

Sec 31307

After Recording Mail to:

Mary S Frice

1152 Mars Landing Rd

Skamania WA 98648

Certificate of Death for
Melvin George Frice

Grantor:

Melvin George Frice

Grantor's Mailing Address:

1152 Mars Landing Rd

Skamania WA 98648

Grantee:

Mary S Frice

Assessor's Parcel Number(s):

02-06-34-1-0-~~X~~0101-00 AWP

Sec 34, T2N, R6E
Exhibit A

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

OFFICE
USE
ONLYDISTRICT
D-2

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TYPE OR PRINT IN PERMANENT BLACK INK

14

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: <u>Melvin</u> Middle: <u>George</u> Last: <u>Frice</u>				2. SEX (M / F) <u>Male</u>		3. DEATH DATE (Mo, Day, Yr) <u>March 30 2001</u>	
4. AGE LAST BIRTHDAY (Yrs) <u>56</u>		5. UNDER 1 YEAR MOS: <u> </u> DAYS: <u> </u> HOURS: <u> </u> MINS: <u> </u>		7. BIRTHDATE (Mo, Day, Yr) <u>10/3/1944</u>		8. BIRTHPLACE (City, State or Foreign Country) <u>Huntingdon England</u>	
11. CITY, TOWN OR LOCATION OF DEATH <u>Skamania</u>				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <u>1152 Mars Landing Road</u>		13. SMOKING IN LAST 15 YEARS? (Yes / No) <u>No</u>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <u>Married</u>		15. SURVIVING SPOUSE (If wife, give maiden name) <u>Mary S. Wolf</u>		16. SOCIAL SECURITY NO. <u> </u>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <u> </u> College (1-4 or 5+): <u>4+</u>	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <u>Rural Mail Carrier Postal Service</u>				19. KIND OF BUSINESS OR INDUSTRY <u> </u>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <u>No</u>	
21. RACE (Specify) <u>Caucasian</u>				22. RESIDENCE — NUMBER AND STREET <u>1152 Mars Landing RD. Skamania</u>			
23. CITY/TOWN, OR LOCATION <u>Skamania</u>				24. INSIDE CITY LIMITS? (Yes / No) <u>No</u>		25. COUNTY <u>Skamania</u>	
26. STATE <u>WA</u>				27. ZIP CODE <u>98648</u>		28. FATHER'S NAME — FIRST, MIDDLE, LAST <u>Melvin K. Frice</u>	
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <u>Kathleen R. Upchurch</u>				30. INFORMANT — NAME <u>Mary S. Frice</u>			
31. MAILING ADDRESS <u>1152 Mars Landing Road Skamania WA 98648</u>				32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>Cremation</u>			
33. DATE (Mo, Day, Yr) <u>04-10-2001</u>				34. CEMETERY/CREMATORY — NAME <u>Portland Memorial Crematory Portland Oregon</u>			
35. LOCATION — CITY/TOWN, STATE <u>Portland Oregon</u>				36. FUNERAL DIRECTOR SIGNATURE <u>[Signature]</u>			
37. NAME OF FACILITY <u>Davies Cremation & Burial Srv.</u>				38. ADDRESS OF FACILITY <u>P.O. Box 61747 Vancouver WA 98666-1747</u>			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <u>X Ben Chue</u>				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <u>X</u>			
40. DATE SIGNED (Mo, Day, Yr) <u>4/3/2001</u>				41. HOUR OF DEATH (24 Hrs) <u>0936 hrs</u>			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>Ben Chue M.D.</u>				44. DATE SIGNED (Mo, Day, Yr) <u> </u>			
45. HOUR OF DEATH (24 Hrs) <u> </u>				46. PRONOUNCED DEAD (Mo, Day, Yr) <u> </u>			
47. HOUR PRONOUNCED DEAD (24 Hrs) <u> </u>				48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <u>Ben Chue M.D. 901 Boren Ave. #901 Seattle, WA 98104</u>			
49. ME/CORONER FILE NUMBER <u> </u>				50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:			
IMMEDIATE CAUSE (Final disease or condition resulting in death): <u>Respiratory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>			
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.				DUE TO, OR AS A CONSEQUENCE OF: <u>Metastatic colon cancer to lungs abdomen</u>			
DUE TO, OR AS A CONSEQUENCE OF: <u>Colon cancer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>			
DUE TO, OR AS A CONSEQUENCE OF: <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years 2 months</u>			
DUE TO, OR AS A CONSEQUENCE OF: <u> </u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <u> </u>				52. AUTOPSY? (Yes / No) <u>NO</u>			
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <u>YES</u>				54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <u> </u>			
55. INJURY DATE (Mo, Day, Yr) <u> </u>				56. HOW INJURY OCCURRED: <u> </u>			
57. INJURY AT WORK? (Yes / No) <u> </u>				58. PLACE OF INJURY — AT HOME, FARM, STREET, TEMPORARY OFFICE, BLDG., ETC. (Specify) <u> </u>			
59. STREET OR RFD NO., CITY/TOWN, STATE <u> </u>				60. RECORD AMENDMENT (Registrar use only) ITEM: <u> </u> DOCUMENTARY: <u> </u> REVIEWED BY: <u> </u> DATE: <u> </u>			
61. DATE RECEIVED (Mo, Day, Yr) <u>APR 10 2001</u>				62. SIGNATURE OF REGISTRAR <u>[Signature]</u>			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev. 7/91) DOH 01-023 (5/94)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with <input type="checkbox"/> for				
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				
PHONE NUMBER:				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DOH 110-007 (Rev. 3-90)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	When Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001).

Death Certificates

1. Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (unique spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in birth(s) above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

APR 16 2001

Karen Stengart
 Dr. Karen Stengart
 Health District Officer
 SW Wash. Health Dist.

HH00644801

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF _____)

COUNTY OF _____)

SS:

The undersigned, Mary S. Frice, executes this affidavit relating to the estate of Melvin George Frice (herein "Decedent"), who died on 3/30/01, in the County of Skamania, State of Washington, then being a resident of the City of Stevenson, County of Skamania, State of Washington.
 (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner of the Decedent
☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
☐ other (Identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death;

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship Ruby B. Berglund - Daughter
 Address: 14911 N.E. 86TH STREET, VANCOUVER, WA 98682
 Name & relationship Joseph N. Frice - Son
 Address: 5804 N. BORTHWICK, PORTLAND, OREGON 97217
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☒ married to MARY S. FRICE
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to MARY S. FRICE
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
3. ☒ That the decedent left a Will, a copy of which is attached hereto.
☐ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under County recording number _____ (If unrecorded, attach a copy)
4. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____ under Probate No. _____
5. ☐ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☐ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): NONE

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$_____, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$_____, and including the value of Decedent's separate property, if any, of approximately \$_____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$_____.

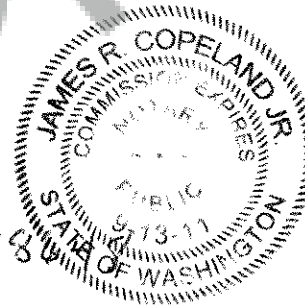
This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 10/5, 2009

Mary S. Fricc Mary S. Fricc
(Signature)

MARY SUZANNE FRICC
(Print or type full name)

1152 MARS LANDING RD, STEVENSON, WA 98061
(Full address and telephone number)



SUBSCRIBED and SWORN TO before me this 6 day of October, 2009

Notary Public in and for the State of WA
Washington, residing at Stevenson

**LAST WILL AND TESTAMENT
OF
MELVIN G. FRICE**

DATED: AUGUST 21, 1996

LAST WILL AND TESTAMENT

OF

MELVIN G. FRICE

I, MELVIN G. FRICE, of Skamania, Skamania County, Washington, declare this to be my Last Will and Testament and revoke all prior Wills and Codicils.

ARTICLE I.

IDENTIFICATION OF FAMILY

I have in mind in making this Will my spouse, MARY S. FRICE, and our children, RUBY B. REMINGTON and JOSEPH N. FRICE, both over the age of majority. I declare that I have no deceased children with issue surviving. Except as herein provided, I intend to make no provisions for any relative of mine who may survive me.

ARTICLE II.

PAYMENT OF TAXES

I direct my Personal Representative to pay out of and charge to the assets of my residuary estate all of the estate and inheritance taxes plus any interest or penalties payable by reason of my death in respect to all property subject to such taxes, whether or not such property passes under this Will and without reimbursement from any recipient of property passing outside this Will, including property taxable in my estate by virtue of its inclusion in my estate although transferred by me during my life.

**LAST WILL AND
TESTAMENT**


INITIALS

Notwithstanding the above, any proceeds or employee benefit plans payable to my testamentary Trustee and/or otherwise exempt from estate and/or inheritance taxes shall not be considered part of my residuary estate for purposes of this Article; nor shall such proceeds be liable for, nor subject to, any obligations of my estate, costs of administration or other death expenses.

No provision herein shall be construed in a manner to prevent my Personal Representative or beneficiaries from deferring payment, or from paying said taxes in installments, to the extent permitted by state or federal law.

ARTICLE III.

BEQUEST OF PERSONAL EFFECTS

I bequeath to my spouse, MARY S. FRICE, provided my spouse survives me, all personal and household effects of every kind, including wearing apparel, jewelry, consumable stores, furniture, pictures, silverware, china, glass, books, paintings, boats, family automobiles and other vehicles owned by me at the time of my death.

In the event my spouse fails to so survive me, I give certain items of tangible property, including but not limited to furniture, appliances, furnishings, pictures, silverware, china, glassware, jewelry, wearing apparel, boats, automobiles, and other vehicles, in accordance with a written statement signed by me or in my handwriting which I intend to leave at my death.

Such written statement shall describe the items and the recipients with reasonable certainty. All matters pertaining to identification of property or recipients under this provision

shall be determined by my Personal Representative and that determination shall be final and binding upon all persons having any interest in my estate.

My child or children shall be offered the opportunity to choose from any personal items not disposed of by such separate writing, if my Personal Representative decides my child or children are mature enough to make such a choice. The remaining items shall be sold and the proceeds distributed as part of the residue of my estate.

ARTICLE IV.

DISPOSITION OF RESIDUE

A. I give the residue of my estate to my spouse. If my spouse predeceases me, I give the residue of my estate as set forth in Article V.C. below.

B. If my spouse survives me but a qualified disclaimer, pursuant to the United States Internal Revenue Code in effect at my death, is made by or on behalf of my spouse of any interest in property which would, but for such disclaimer, have passed to my spouse pursuant to Paragraph A above, then I give all such interests in property so disclaimed to my spouse, MARY S. PRICE, or if my spouse is unable or unwilling to so serve, then to RUBY B. REMINGTON, as Trustee, for the following purposes:

1. This trust shall last for the lifetime of my spouse. My Trustee shall pay to, or apply for the benefit of, my spouse during my spouse's lifetime, the annual net income from the trust estate in convenient installments. In the event the net income is inadequate for my spouse's

health, education, support or maintenance, my Trustee is authorized to distribute such portions of the principal of the trust estate as may be required for my spouse's health, education, support or maintenance, according to my spouse's accustomed manner of living.

2. If my spouse has appointed a successor Trustee, my spouse shall nevertheless retain investment control over any real property used by my spouse for residence purposes. At such times as my spouse directs, such property shall be sold, and the Trustee, if my spouse is not acting as Trustee, is thereafter authorized to purchase another residence, or life tenancy in a retirement facility, as my spouse shall select. The cost of the new residence or retirement facility may exceed the cost of the former residence. The Trustee shall maintain the property as long as my spouse retains it as my spouse's personal residence. The Trustee shall pay from income, or from principal if income is insufficient, the real estate taxes, cost of repairs and maintenance. My spouse shall occupy such property rent-free. In the event that my spouse becomes incapacitated, and if my spouse ceases to use such property as a residence, the Trustee shall have the discretion to sell such property and use the proceeds for the purchase of suitable facilities for my spouse or add the proceeds to this trust to hold in accordance with the terms of this trust.

3. Upon the death of my spouse, the trust shall terminate and the trust estate shall be distributed according to Article V.C. below.

C. After the death of my spouse, or if my spouse has predeceased me, or if my spouse has disclaimed any or all interest as a trust beneficiary in a portion of the trust property, I give the residue of my estate to my children, RUBY B. REMINGTON and JOSEPH N. FRICE, or if there are other natural born or adopted children, then equally to all of my children, or their issue, per stirpes.

ARTICLE V.

TRUST PROVISIONS

A. No share or interest in principal or income of this trust or estate shall be liable for the debts of any beneficiary nor subject to the process of seizure of any court, nor an asset in the bankruptcy of any beneficiary, and no beneficiary hereunder shall have the power to anticipate, alienate or encumber his or her interest in the trust estate or in the income therefrom.

B. Trustee, in its sole discretion, may pay the expenses of last illness and cost of burial of any deceased beneficiary who at the time and prior to the date of his or her death was receiving, or was entitled to receive, benefits from the trust estate. Such payment shall be made out of the income and/or principal of the share theretofore held for such deceased beneficiary.

C. After payment, if any, of expenses of last illness and cost of burial, income accrued or unpaid on trust property at the termination of any interest or estate under the trust shall go to the beneficiaries entitled to the next eventual interest in the proportions in which they take.

D. Trustee shall not be required to comply with Trustee's Accounting Act, but may submit to the adult beneficiaries hereunder, and to the legal guardian of any beneficiary who is a minor or under legal disability, an annual statement or statements, at more frequent intervals showing the receipts and disbursements since last previous statement, and a list of all the assets comprising the Trust Estate.

E. All discretion conferred upon my Trustee by this instrument shall be absolute and its exercise be conclusive and binding on all persons.

ARTICLE VI.

TRUST POWERS

In addition to the powers and authority granted by law, including those set forth in the Washington Trust Act of 1984 and as it may be amended, the Trustee shall have the following specific powers and the exercise of discretion in the application thereof, which are by way of extension of the general powers heretofore referred to and not in limitation thereof to:

A. Retain, without liability in so doing, any property, real or personal, productive or unproductive, of whatsoever kind and character and wheresoever situated, and specifically including any business or farm property in which I may have any

right, title or interest at my death, which Trustee may receive in trust herein from any source, regardless of whether the particular property so retained be of a kind and quality which the Trustee would ordinarily purchase for trust accounts, and regardless of whether such property so retained should constitute a larger portion of the trust estate than the Trustee would ordinarily deem advisable or prudent. Trustee is authorized to operate the aforesaid business or farm property at the exclusive risk of the trust estate and shall be indemnified by the trust estate in the event Trustee is held personally liable for any loss or damage resulting from the retention or operation of such farm or business; to exercise with respect to management and disposition thereof all the rights and powers I would have if alive at the time of such exercise, including authority to broaden, limit or change the scope or nature of the activities of any business, and all other powers herein conferred or as may be necessary to enable Trustee to administer this trust in accordance with the provisions of this instrument; and to determine what, if any, portion of profits shall be retained as reserves for such operation.

B. Employ and reasonably compensate such agents or attorneys as the Trustee deems necessary or desirable for the administration of the trust and to rely on the judgment and advice of such agents or attorneys without liability for loss or damage caused by any agents or attorneys selected with reasonable care by the Trustee.

C. Notwithstanding the fact that Trustee be Personal Representative or Trustee of the estate of my spouse or Trustee of any trust created by me or my spouse, my Trustee shall have the power:

1. To purchase or sell any real or personal property from or to said estate or trust at the then market value of such property, or if there be no established market value, then at the reasonable value thereof as shall be determined by my Trustee.

D. Issue proxies to any adult beneficiaries for the purpose of voting any stock, including any bank or bank holding company.

E. Merge or combine any trust hereunder with a trust or trusts established for substantially similar purposes for the same beneficiary or beneficiaries and to administer and distribute such combined estates as one.

F. Terminate any trust hereunder which has a market value of less than TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000) and to pay the trust property to the beneficiary or beneficiaries who would have been entitled thereto at the date of such distribution as if this instrument had provided that such trust was to terminate on such date, unless my Trustee, in its sole discretion, determines that such a trust should be continued.

G. Distribute my estate and the principal of any trust hereby created in kind or in cash or partly in kind and partly in cash, and in Trustee's discretion, to allocate particular assets or portions thereof or undivided interests therein to any one or

more of the beneficiaries hereunder with regard to the income tax basis of specific property allocated to any beneficiary or any pro rata scheme of distribution. For the purpose of any such distribution, to select such securities or the property as Trustee may deem suitable, and to place such valuation upon such securities or other property as Trustee may determine. The decision of said Trustee shall be final and binding on all parties in interest.

H. Trustee may resign at any time by giving thirty (30) days written notice to that effect to the current income beneficiary (or beneficiaries) of the trust. The beneficiary (or majority of beneficiaries) shall, within thirty (30) days after receipt of such notice, appoint a successor Trustee and shall notify the resigning Trustee of such appointment. In the event the current income beneficiary or beneficiaries fail to designate a successor Trustee within the specified time, the resigning Trustee may apply to a court of competent jurisdiction, for leave to resign, for the appointment of a successor Trustee and for the judicial settlement of its accounts.

Any successor Trustee hereunder shall have the same powers and authorities herein conferred on the residing Trustee, unless otherwise provided in a court order, if any, appointing the successor Trustee. The successor Trustee shall be responsible only for the assets delivered by the predecessor Trustee or the legal representative of the predecessor Trustee, and may accept as correct the statement of such predecessor Trustee or his or her legal representative that these constitute all of the assets

of the trust estate, without any duty to inquire into the administration or accounting by the predecessor Trustee. No successor Trustee shall be held responsible for any act or omission of a predecessor trust.

ARTICLE VII.

TRUSTEE AND PERSONAL REPRESENTATIVE COMPENSATION

My Trustee and Personal Representative shall receive for their services hereunder reasonable compensation in accordance with fees applying to estates and trust accounts of this kind at the time such services are rendered.

ARTICLE VIII.

ANATOMICAL GIFT

I hereby give and make an anatomical gift, pursuant to the Uniform Anatomical Gift Act (RCW 68.50.520 through 68.50.630; and RCW 68.50.901 through 68.50.903) of my body [(or) my following body parts: organs, tissue, eye, bone, artery, blood, fluid...] for the limited purposes of transplantation, medical therapy or medical treatment.

ARTICLE IX.

APPOINTMENT OF PERSONAL REPRESENTATIVE

I appoint my spouse, MARY S. FRICE, as Personal Representative of this Will, to serve without bond, without the intervention of court except as required in the case of non-intervention Wills, and with unrestricted non-intervention powers. In the event my spouse shall be unable or unwilling to serve, I appoint RUBY B. REMINGTON as Personal Representative to serve without bond and with like rights and powers. I direct

that my estate shall be settled as herein provided and that my said Personal Representative have, after my death, as full and complete power of management and settlement of my estate as I would if living. I give my Personal Representative all of the rights and powers herein conferred upon my Trustee, and I specifically provide that my Personal Representative may, during the period of probate, make payments or distribution of income and/or principal in such amounts and at such times as it deems appropriate to any of the beneficiaries named in this Will, and further that the Personal Representative may set over and distribute unto the Testamentary Trust, at any time during the probate of this estate, either before or after the entry of a Decree of Distribution (if such should be entered), such portions of the estate passing to the trust that it deems proper, and it shall hold and manage the same as Trustee and distribute the income and/or principal to the beneficiaries as herein set forth.

In making distributions hereunder, my Personal Representative may allocate particular assets or portions thereof or undivided interest therein to any one or more of the beneficiaries hereunder with regard to the income tax basis of specific property allocated to any beneficiary or any pro rata scheme of distribution, and may further in its sole discretion exercise all elections, except as provided otherwise herein, with respect to allowable deductions on my estate or any necessary income tax returns, all without reimbursement either from or to my estate or any beneficiaries hereunder for tax payable in respect of said elections.

IN WITNESS WHEREOF, I have hereunto set my hand and seal
this 21st day of August, 1996.

Melvin G. Frice
MELVIN G. FRICE

The foregoing instrument consisting of twelve (12)
typewritten pages, including this page, was on the 21st day of
August, 1996, signed by the said, MELVIN G. FRICE.

Auri DeMaris
Witness
Residing at:
Vancouver, Washington

Bonnie J. Armstrong
Witness
Residing at:
Vancouver, Washington

AFFIDAVIT OF ATTESTING WITNESSES TO THE WILL

OF

MELVIN G. FRICE

STATE OF WASHINGTON)
) ss.
 COUNTY OF CLARK)

Each of the undersigned attesting witnesses, after being sworn, on oath states:

1. **Request of Testator:** MELVIN G. FRICE, Testator herein requested that all the attesting witnesses make this affidavit.
2. **Execution:** The Will to which this affidavit is attached was executed by the above-named Testator on the 21st day of August, 1996, at Vancouver, Washington.
3. **Declaration:** Immediately prior to execution, the Testator declared the document to be his Last Will and Testament and requested the undersigned witnesses to subscribe their names.
4. **Signatures:** The Testator signed the document in the presence of all the witnesses, and the witnesses attested the execution by subscribing their names in the presence of the Testator and of each other.
5. **Competency:** At the time of execution of the Will: (a) the Testator appeared to be of sound mind, of legal age, and acted freely without any duress of undue influence, and (b) the witnesses were each competent and of legal age.

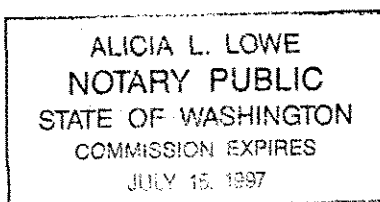
Dawn DeMiris

Witness
 Residing at:
 Vancouver, Washington

Bonnie J. Armstrong

Witness
 Residing at:
 Vancouver, Washington

SUBSCRIBED AND SWORN to before me this 21 day of August, 1996.



Alicia L. Lowe
 NOTARY PUBLIC in and for the
 State of Washington, residing
 at Vancouver
 My appointment expires:

DISPOSITION OF PERSONAL PROPERTY

Pursuant to RCW 11.12.260 and according to the reference made to this document in my Last Will and Testament, I hereby direct that the following items shall be distributed to the stated recipients.

<u>Description of Personal Property</u>	<u>Recipient</u>
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
13)	
14)	
15)	

If any recipient predeceases me then the designated item shall be distributed according to my Will.

Signature: _____

_____ Date

Print Name: _____

EXHIBIT 'A'

A tract of land in the Northeast Quarter of the Northeast Quarter of Section 34, Township 2 North, Range 6 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1 of the W&K Warfield Amended Short Plat, recorded in Book 3 of Short Plats, Page 285, Skamania County Records.