RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:

KATHRYN E. HOLLAND, ESQ.
900 Washington, Suite 820
Vancouver, WA 98660

CERTIFICATION OF TRUST

Grantors (Trustors):	MICHAEL J. O'CALLAGHAN and MARCIA M. O'CALLAGHAN
Grantees (Trustees):	MARCIA M. O'CALLAGHAN, Trustee of the O'CALLAGHAN FAMILY LIVING TRUST dated July 16, 1994
Abbreviated Legal:	N/A
Assessor's Tax Parcel #	N/A
Other Reference Nos:	N/A

I, KATHRYN E. HOLLAND, declare and state: RV LM 4/28/08
02072013240000

1. I am the attorney for MARCIA M. O'CALLAGHAN as Trustee of the O'Callaghan Family Living Trust dated July 16, 1994.

2. MICHAEL J. O'CALLAGHAN died on May 22, 2006. A copy of his death certificate is attached hereto.

3. As a result of the death of MICHAEL J. O'CALLAGHAN, the O'Callaghan Family Living Trust dated July 16, 1994 is being divided into two subtrusts titled as follows:

A. MICHAEL J. O'CALLAGHAN DECEDENT'S TRUST B
dated May 22, 2006
Marcia M. O'Callaghan, Trustee

B. MARCIA M. O'CALLAGHAN SURVIVOR'S TRUST
dated July 16, 1994
Marcia M. O'Callaghan, Trustee

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ATTORNEYS AT LAW
900 Washington Street, Suite 820
Vancouver, Washington 98660
(360) 693-1910 • (503) 222-9201

4. Pursuant to Section 5.5, MARCIA M. O'CALLAGHAN is now serving as sole Trustee of the Michael J. O'Callaghan Decedent's Trust B. She has all powers and authority granted to Trustees under Washington law, which includes the power to lease, buy, sell, convey, encumber, and otherwise manage real property.

Executed at Clark County, Washington, this 22 day of April, 2008.

Kathryn E. Holland

KATHRYN E. HOLLAND
Attorney for Marcia M. O'Callaghan

STATE OF WASHINGTON)
: ss.
County of Clark)

I certify that KATHRYN E. HOLLAND appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 22 day of April, 2008.

MELISSA B. HANSEN NOTARY PUBLIC COMMISSION EXPIRES NOVEMBER 15, 2010 STATE OF WASHINGTON

Melissa Hansen

NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 11-15-2010

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: | **Washington State Certificate of Death** | State File Number

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Michael Middle: Joseph LAST: O'Callaghan Suffix:
2. Death Date: May 22, 2006
3. Sex (M/F): Male
4a. Age - Last Birthday: 70
4b. Under 1 Year Months Days:
4c. Under 1 Day Hours Minutes:
5. Social Security Number: 552-44-6102
6. County of Death: Clark
7. Birthdate: April 23, 1936
8a. Birthplace (City, Town, or County): San Francisco
8b. (State or Foreign Country): California
9. Decedent's Education: Bachelor's degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No.
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 17700 NW 56th Avenue
13b. City or Town: Ridgefield
13c. Residence: County: Clark
13d. Tribal Reservation Name (If applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98642
13g. Inside City Limits? ☐ Yes ☒ No ☐ Unk
14. Estimated length of time at residence: 3 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Marcia M. Stranz
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Administration Sales
18. Kind of Business/Industry (Do not use Company Name): Computer
19. Father's Name (First, Middle, Last, Suffix): Patrick O'Callaghan
20. Mother's Name Before First Marriage (First, Middle, Last): Kathleen Barlow
21. Informant's Name: Marcia M. O'Callaghan
22. Relationship to Decedent: Wife
23. Mailing Address: Number and Street or RFD No. 17700 NW 56th Avenue City or Town Ridgefield State WA Zip 98642
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, if Death Occurred Somewhere Other than a Hospital: Adult Foster Home
25. Facility Name (If not a facility, give number & street or location): 1821 SE Solomon Loop
26a. City, Town, or Location of Death: Vancouver
26b. State: WA
27. Zip Code: 98683
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Young's Crematory
30. Location-City/Town, and State: Tigard, Oregon
31. Name and Complete Address of Funeral Facility: Vancouver Funeral Chapel 110 East 12th Street Vancouver, WA 98660
32. Date of Disposition: May 27, 2006
33. Funeral Director Signature X: Melinda Haglund

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

34. 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. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ALZHEIMER'S DEMENTIA — Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. Due to (or as a consequence of): — Interval between Onset & Death
c. Due to (or as a consequence of): — Interval between Onset & Death
d. Due to (or as a consequence of): — Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. Date of Injury (MM/DD/YYYY):
42. Hour of Injury (24hrs):
43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
44. Injury at Work? ☐ Yes ☒ No ☐ Unk
45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:
46. Describe how injury occurred
47. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
X
48b. Medical Examiner or Coroner - 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.
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Steven Hockott, M.D. Fishers Landing Kaiser Permanente Medical Office 8300 N.E. McMurray Blvd. Suite 120 Vancouver, WA 98663
50. Hour of Death (24hrs): 0600 Hours
51. Name and Title of Attending Physician (If other than Certifier) (Type or Print):
52. Date Signed (MM/DD/YYYY): 5-24-06
53. Title of Certifier:
54. License Number:
55. ME/Coroner File Number:
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X:
58. Date Received (MM/DD/YYYY): MAY 25 2006
59. Amendments

TO BE USED ONLY IN CONNECTION WITH CLAIM PENDING BEFORE VETERANS ADMINISTRATION

DOH 01-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.