

WHEN RECORDED RETURN TO:

KEITH PRICE
472 SKAMANIA LANDING RD
SKAMANIA, WA 98648

DOCUMENT TITLE(S)

TRUST AGREEMENT + DEATH CERTIFICATES

REFERENCE NUMBER(S) of Documents assigned or released:

[] Additional numbers on page _____ of document.

GRANTOR(S):

KEITH IAN PRICE, TRUSTEE OF MARILYN S. PRICE SURVIVOR'S TRUST

[] Additional names on page _____ of document.

GRANTEE(S):

KEITH IAN PRICE AND BERNADETTE K. PRICE

[] Additional names on page _____ of document.

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

LOT 2, BLOCK 3 AND LOT 28, BLOCK I, WOODARD MARINA ESTATES, ACCORDING TO THE PLOT THEREOF, RECORDED IN BOOK "A" OF PLATS, PAGES 114 and 115, records of SKAMANIA COUNTY, WASHINGTON

[] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

#02063414440000 + ~~85566~~ 02063414400200

[] Additional parcel numbers on page _____ of document.

Skamania County Assessor
Date 6-2-10 Parcel# 2-6-34-1-4-4100
2-6-3-10 2-6-34-1-4-4002

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.

REAL ESTATE EXCISE TAX

N/A

JUN - 3 2010

PAID See excise #28598 DTD 6-03-2010.
Kellee Holland for distribution
SKAMANIA COUNTY TREASURER

TRUST AGREEMENT

THIS AGREEMENT, made the 10th day of October, 1991, between ANDREW C. PRICE and MARILYN S. PRICE, his wife, of Polk County, Florida, (hereinafter collectively referred to as the "Settlor"), and ANDREW C. PRICE and MARILYN S. PRICE, his wife, (hereinafter collectively referred to as the "Trustee");

W I T N E S S E T H:

ARTICLE I

NAME OF TRUST

This trust shall, for convenience, be known as the ANDREW C. PRICE and MARILYN S. PRICE REVOCABLE TRUST and it shall be sufficient that it be referred to as such in any instrument of transfer, deed, assignment, bequest or devise.

ARTICLE II

TRUST PROPERTY

The Settlers have delivered to the Trustee all their interest in the property described in Schedule "A" attached hereto. The Settlers declare that regardless of how such property was originally acquired, or how titled (joint with survivorship, community, or otherwise) including policies of insurance, and any additional property later transferred to the Trustee, and all principal receipts, reinvestments, refunds and replacements, such property shall for all purposes of this Trust be equally divided into two separate equal shares, one for each Settlor. To the extent that either Settlor's share exceeds his or her contribution to the Trust, the amount of the difference shall constitute a completed gift from the other Settlor.

The Trustee may also be named as Beneficiary of any employee benefit plans and retirement plans, and may elect the mode of payment which appears to be the most advantageous to the trust and the beneficiaries, if not previously elected.

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11. The term "Trust Estate" refers to the property itemized and described in Schedule "A" attached hereto, which the Settlor acknowledges he has transferred, delivered, assigned and conveyed to the Trustee, together with such other property that hereafter may be transferred, assigned, conveyed, bequeathed or devised to the Trustee by the Settlor or any other person, including the proceeds from any insurance policies which are payable to the Trustee.

H. Situs of Trust. This Trust Agreement was executed in the State of Florida and the trusts created herein shall be construed and regulated and all rights thereunder shall be governed by the laws of that State.

ARTICLE VII

POWERS OF TRUSTEE

In addition to and not in limitation, by implication or otherwise, of the powers and discretions elsewhere herein granted or those conferred by law, the Trustee shall have the power and authority to do any of the following as the Trustee shall deem advisable for the management and preservation of the property of this trust, without resort to any person or court for further authority:

A. Investments: To retain any of the property transferred to a trust created hereunder and to invest and reinvest in any property including, but not limited to the following: certificates of deposit, stock, both common and preferred; bonds, notes; mortgages on property in or outside of the State of Florida; insurance contracts on the life of any beneficiary; participation in common trust funds, including those which may be established and administered by any corporate trustee which may be or become a trustee hereunder; and generally in such property and in such proportions of such property as the Trustee shall deem advisable, regardless of the character of such property or whether it is such as would be authorized by law for investment by trustees, or whether it

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leases a disproportionately large part of the assets invested in one type of property. The Trustee may retain or acquire and hold unproductive or underproductive realty or personalty for such period as the Trustee shall deem best and without regard to any laws that may now exist or may hereafter be enacted or amended requiring such property to yield a specified amount of income.

B. Deal With Property as Absolute Owner. To do all acts, take all proceedings and exercise all rights and privileges, even though not herein specifically mentioned, with relation to property in any trust created hereby as if the absolute owner thereof.

C. Manage Realty. To deal with realty in any manner lawful to an owner thereof, including but not limited to, the right to manage, protect, and improve it, to raze, alter and repair improvements, to sell or contract to sell it in whole or in part, to partition it, to grant options to purchase it, to donate it, to convey it with or without consideration in whole or in part, to acquire, release, or grant easements or other rights relating to it, to dedicate parks and thoroughfares, to subdivide it, to vacate any subdivision or any part thereof and resubdivide it from time to time, to lease it in whole or in part, and to renew, extend, contract for, and grant options in connection with leases. Leases, contract to sell, mortgages and any contract entered into by them can be made on any terms and for any period, including a period beyond the duration or termination of any trust.

D. Lend Money. To make loans either secured or unsecured, including but not limited to loans to the Settlor's or any beneficiary's estate, upon such terms and at such rates of interest as the Trustee shall deem appropriate; to reduce the interest rate at any time or from time to time upon any loan or mortgage which shall at any time constitute a portion of any trust; to continue a loan or mortgage upon or after maturity

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SECOND AMENDMENT
OF THE ANDREW C. PRICE AND MARILYN S. PRICE
REVOCABLE TRUST

THIS SECOND AMENDMENT to the ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST, by and between ANDREW C. PRICE and MARILYN S. PRICE, of Polk County, Florida, hereinafter called the "Settlor", and ANDREW C. PRICE and MARILYN S. PRICE, hereinafter called the "Trustee", is made this 8th day of October, 1998.

The Agreement establishing the ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST dated October 10, 1991, and amended by the First Amendment of the Andrew C. Price and Marilyn S. Price Revocable Trust dated March 19, 1992, made between the foregoing parties is amended in the following respect:

A. Pursuant to the powers retained by Settlor in Article III of said Trust Agreement, Settlor hereby alters and amends Article VIII, Paragraph B.1., to read as follows:

B. Subsequent to Settlor's Death or Incapacity.

1. Successor Trustee. Upon the death, resignation or incapacity of MARILYN S. PRICE, if ANDREW C. PRICE shall survive her, ANDREW C. PRICE and KEITH IAN PRICE shall serve as the Co-Trustees for the Trusts hereby created. Thereafter, upon the death, resignation or incapacity of ANDREW C. PRICE, then KEITH IAN PRICE shall serve as sole Trustee for each Trust hereby created.

Upon the death, resignation or incapacity of ANDREW C. PRICE, if MARILYN S. PRICE shall survive him, MARILYN S. PRICE, KEITH IAN PRICE, and A.G. EDWARDS TRUST COMPANY shall serve as the Trustees for the Trusts hereby created. Thereafter, upon the death, resignation or incapacity of MARILYN S. PRICE, then KEITH IAN PRICE shall be sole Trustee.

ACP M.S.P.

In all other respects, the Trust Agreement shall remain as first made.

IN WITNESS WHEREOF, ANDREW C. PRICE and MARILYN S. PRICE have signed this instrument as Settlers.

✓ ACP

ANDREW C. PRICE

Marilyn S. Price

MARILYN S. PRICE

Signed, sealed, published and declared by the said ANDREW C. PRICE and MARILYN S. PRICE, as Settlers, in the presence of us, who, at their request, in their presence and the presence of each other, have hereunto subscribed our names as attesting witnesses, this 8th day of October, 1998.

<u>Names</u>	<u>Addresses</u>
<u>J. Kelly Kennedy</u>	residing in Winter Haven, Florida
<u>Roxie D. Henderson</u>	residing in Winter Haven, Florida

STATE OF FLORIDA

COUNTY OF POLK

ANDREW C. PRICE and MARILYN S. PRICE, J. KELLY KENNEDY
and ROXIE D. HENDERSON, the Settlers and the

witnesses respectively, whose names are signed to the attached or foregoing instrument, being first duly sworn, do hereby declare to the undersigned officer that the Settlers signed the instrument as the SECOND AMENDMENT OF THE ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST and that they signed voluntarily and that each of the witnesses in the presence of the Settlers, at their request, and in the presence of each other, signed the Second Amendment as a witness and that to the best of the knowledge of each witness the Settlers was at that time 18 or more years of age, of sound mind and under no constraint or undue influence.

ACP

ANDREW C. PRICE

Marilyn S. Price
MARILYN S. PRICE

J. KELLY KENNEDY

Roxie D. Henderson
ROXIE D. HENDERSON

Subscribed and acknowledged before me by ANDREW C. PRICE and MARILYN S. PRICE, the Settlers, and subscribed and sworn to before me by J. KELLY KENNEDY and ROXIE D. HENDERSON the witnesses, who are personally known to me or who have produced N/A as identification, on this 8th day of October, 1998.



Betty Ann Clark

Notary Public, State of Florida
Printed Name: Betty Ann Clark
(Affix notary seal)

Signed, sealed and delivered in the presence of:

ANDREW C. PRICE AND MARILYN S. PRICE, AS TRUSTEES OF THE ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST

J. Kelly Kennedy

J. Kelly Kennedy

ACP

ANDREW C. PRICE

Roxie D. Henderson
Roxie D. Henderson

Marilyn S. Price
MARILYN S. PRICE

STATE OF FLORIDA

COUNTY OF POLK

BEFORE ME, the undersigned authority, personally appeared ANDREW C. PRICE AND MARILYN S. PRICE, AS TRUSTEES OF THE ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST, to me personally known to be the persons described in and who executed the foregoing instrument as Trustees of the ANDREW C. PRICE AND MARILYN S. PRICE REVOCABLE TRUST, or who have produced N/A as identification, and

they acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the county and state last aforesaid this 8th day of October, 1998.

Betty Ann Clark
Notary Public, State of Florida
Printed Name: Betty Ann Clark
(Affix notary seal)



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Unofficial Copy

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPY

LOCAL FILE NO. **P C 03875** CERTIFICATE OF DEATH
FLORIDA

1. DECEDENT'S NAME: **Andrew C. Price** (FIRST, MIDDLE, LAST) SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **Oct. 18, 1998** 4. SOCIAL SECURITY NUMBER: [REDACTED] 5a. AGE Last Birthday (Year): **76** 5b. UNDER 1 YEAR: Months: **0** Days: **0** 5c. UNDER 1 DAY: Hours: **0** Minutes: **0**

6. DATE OF BIRTH (Month, Day, Year): **Oct. 15, 1922** 7. BIRTHPLACE (City and State or Foreign Country): **Carney, N.J.** 8. WAS DECEDENT EVER ILLUS-ARMED (Specify Yes or No): **Yes**

9a. PLACE OF DEATH (Check only one - see instructions on other side): **HOSPITAL - Inpatient - ER/Outpatient - OOA - OTHER - Nursing Home - X Residence - Other (Specify)** 9b. INSIDE CITY LIMITS (Yes or No): **No**

9c. FACILITY NAME (If not institution give street and number): **316 Sawannee Rd. S.E.** 9d. CITY, TOWN, OR LOCATION OF DEATH: **Winter Haven** 9e. COUNTY OF DEATH: **Polk**

10a. DECEDENT'S USUAL OCCUPATION: **Director of Mfg. Engr.** 10b. KIND OF BUSINESS/INDUSTRY: **Xerox Corp** 11. MARITAL STATUS - Married: **Married** Never Married: **Never Married** Widowed: **Widowed** Divorced (Specify): **Divorced** 12. SURVIVING SPOUSE (If wife give maiden name): **Marilyn Secor**

13a. RESIDENCE - STATE: **Florida** 13b. COUNTY: **Polk** 13c. CITY, TOWN, OR LOCATION: **Winter Haven** 13d. STREET AND NUMBER: **316 Sawannee Rd. S.E.**

13e. INSIDE CITY LIMITS (Yes or No): **No** 13f. ZIP CODE: **33884** 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.): **No** 15. RACE - American Indian: **White** Black: **Black** White: **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed): **Elementary/Secondary 4 Yrs.**

17. FATHER'S NAME (First, Middle, Last): **Andrew C. Price III** 18. MOTHER'S NAME (First, Middle, Maiden Surname): **Isabelle McKay**

19a. INFORMANT'S NAME (Type/Print): **Mrs. Marilyn Price** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **316 Sawannee Rd. S.E., Winter Haven, FL 33884**

20a. METHOD OF DISPOSITION: **X Burial** Cremation: **Removal from State** Donation: **Other (Specify)** 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Memorial Crematory** 20c. LOCATION - City or Town, State: **Auburndale, FL**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [Signature] 21b. LICENSE NUMBER (of Licensee): **3902** 21c. NAME AND ADDRESS OF FACILITY: **Crisp-Coon Funeral Homes, Inc. 201 First St. S., Winter Haven, FL 33880**

22a. On the basis of my knowledge, do I certify that the time, date and place and due to the cause(s) as stated: (Signature and Title): [Signature] 22b. DATE SIGNED (Mo., Day, Yr.): **10/14/98** 22c. HOUR OF DEATH: **10:20 A.** 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Troy Jones, MD** 22e. HOUR OF DEATH: **10:20 A.** 22f. DATE SIGNED (Mo., Day, Yr.): **10/14/98** 22g. HOUR OF DEATH: **10:20 A.** 22h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Troy Jones, MD** 22i. MEDICAL EXAMINER'S CASE #:

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): **Troy Jones, MD, 500 East Central Ave., Winter Haven, FL, 33880**

25a. SUBREGISTRAR - SIGNATURE AND DATE: [Signature] 25b. LOCAL REGISTRAR - SIGNATURE: [Signature] 25c. DATE REGISTERED: **Oct. 22, 1998**

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Ann Palmer* Chief Deputy Registrar State Registrar

WARNING: THIS DOCUMENT IS PRINTED ON PAPER WITH A SECURITY WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

14615317



DOH FORM 1564 (10-98)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 0491		Washington State Certificate of Death			State File Number	
1. Legal Name (include ACA if any) First Middle LAST Suffix Marilyn Secor Price				2. Death Date 11-24-2009		
3. Sex (M/F) Female	4a. Age - Last Birthday 83 Years	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Clark	
7. Birthdate 05-02-1926		8a. Birthplace (City, Town, or County) Dunmore	8b. (State or Foreign Country) Pennsylvania	9. Decedent's Education Bachelor's Degree B.A.		
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.) 640 NE Everett Street				13b. City or Town Camas		
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable) N/A	13e. State or Foreign Country Washington		13f. Zip Code + 4 98607	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 4 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) N/A		
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Homemaker				18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Secor				20. Mother's Name Before First Marriage (First, Middle, Last) Elizabeth Bamford		
21. Informant's Name Keith Price		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3700 SW Baird Street Portland Oregon 97219		
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (if not a facility, give number & street or location) Nursing Home Highland Terrace Nursing Home		
25. Facility Name (if not a facility, give number & street or location) Highland Terrace Nursing Home		26a. City, Town, or Location of Death Camas		26b. State WA		27. Zip Code 98607
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Lower Columbia Crematory		30. Location-City/Town, and State Vancouver, Washington		
31. Name and Complete Address of Funeral Facility Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607				32. Date of Disposition 11-30-2009		
33. Funeral Director Signature <i>Don Brown</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. Complications of late-stage Alzheimer's Disease			Interval between Onset & Death 3 months	
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 Normal pressure hydrocephalus, seizures.				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input checked="" 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 checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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 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 - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated		
48b. Medical Examiner/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 of Facility) Timothy Ross, MD 715 S. Andrews Vancouver, WA 98661		
50. Hour of Death (24hrs) 0200 Hours				51. Name and Title of Attending Physician if other than Certifier (Type of Facility) 11-25-2009		
52. Title of Certifier M.D.		53. License Number 19932		54. Registrar File Number		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>[Signature]</i>				58. Date Received NOV 30 2009		
59. Amendments						

