

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 1, 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 & ~~02063414440000~~ 02063414400200

☐ 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.

REAL ESTATE EXCISE TAX

N/A

JUN - 3 2010

PAID See excise #28598 DTD 6-03-2010.
Vickie 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.

MSP RCP

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

*MSP
HCP*

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

MSP
RCP

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.

✓ [Signature]
ANDREW C. PRICE

[Signature]
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>[Signature]</u> J. Kelly Kennedy	, residing in Winter Haven, Florida
<u>[Signature]</u> Roxie D. Henderson	, 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:

[Signature]

J. Kelly Kennedy

Roxie D. Henderson
Roxie D. Henderson

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

ACP

ANDREW C. PRICE

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)



[e:\trust.rev\amdmt\price.and]

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 FIRST Andrew MIDDLE C. LAST Price		SEX Male	
3. DATE OF DEATH (Month, Day, Year) Oct. 18, 1998		4. SOCIAL SECURITY NUMBER [REDACTED]	
5. DATE OF BIRTH (Month, Day, Year) Oct. 15, 1922		6. BIRTHPLACE (City and State or Foreign Country) Carney, N.J.	
7. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 316 Sawannee Rd. S.E.		8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) Yes	
9. FACILITY NAME (If not institution, give street and number) 316 Sawannee Rd. S.E.		10. CITY, TOWN, OR LOCATION OF DEATH Winter Haven	
11. DECEDENT'S USUAL OCCUPATION Director of Mfg. Engr.		12. SURVIVING SPOUSE (If wife, give maiden name) Marilyn Secor	
13. RESIDENCE - STATE Florida COUNTY Polk		14. CITY, TOWN, OR LOCATION Winter Haven	
15. INSIDE CITY (Limits? Yes or No) No		16. ZIP CODE 33884	
17. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, etc.) No		18. RACE - American Indian, Black, White, etc. White	
19. DECEDENT'S EDUCATION (Specify only highest grade completed) 4 Yrs.		20. FATHER'S NAME (First, Middle, Last) Andrew C. Price III	
21. MOTHER'S NAME (First, Middle, Maiden Surname) Isabelle McKay		22. INFORMANT'S NAME (Type/Print) Mrs. Marilyn Price	
23. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 316 Sawannee Rd. S.E., Winter Haven, FL 33884		24. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Memorial Crematory	
25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Crematory		26. LOCATION - City or Town, State Auburndale, FL	
27. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		28. LICENSE NUMBER (of Licensee) 3902	
29. NAME AND ADDRESS OF FACILITY Crisp-Coon Funeral Homes, Inc. 201 First St. S., Winter Haven, FL 33880		30. On the basis of my examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) 10/18/98	
31. DATE SIGNED (Mo. Day, Yr.) 10/18/98		32. HOUR OF DEATH 10:20 A.	
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Troy Jones, MD		34. MEDICAL EXAMINER'S CASE # 500 East Central Ave. Winter Haven, FL 33880	
35. SUBREGISTRAR - SIGNATURE AND DATE <i>[Signature]</i>		36. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
37. DATE REGISTERED Oct. 22, 1998		38. DATE REGISTERED Oct. 22, 1998	

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:
14615317

THIS DOCUMENT IS PRINTED ON PHOTOCOPY SECURITY PAPER. DO NOT ACCEPT WITHOUT VERIFYING THE WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE FREEDOMS 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.

FLORIDA DEPARTMENT OF
HEALTH

DOH FORM 1554 (10-98)

CERTIFICATION OF VITAL RECORD

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 8491		Washington State Certificate of Death				State File Number	
1. Legal Name (include ACA's if any) First Middle LAST Suffix		2. Death Date					
Marilyn Secor Price		11-24-2009					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	83 Years	Months Days	Hours Minutes		Clark		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
05-02-1926	Dunmore	Pennsylvania		Bachelor's Degree B.A.			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)				13b. City or Town			
640 NE Everett Street				Camas			
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?		
Clark	N/A	Washington		98607	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
4 Years		Widowed		N/A			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Homemaker				Own Home			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Secor				Elizabeth Bamford			
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip				
Keith Price		Son	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			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		26a. City, Town, or Location of Death		26b. State	27. Zip Code
Cremation		Lower Columbia Crematory		Camas		WA	98607
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Brown's Funeral Home 410 NE Garfield St. Camas, WA 98607				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) → 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 Interval between Onset & Death:							
b. Interval between Onset & Death:							
c. Interval between Onset & Death:							
d. Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
Normal pressure hydrocephalus, seizures.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female:		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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:				State:			
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			
<i>Timothy Ross, MD</i>							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Timothy Ross, MD 715 S. Andrews Ave Vancouver, WA 98661				0200 Hours			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				11-25-2009			
53. Title of Certifier		54. License Number		55. Coroner File Number		56. Was case referred to ME/Coroner?	
M.D.		19932				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received			
<i>[Signature]</i>				NOV 30 2009			
59. Amendments							