespective of their then-attained ages.

F. Severability. If any provision of a trust shall be invalid or unenforceable, the remaining provisions thereof shall continue to be fully effective.

G. Statutory References. Unless the context clearly requires another construction, each statutory reference in this instrument shall be construed to refer to the statutory section mentioned, related successor sections and corresponding provisions of any subsequent law, including all amendments.

H. Table of Contents, Titles, Captions. The table of contents, titles and convenience of reference only and shall not be construed to have any legal effect.

I. Interpretation. The laws of the state of Washington shall govern with respect to the validity and interpretation of this instrument.

Executed this 3 day of May, 2000.


JOHN T. DENNE, Trustor

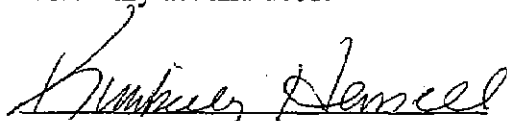
Social Security No. 537-30-8117


JOHN T. DENNE Trustee

DOC # 2007167281
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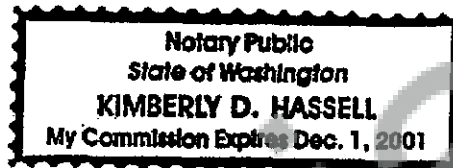
STATE OF WASHINGTON, County of Skamania) ss:

The above-named JOHN T. DENNE appeared before me this 3rd day of May, 2000
and acknowledged the foregoing to be her voluntary act and deed.



Notary Public of Washington

Notary Stamp:



Unofficial Copy

Doc # 2007167281
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