

Doc # 2007168456
Page 1 of 13
Date: 12/10/2007 02:14P
Filed by: SKAMANIA COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$82.00

AFTER RECORDING MAIL TO:

Name Katherine Florence
Address 3861 Goldenrod Street
City/State Seal Beach, CA 90740
etc 30046

Document Title(s): (or transactions contained therein)

1. CERTIFICATE OF DEATH
2. AFFIDAVIT LACK OF PROBATE
3. LAST WILL OF GILBERT FLORENCE
- 4.

Reference Number(s) of Documents assigned or released:

☐ Additional numbers on page _____ of document

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

1. FLORENCE, GILBERT
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

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

1. FLORENCE, KATHERINE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

Cabin located at Northwestern Lake Cabin Site No. 19 in Section 2,
Township 3 North, Range 10 East of the Willamette Meridian, Skamania
County, Washington.

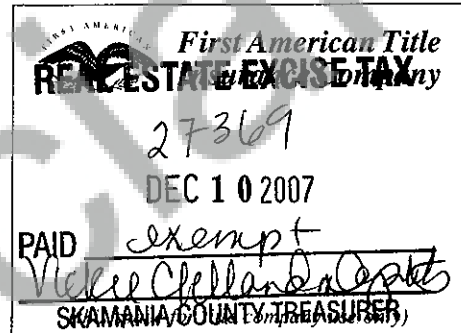
Skamania County Assessor
Date 12/10/07 Parcel# 65

☐ Complete legal description is on page _____ of document

Assessor's Property Tax Parcel / Account Number(s): 43-10-02-0-0-0419-00

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
SANTA ANA, CALIFORNIA

CERTIFICATE OF DEATH

3 200330 015792

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Gilbert		3. LAST (Family) Florence	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 09/13/1921	
5. AGE Yrs. 82		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY Canada		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS (at time of death) Married	
11. DATE OF DEATH mm/dd/yyyy 11/27/2003		12. HOUR (24 Hours) 0230	
13. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Salesman		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White	
15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Printing Equipment		16. YEARS IN OCCUPATION 36	
17. DECEDENT'S RESIDENCE (Street and number or location) 3861 Goldenrod Street		18. CITY Seal Beach	
19. COUNTY/PROVINCE Orange		20. ZIP CODE 90740	
21. YEARS IN COUNTY 36		22. STATE/FOREIGN COUNTRY CA	
23. INFORMANT'S NAME, RELATIONSHIP Katherine Florence - Wife		24. ADDRESS (Street and number or rural route, city or town, state, ZIP) 3861 Goldenrod St. Seal Beach, CA 90740	
25. NAME OF SURVIVING SPOUSE - FIRST Katherine		26. MIDDLE Elizabeth	
27. LAST (Maiden Name) Williams		28. BIRTH STATE Scotland	
29. NAME OF FATHER - FIRST Phillip		30. MIDDLE -	
31. LAST Florence		32. BIRTH STATE Russia	
33. NAME OF MOTHER - FIRST Sarah		34. MIDDLE Gottlieb	
35. LAST (Maiden) Gottlieb		36. BIRTH STATE Russia	
37. DISPOSITION DATE mm/dd/yyyy 12/06/2003		38. PLACE OF FINAL DISPOSITION Forest Lawn Mem. Pk. 4471 Lincoln Ave. Cypress, CA 90630	
39. TYPE OF DISPOSITION BU		40. SIGNATURE OF EMBALMER Not Embalmed	
41. NAME OF FUNERAL ESTABLISHMENT Heritage Memorial Services		42. LICENSE NUMBER FD 1734	
43. DATE mm/dd/yyyy 12/02/2003		44. SIGNATURE OF LOCAL REGISTRAR [Signature]	
45. PLACE OF DEATH Residence - Own		46. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EPOV <input type="checkbox"/> DCA <input type="checkbox"/> Hospital	
47. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other		48. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
49. COUNTY Orange		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3861 Goldenrod Street	
51. CITY Seal Beach		52. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
53. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. Immediate Cause (Final disease or condition resulting in death) Lung Cancer		54. MONTHS 03-08341-RA	
55. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST Coronary Artery Disease		56. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 117 Normal Pressure Hydrocephalus, Chronic Obstructive Pulmonary Disease		58. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 117 OR 118? (If yes, list type of operation and date) Bypass --/--/1986, Shunt Placement --/--/1996		59. USED IN DETERMINED CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
60. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 06/10/1994		61. SIGNATURE AND TITLE OF CERTIFIER Michelle A. Ryan M.D. 10861 Cherry St. Los Alamitos, CA 90720	
62. TYPE OF DEATH Natural <input checked="" type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		63. LICENSE NUMBER G057030	
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		64. DATE mm/dd/yyyy 11/27/2003	
65. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		65. INJURED AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
66. LOCATION OF INJURY (Street and number, or location, city, and ZIP)		66. INJURY DATE mm/dd/yyyy 11/27/2003	
67. SIGNATURE OF CORONER / DEPUTY CORONER		67. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

114041

STATE OF CALIFORNIA
COUNTY OF ORANGE

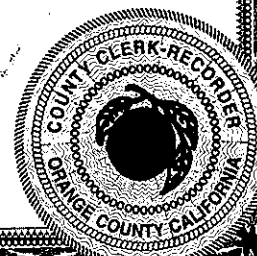
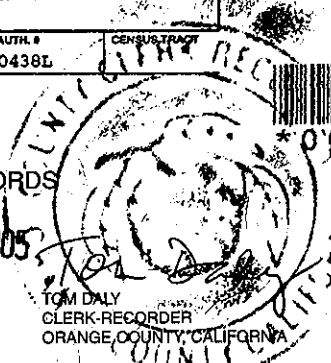
CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED SEP 22 2005

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

DEC # 2007168456
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**AFFIDAVIT
Lack of Probate**

CALIFORNIA
State of ~~Washington~~
County of LOS ANGELES

KATHERINE FLORENCE, being first duly sworn, deposes and says:

1. The undersigned affiant is the WIFE of GILBERT
FLORENCE, who died 11/27, 2003, at Seal Beach
(relationship to decedent) (date of death) (year) (city)
State of _____, then being a legal resident of Seal Beach,
ORANGE CO., CALIFORNIA
(county) (state) (city)

AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT

2. Check the appropriate box below:

☐ Decedent and surviving spouse executed a Community Property Agreement dated _____, a copy of which is attached hereto.

☐ Decedent left no last Will.

☒ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in _____ County, State of _____. A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

<u>KATHERINE FLORENCE</u>	<u>87</u>	<u>WIFE</u>	<u>3861 Goldenrod St.</u>
(full name)	(age)	(relationship)	<u>Seal Beach, CA 90740</u>
			(residence)

HEIRS AT LAW (continued)

BARRY FLORENCE	(Adult)	SON	2645 YELLOW WOOD WEST LAKE VILLAGE, CA 91361
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)
(full name)	(age)	(relationship)	(residence)

(attach additional page for additional names)

- All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:
(NONE)
- The decedent [] had [X] had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
- As of the date of death, the value of all community property of the decedent was approximately \$ _____. The value of all separate property of the decedent was approximately \$ _____.
- Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:

THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Katherine Florence
Affiant's Full Name

Date

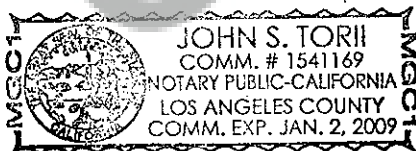
Affiant's Full Name

Date

CALIFORNIA
STATE OF WASHINGTON,)
COUNTY OF LOS ANGELES } ss.

On this day personally appeared before me KATHERINE FLORENCE to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that SHE signed the same as _____ free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 28 day of NOV., 2007.



[Signature]
Notary Public in and for the State of CALIFORNIA
Washington, residing at Los Angeles, CA
My appointment expires 01-02-09

**LAST WILL OF
GILBERT FLORENCE**

I, Gilbert Florence, a resident of Orange County, California, declare that this is my will. I hereby revoke all my previous wills and codicils.

ARTICLE ONE

INTRODUCTORY PROVISIONS

1.1. Marital Status. I am married to Katherine E. Florence, and all references in this will to "my wife" are to her.

1.2. Identification of Living Child. I have one living child, Barry Florence, born April 11, 1953.

1.3. No Deceased Children. I have no deceased children.

ARTICLE TWO

GIFT OF ENTIRE ESTATE

2.1. Gift of Entire Estate. I give all of my property to the trustee of the Gilbert Florence and Katherine E. Florence Revocable Trust, created under the declaration of trust executed on the same date as, but immediately before, the execution of this will, by Gilbert Florence and Katherine E. Florence as settlors and trustees. The trustee of that trust shall add the property disposed of under this will to the trust principal and hold, administer, and distribute the property in accordance with the provisions of that declaration of trust, including any amendments of that declaration of trust that have been made before or after execution of this will.

ARTICLE THREE

RESIDUARY PROVISIONS

3.1. Disposition of Residue. If the Gilbert Florence and Katherine E. Florence Revocable Trust has been revoked, terminated, or declared invalid for any reason, I give the residue of my estate to the executors of this will, as trustee, who shall hold, administer, and distribute the property under a testamentary trust, the terms of which shall be identical to the terms of the Gilbert Florence and Katherine E. Florence Revocable Trust that are in effect on the date of execution of this will or such later date on which this will is republished.

ARTICLE FOUR

EXECUTOR

4.1. Nomination of Executor. I nominate my wife as executor of this will.

4.2. Successor Executors. If my wife is unable (by reason of death, incapacity, or any other reason) or unwilling to serve as executor, or if at any time the office of executor becomes vacant, by reason of death, incapacity, or any other reason, and no successor executor or coexecutors have been designated under any other provision of this will, then I nominate Barry Florence, my son, and Rose Cooley, daughter of Katherine Florence, as successor coexecutors. If either Barry Florence and Rose Cooley are unwilling or unable to serve as successor executor, then Katherine Rose Brown shall act as coexecutor with the remaining acting executor.

4.3. Replacement of Successor Coexecutors. If two or more persons or entities are nominated or serving as successor coexecutors, any one or more (but less than all) of them are unable or unwilling for any reason to serve or continue to serve as coexecutors, and no other successor coexecutor has been designated under any other applicable provisions of this will, a

new coexecutor may be appointed by the court. If no new coexecutor is appointed, the remaining coexecutor or coexecutors shall have full power to act as executor or coexecutors and to continue the estate administration.

4.4. Waiver of Bond. No bond or undertaking shall be required of any executor nominated in this will.

4.5. General Powers of Executor. The executor shall have full authority to administer my estate under the California Independent Administration of Estates Act. The executor shall have all powers now or hereafter conferred on executors by law, except as otherwise specifically provided in this will, including any powers enumerated in this will.

4.6. Power to Invest. The executor shall have the power to invest estate funds in any kind of real or personal property, as the executor deems advisable.

4.7. Division or Distribution in Cash or in Kind. In order to satisfy a pecuniary gift or to distribute or divide estate assets into shares or partial shares, the executor may distribute or divide those assets in kind, or divide undivided interests in those assets, or sell all or any part of those assets and distribute or divide the property in cash, in kind, or partly in cash and partly in kind. Property distributed to satisfy a pecuniary gift under this will shall be valued at its fair market value at the time of distribution. This section shall apply only to the extent that it does not conflict with the provisions of the Gilbert Florence and Katherine E. Florence Revocable Trust.

4.8. Power to Sell, Lease, and Grant Options to Purchase Property. The executor shall have the power to sell, at either public or private sale and with or without notice, lease, and grant options to purchase any real or personal property belonging to my estate, on such terms and conditions as the executor determines to be in the best interest of my estate.

4.9. Power to Purchase Estate Property. The executor shall have the power to sell any property of my estate to, or exchange any property of my estate with the property of, any person serving as executor at the time of the sale or exchange, provided that any such sale or exchange shall be for adequate consideration.

4.10. Payments to Legally Incapacitated Persons. If at any time any beneficiary under this will is a minor or it appears to the executor that any beneficiary is incapacitated, incompetent, or for any other reason not able to receive payments or make intelligent or responsible use of the payments, then the executor, in lieu of making direct payments to the beneficiary, may make payments to the beneficiary's conservator or guardian; to the beneficiary's custodian under the Uniform Gifts to Minors Act or Uniform Transfers to Minors Act of any state; to one or more suitable persons, as the executor deems proper, such as a relative or a person residing with the beneficiary, to be used for the benefit of the beneficiary; to any other person, firm, or agency for services rendered or to be rendered for the beneficiary's assistance or benefit; or to accounts in the beneficiary's name with financial institutions. The receipt of payments by any of the foregoing shall constitute a sufficient acquittance of the executor for all purposes.

ARTICLE FIVE

CONCLUDING PROVISIONS

5.1. Nonprobate Transfers of Community Property. If I predecease my wife, I revoke any consent I have given during my lifetime to any nonprobate transfer on the death of any person, to anyone other than my wife, of all or part of my community property interest in any asset described in California Probate Code Section 5000 (or any successor section), and instead I

Will of Gilbert Florence

give to my wife my community property interest in any assets affected by this revocation of consent. Notwithstanding the preceding sentence, this revocation of consent shall be inapplicable to any community property included in any express trust of which I am the settlor or a cosettlor, which shall continue to be governed by the terms of the applicable trust instrument. It is my intention that my wife shall have full power to dispose of all community property assets to which this section of the will applies. If my wife and I die simultaneously or if it cannot be established by clear and convincing evidence whether my wife or I died first, this section shall not apply.

5.2. Definition of Death Taxes. The term "death taxes," as used in this will, shall mean all inheritance, estate, succession, and other similar taxes that are payable by any person on account of that person's interest in my estate or by reason of my death, including penalties and interest, but excluding the following:

(a) Any additional tax that may be assessed under Internal Revenue Code Section 2032A.

(b) Any federal or state tax imposed on a "generation-skipping transfer," as that term is defined in the federal tax laws, unless the applicable tax statutes provide that the generation-skipping transfer tax on that transfer is payable directly out of the assets of my gross estate.

5.3. Payment of Death Taxes. Pursuant to the declaration of trust executed on the same date as, but immediately before, the execution of this will by Gilbert Florence and Katherine E. Florence as settlors and trustees, all death taxes, whether or not attributable to property inventoried in my probate estate, shall be paid by the trustee from that trust. If that trust does not exist at the time of my death, or if the assets of that trust are insufficient to pay the death taxes in full, I direct the executor to pay any death taxes, whether or not attributable to property inventoried in my probate estate, that cannot be paid by the trustee, by prorating and

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apportioning those taxes among the persons interested in my estate, as provided in the California Probate Code; however, any death taxes attributable to any property passing to my wife under this will or otherwise that qualifies for the federal estate tax marital deduction shall be paid pro rata out of property passing under this will or otherwise that does not qualify for the federal estate tax marital deduction, so that the property qualifying for the federal estate tax marital deduction shall pass to my wife free of any death taxes.

5.4. Simultaneous Death. If any beneficiary under this will and I die simultaneously, or if it cannot be established by clear and convincing evidence whether that beneficiary or I died first, I shall be deemed to have survived that beneficiary, and this will shall be construed accordingly.

5.5. Intentional Omission of Children Born or Adopted After Execution of Will. Except as otherwise provided in this will, I have intentionally failed to provide in this will for any children born to or adopted by me after the execution of this will.

5.6. No-Contest Clause. If any person, directly or indirectly, contests the validity of this will in whole or in part, or opposes, objects to, or seeks to invalidate any of its provisions, or seeks to succeed to any part of my estate otherwise than in the manner specified in this will, or unreasonably challenges one or more actions of an executor, any gift or other interest given to that person under this will shall be revoked and shall be disposed of as if he or she had predeceased me without issue.

5.7. Definition of Incapacity. As used in this will, "incapacity" or "incapacitated" means a person operating under a legal disability such as a duly established conservatorship, or a person who is unable to do either of the following:

- (a) Provide properly for that person's own needs for physical health, food, clothing, or shelter; or

Will of Gilbert Florence

(b) Manage substantially that person's own financial resources, or resist fraud or undue influence.

5.8. Captions. The captions appearing in this will are for convenience of reference only, and shall be disregarded in determining the meaning and effect of the provisions of this will.

5.9. Severability Clause. If any provision of this will is invalid, that provision shall be disregarded, and the remainder of this will shall be construed as if the invalid provision had not been included.

5.10. California Law to Apply. All questions concerning the validity and interpretation of this will, including any trusts created by this will, shall be governed by the laws of the State of California in effect at the time this will is executed.

Executed on AUG-15-2000, at Seal Beach, California.


Gilbert Florence

Will of Gilbert Florence

On the date written above, we, the undersigned, each being present at the same time, witnessed the signing of this instrument by Gilbert Florence. At that time, Gilbert Florence appeared to us to be of sound mind and memory and, to the best of our knowledge, was not acting under fraud, duress, menace, or undue influence. Understanding this instrument, which consists of eight pages, including the pages on which the signature of Gilbert Florence and our signatures appear, to be the will of Gilbert Florence, we subscribe our names as witnesses thereto.

We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on AUG. 15, 2000, at Seal Beach, California.

Annette Hardeman residing at 3020 OLD RANCH PKWY. #300
Witness Street Address

SEAL BEACH, California
City

[Signature] residing at 3020 OLD RANCH PKWY #300
Witness Street Address

SEAL BEACH, California
City