

Doc # 2007167770
Page 1 of 7
Date: 09/21/2007 01:07P
Filed by: THOMAS FOLEY
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$46.00

Return Address:

Thomas J. Foley, P.C.
Attorney at Law
1419 Broadway
Vancouver WA 98663
(360) 696-8990

REAL ESTATE EXCISE TAX

27261
SEP 21 2007

PAID EXEMPT
Michael Garvison
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE: LAST WILL AND TESTAMENT OF
PHILIP C. CAPLES DATED JULY 5, 1973

REFERENCE NO: ORIGINAL WILL NEVER RECORDED

GRANTOR: PHILIP C. CAPLES, DECEASED.

GRANTEE: FLOSSIE Z. CAPLES

ABBREVIATED
LEGAL DESCRIPTION: CABIN SITE NUMBER 19
WAUNA LAKE CLUB

PARCEL NO. 32 07 15 00 15 19 00 *SEP*

Skamania County Assessor
Date 9-21-07 Parcel# 27261

LAST WILL AND TESTAMENT

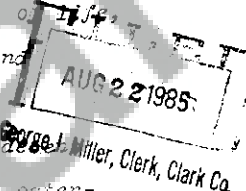
OF

PHILIP C. CAPLES

85 4 00397 8



KNOW ALL MEN BY THESE PRESENTS that I, PHILIP C. CAPLES, of legal age and a resident of Clark County, Washington, being of sound and disposing mind and memory and not acting under duress, menace, fraud or the undue influence of any person or persons whomsoever, but realizing the uncertainties of life, do make, publish and declare this to be my Last Will and Testament, as follows:



FIRST: I direct that upon my death, my body be given to burial befitting my station in life, but without undue ostentation.

SECOND: I direct that my executrix hereinafter named, shall pay first out of the proceeds of my estate as soon as convenient so to do following my death, all just debts owed by me at the time of my death, including the expenses of my last illness and burial.

THIRD: To my wife, Flossie Z. Caples, if she survives me by ninety (90) days or more, I give, bequeath and devise my entire estate, whether real, personal or mixed, and wherever situate, of which I may die seized.

FOURTH: In the event my said wife Flossie Z. Caples does not survive me by at least ninety (90) days, then I give, bequeath and devise my said estate as follows:

As To my daughter Jacquelin Foley, of Vancouver, Washington, I give and bequeath the following items of personal property;

1. Our antique bronze candelabras
2. Our white-antiqued high-boy bedroom chest;
3. The large framed pictures of my Father and Mother, Charles and Anna Caples.

To my daughter Carol Ann Beach, of Spokane, Washington,

Page 1.

Philip C. Caples

150
4

DOC # 20
Page 2 of 7
67770

I give and bequeath the following item of personal property;

1. My wife's diamond dinner ring with platinum mounting.

To my daughter Brenda Clark, of Albany, Oregon, I give and bequeath the following items of personal property;

1. My wife's diamond engagement ring;
2. My volume of Shakespeare's plays;
3. All my Masonic pins, rings, medals, badges, etc., acquired and owned by me as a member of the Masonic Order, and as a member of the Masonic Shrine.

I also give to my said daughter Brenda Clark and her husband Robert Clark, the first right and option to purchase from my estate, during the probate thereof, all my right, title and interest in and to Site No. 19, of Wauna Lake Club, in Skamania County, Washington, including site lease, club membership, the cabin building and contents and all other improvements on said site; the purchase price to be the probate appraised value thereof, and may be deducted from my said daughter Brenda's share of my residual estate. If my daughter Brenda and her husband do not elect to so purchase prior to the time of the closing and distribution of my estate, then I direct that the option given above shall expire at such time, and said property or the proceeds thereof, if sold during probate, shall be distributed as part of my residuary estate, as hereinafter provided.

To my grandson, Joseph Beach, I give and bequeath my .22 calibre Winchester automatic rifle.

To my grandson Jeffrey Beach, I give and bequeath my 300 Savage Rifle, with carrying case and shells on hand.

By All the rest, residue and remainder of my estate not otherwise disposed of by the preceding bequests, and whether real, personal or mixed, and wherever situate, of which I may die seized, I give, bequeath and devise share and share alike, that is to say, in equal shares, to my said three daughters, Jacquelin Foley, Carol Ann Beach, and Brenda Clark.

Page 2.

Philip C. Caples

FIFTH: I nominate and appoint my said wife, Flossie E. Caples, if she survives me, to be the Executrix of my estate, and direct that she shall serve as such without bond or undertaking being required; and I further direct that after my Will shall have been admitted to probate, and an order of solvency entered with respect to my estate, my said Executrix shall proceed to administer the same as herein provided, without the further or other intervention of any court or courts, in the manner provided by the laws of the State of Washington pertaining to the probate of non-intervention wills; and my said Executrix shall have full power and authority to mortgage, sell or otherwise encumber or dispose of any property of my estate whenever in her sole judgment, such action is necessary or convenient in order to carry out the provisions of this my Will.

In the event my said wife does not survive me, or is incapable or unwilling to act as my Executrix at the time of my death, then in such or either event, I nominate and appoint in her place and stead, my daughter Jacquelin Foley, of Vancouver, Washington, to serve as my Executrix, without bond and under the same conditions and with the same powers as provided for my wife in the preceding paragraph.

LASTLY: I hereby specifically revoke any and all former wills and codicils by me at any time made.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my signature in the presence of witnesses this 5 day of July, 1973.

Philip E. Caples
Testator

STATE OF WASHINGTON)
COUNTY OF CLARK) ss

THIS IS TO CERTIFY that the foregoing instrument consisting of two (2) pages besides this, was on the date thereof signed by the Testator therein named, and by him published and declared to be his Last Will and Testament, in the presence of us,

and of each of us, who at his request and in his presence,
and in the presence of each other, have hereunto subscribed
our names as witnesses thereto.

[Signature] Address: Yonkers, N.Y.
[Signature] Address: Yonkers, N.Y.

Page 4 last

Unofficial Copy

Unofficial Copy

STATE OF WASHINGTON } ss.
COUNTY OF CLARK

I, Sherry W. Parker, County Clerk and Clerk of the Superior Court of Clark County, Washington, DO HEREBY CERTIFY that this document, consisting of 4 page(s), is a true and correct copy of the original now on file and of record in my office and, as County Clerk, I am the legal custodian thereof.

Signed and sealed at Vancouver, Washington this date:

9-12-2007
Sherry W. Parker, County Clerk

By [Signature] Deputy



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

SEX

3 DEATH DATE (MO DAY YR)

146-8

STATE FILE NUMBER

1 NAME FIRST MIDDLE LAST

Philip Chester Caples

Male

July 18, 1985

4 RACE (WHITE BLACK AM IND 5 AGE LAST BIRTH DAY (YRS)

White

75

6 UNDER 1 YEAR 7 UNDER 1 DAY 8 BIRTHDATE (MO DAY YR)

July 14, 1910 Clark

10 CITY TOWN OR LOCATION OF DEATH

Vancouver

11 PLACE OF DEATH 12 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 13 HOME 14 INTRANSPORT 15 EMERG RM/OUT 16 PIN 4 17 HOSP 18 NUM HOME 19 OTHER PLACE

DOA Vancouver Memorial Hospital

17 RECEIVED EMERGENCY CA 18 AMBUANCE FIRETR 19 HANDED

Yes

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

Washington

14 CITIZEN OF WHAT COUNTRY

U. S. A.

15 MARRIED NEVER MARRIED WIDOWED DIVORCED

Married

16 SPOUSE (IF WIFE GIVE MAIDEN NAME)

Flossie Fohn

17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

No

18 SOCIAL SECURITY NO

539 03 5410

19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)

sales-owner

20 KIND OF BUSINESS OR INDUSTRY

Beer distributorship

21 RESIDENCE NUMBER AND STREET

3501 Washington Street

22 CITY/TOWN OR LOCATION

Vancouver

23 INSIDE CITY LIMITS? (YES/NO)

Yes

24 COUNTY

Clark

25 STATE

Washington

26 FATHER NAME FIRST MIDDLE LAST

Charles Caples

27 MOTHER MAIDEN NAME FIRST MIDDLE LAST

Anna Jacobsen

28 INFORMANT NAME

Flossie Caples

29 MAILING ADDRESS

3501 Washington Street, Vancouver, Washington 98660

30 BURIAL CREMATION REMOVAL OTHER (SPECIFY)

Burial

31 DATE (MO DAY YR)

7/22/85

32 CEMETERY CREMATORY NAME

Evergreen Mem. Gardens

33 LOCATION CITY/TOWN STATE

Vancouver, Washington

34 FUNERAL DIRECTOR SIGNATURE

X *T. M. Staple*

35 NAME OF FACILITY

Evergreen Staples Funeral Chapel

36 ADDRESS OF FACILITY

4700 St. Johns Road Vancouver, Wn. 98661

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X *J. Warren Reid*

41 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) STATED

SIGNATURE AND TITLE

X

38 DATE SIGNED (MO DAY YR)

7/19/85

39 HOUR OF DEATH (24 HRS)

0341

42 DATE SIGNED (MO DAY YR)

X

43 HOUR OF DEATH (24 HRS)

X

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

J. WARREN REID MD

44 PRONOUNCED DEAD (MO DAY YR)

X

45 HOUR PRONOUNCED DEAD (24 HRS)

X

46 NAME AND ADDRESS OF CERTIFIER PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

602 N.E. 92ND AVE. VANCOUVER WA. 98664

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE, IN ORDER OF IMPORTANCE)

(A) *ventricular fibrillation*

DUE TO OR AS A CONSEQUENCE OF

(B) *atherosclerotic cardiovascular disease*

DUE TO OR AS A CONSEQUENCE OF

(C) *myocardial infarction*

INTERVAL BETWEEN ONSET AND DEATH

within

INTERVAL BETWEEN ONSET AND DEATH

within

INTERVAL BETWEEN ONSET AND DEATH

within

48 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

myocardial infarction

49 AUTOPSY? (YES/NO)

No

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

Yes

51 ACC. SUICIDE HOM. UNDET. OR PENDING INVEST (SPECIFY)

52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES/NO)

56 PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY)

57 LOCATION STREET OR RFD NO CITY/TOWN STATE

58 REGISTRAR SIGNATURE

X

59 DATE RECEIVED (MO DAY YR)

JUL 19 1985

FOR STATE REGISTRAR USE ONLY

60 ITEM

DOCUMENTARY EVIDENCE

REVIEWED BY:

DATE

DOCUMENTARY EVIDENCE

REVIEWED BY:

DATE

DSHS 9-150 (REV. 1-82)

JUL 19 1985

Wayne T. Shandera
WAYNE T. SHANDERA, M.D.
District Health Officer

DSHS 9-641A (5-85)

DOC # 2007167770
Page 7 of 7

SEAL

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE ORIGINAL SEAL.