

WHEN RECORDED RETURN TO:

Robert W. Fechtner
C/O 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.

27852

GRANTOR(S):

Donald R. Fechtner

NOV 25 2008

PAID

exempt

Additional names on page _____ of document.

by deputy

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 D2 42		Washington State Certificate of Death			State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix Donald Russell FECHTNER				2. Death Date Nov. 21, 2008		
3. Sex (M/F) Male	4a. Age - Last Birthday 96	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 539-30-9785		6. County of Death Skamania
7. Birthdate May 14, 1912		8a. Birthplace (City, Town, or County) Chehalis		8b. (State or Foreign Country) Washington	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? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 31 Fourth St.				13b. City or Town Carson		
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 64 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage)		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Forester				18. Kind of Business/Industry (Do not use Company Name) Industrial Forestry		
19. Father's Name (First, Middle, Last, Suffix) Robert Fechtner				20. Mother's Name Before First Marriage (First, Middle, Last) Ethel Cora Churchill		
21. Informant's Name Bob Fechtner		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 332 Carson, WA 98610		
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (If not a facility, give number & street or location) 31 Fourth St.				26a. City, Town, or Location of Death Carson		26b. State WA
				27. Zip Code 98610		
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory			30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home PO Box 390 White Salmon, WA 98672					32. Date of Disposition 11-24-2008	
33. Funeral Director Signature <i>[Signature]</i>						
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. Congestive heart failure Due to (or as a consequence of): 2 years 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 Due to (or as a consequence of): Interval between Onset & Death 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? <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"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <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 specified.) X				48b. Medical Examiner/Coroner - (On the basis of examination, report investigation, or my opinion, death occurred on the date, time, and place, and due to the cause(s) and manner stated.) X		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Greg Zuck POI Box 1519 White Salmon, WA 98672					50. Hour of Death (24hrs) 1555	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 11-24-08	
53. Title of Certifier MD		54. License Number 21874		55. ME/Coroner File Number	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) 11/25/08	
59. Amendments						

Part 1 completed by Funeral Director

Part 2 completed by Certifier