

**WHEN RECORDED RETURN TO:**

Robert W. Fechtner  
C6 Fawn Lake RRI  
Lone Butte, BC. VOKIXO

**DOCUMENT TITLE(S)**

The Don R. Fechtner Trust (See Exhibit)

**REFERENCE NUMBER(S)** of Documents assigned or released:

REAL ESTATE EXCISE TAX

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):**

Donald R. Fechtner

NOV 25 2008

PAID

exempt

☐ Additional names on page \_\_\_\_\_ of document.

SKAMANIA COUNTY TREASURER

**GRANTEE(S):**

Robert W. Fechtner, Tte.

☐ Additional names on page \_\_\_\_\_ of document.

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

Lot 588 Block 1 Estabrooks Addition to the  
Town of Carson Pg. 31, Book A of Plats

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

03082911200000  
ym 11/25/08

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**REVOCABLE LIVING TRUST AGREEMENT**

DATED: November 5, 2003

BETWEEN: DON R. FECHTNER also known as DONALD RUSSELL FECHTNER,  
as Trustor,

AND: DON R. FECHTNER as Trustee and upon his death or incapacity, ROBERT W.  
FECHTNER is hereby named as Successor Trustee. In the event he is unable or unwilling  
to so act, RIVERVIEW COMMUNITY BANK is hereby named as Successor Trustee.

I, DON R. FECHTNER, 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**

**NAME OF TRUST**

This trust may be called the DON R. FECHTNER TRUST dated  
November 5, 2003.

**ARTICLE II**

**FAMILY**

I declare that I am unmarried. I have two children, ROBERT W. FECHTNER,  
born February 2, 1940, and DOUGLAS O. FECHTNER, born February 14, 1944.

**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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# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix <b>Donald Russell FECHTNER</b>					2. Death Date <b>Nov. 21, 2008</b>		
3. Sex (M/F) <b>Male</b>	4a. Age - Last Birthday <b>96</b>	4b. Under 1 Year Months Days <b></b>	4c. Under 1 Day Hours Minutes <b></b>	5. Social Security Number <b>539-30-9785</b>	6. County of Death <b>Skamania</b>		
7. Birthdate <b>May 14, 1912</b>	8a. Birthplace (City, Town, or County) <b>Chehalis</b>		8b. (State or Foreign Country) <b>Washington</b>	9. Decedent's Education <b>Bachelor's Degree</b>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>			11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>		
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>31 Fourth St.</b>					13b. City or Town <b>Carson</b>		
13c. Residence: County <b>Skamania</b>		13d. Tribal Reservation Name (if applicable) <b></b>		13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98610</b>	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <b>64 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b></b>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Forester</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Industrial Forestry</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Robert Fechtner</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Ethel Cora Churchill</b>			
21. Informant's Name <b>Bob Fechtner</b>		22. Relationship to Decedent <b>Son</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>PO Box 332 Carson, WA 98610</b>			
24. Place of Death, if Death Occurred in a Hospital: <b></b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Decedent's Residence</b>			
25. Facility Name (If not a facility, give number & street or location) <b>31 Fourth St.</b>				26a. City, Town, or Location of Death <b>Carson</b>	26b. State <b>WA</b>	27. Zip Code <b>98610</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>			30. Location-City/Town, and State <b>White Salmon, Washington</b>		
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home PO Box 390 White Salmon, WA 98672</b>					32. Date of Disposition <b>11-24-2008</b>		
33. Funeral Director Signature <i>[Signature]</i>							
<p style="text-align: center;"><b>Cause of Death (See instructions and examples)</b></p> <p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>Congestive heart failure</u> <span style="float: right;">Interval between Onset &amp; Death: <u>2 years</u></span></p> <p>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</p> <p>b. <u></u> <span style="float: right;">Interval between Onset &amp; Death:</span></p> <p>c. <u></u> <span style="float: right;">Interval between Onset &amp; Death:</span></p> <p>d. <u></u> <span style="float: right;">Interval between Onset &amp; Death:</span></p>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. 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		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
41. Date of Injury (MM/DD/YYYY) <b></b>		42. Hour of Injury (24hrs) <b></b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b></b>		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <b></b>					Apt No. <b></b>		
City or Town: <b></b>					State: <b></b>		
County: <b></b>					Zip Code+ 4: <b></b>		
46. Describe how injury occurred <b></b>					47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician - (On the basis of my knowledge, death occurred on the date, time, and place and due to the cause(s) and manner stated.) <b>X</b>					48b. Medical Examiner/Coroner - (On the basis of examination, or after investigation, in my opinion, death occurred on the date, time, and place, and due to the cause(s) and manner stated.) <b>X</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Greg Zuck POI Box 1519 White Salmon, WA 98672</b>					50. Hour of Death (24hrs) <b>1555</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <b></b>					52. Date Signed (MM/DD/YYYY) <b>11-24-08</b>		
53. Title of Certifier <b>MD</b>		54. License Number <b>21874</b>		55. ME/Coroner File Number <b></b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) <b>11/25/08</b>		
59. Amendments <b></b>							