

REAL ESTATE EXCISE TAX

N/A

AFTER RECORDING RETURN TO:

SEP 29 2011

Name: James L. Kacena, PLLC, Attorney at Law
Address: P.O. Box 2024
City/State: White Salmon, WA 98672

PAID See return 29248 added 9/29/11
Cy depub
SKAMANIA COUNTY TREASURER

Document Title(s) or transactions contained herein:

Certificate of Death (Estella Erlene Graham) Exhibit Attached

GRANTOR(S) (Last name, first name, middle initial)

Estella Erlene Graham

☐ Additional names on page _____ of document.

GRANTEE(S) (Last name, first name, middle initial)

Graham Family Trust dated February 22, 1993, John C. Graham and Estella E. Graham, Trustees

☐ Additional names on page _____ of document.

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

Cabin No. 38 Northwestern Lake, Located in Skamania County, Washington

☐ Complete legal on page _____ of document.

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

43100200043800

Skamania County Assessor
Date 9-29-11 Parcel# 43100200043800

☐ Property Tax Parcel ID is not yet assigned

☐ Additional parcel numbers on page _____ of document.

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

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

431760

I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

136-

State File Number

1.
2.
3.
4.
5.
6.7.
8.
9.10.
11.
12.
13.
14.DESIGNATE
CAUTIONS.
IF ANY,
WHICH GAVE
RISE TO
UNDERLYING
CAUSE.
STATING THE
UNDERLYING
CAUSE LAST.15.
16.
CAUSE OF
DEATH
DISTINCTIONS
ARE
ON REVERSE
SIDE
OF GREEN
AND
PINK COPY.

1. DECEDENT'S NAME First Middle Last Estelita Erlene GRAHAM		2. SEX F	3. DATE OF DEATH (Month, Day, Year) April 24, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE-Last Birthday (Years) 64	5b. Under 1 Year Mons. Days Hours Mins. [REDACTED]	5c. Under 1 Day Hours Mins. [REDACTED]
6. BIRTHPLACE (City and State or Foreign Country) Shattuck Oklahoma		7. DATE OF BIRTH (Month, Day, Year) December 03, 1940	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check one only) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Hospice <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10a. FACILITY NAME (If not an institution, give street and number) Providence Medical Center		10b. CITY, TOWN, OR LOCATION OF DEATH Milwaukie	
10c. COUNTY OF DEATH Clackamas		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
12. SPOUSE (If Married, Widowed, Divorced, Specify) John C.		13. STREET AND NUMBER 20700 SE Curtis Rd	
14a. RESIDENCE - STATE OR	14b. COUNTY Clackamas	14c. CITY, TOWN OR LOCATION Clackamas	14d. ZIP CODE 97016
15. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
17. RACE American Indian, Black, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (14 or 5+) 1	
19. FATHER'S NAME First Middle Last Arnold V. Dull		20. MOTHER'S NAME First Middle Maiden Eunice I. Bentley	
21. INFORMANT'S NAME and relationship to decedent John Graham - husband		22. LOCATION (City or Town, State) Hermiston, Oregon	
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Reinterment from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hermiston Cemetery	
25. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON PROVIDING SUCH SERVICE [Signature]		26. OREGON LICENSE NO. (Of Licensee) C03167	
27. NAME ADDRESS AND ZIP CODE OF FACILITY Burns Mortuary of Hermiston P.O. Box 289 Hermiston OR 97638		28. REGISTRAR'S SIGNATURE [Signature]	
29. DATE FILED (Month, Day, Year) MAY 06 2005		30. RESERVED FOR REGISTRAR'S USE	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
31. TIME OF DEATH 1230		32. DATE PRONOUNCED DEAD (Month, Day, Year) M	
33. DATE SIGNED (Month, Day, Year) 04-28-05		34. COUNTY [REDACTED]	
35. NAME, TITLE, ADDRESS AND ZIP CODE OF CERTIFYING PHYSICIAN (Type or Print) Raymond Lee, D.O. 11211 SE Sunnyside Rd. Clackamas OR 97015		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN (Type or Print)	
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g., Cardiac or Respiratory Arrest). a. BREAST CANCER, METASTATIC TO LIVER		Interval between onset and death 3 YRS	
b. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
c. DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I			
38. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention		39. DATE OF INJURY (Month, Day, Year)	
40. TIME OF INJURY		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
42. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		43. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
44. DESCRIBE HOW INJURY OCCURRED			
45. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
46. AUTOPEY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
47. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

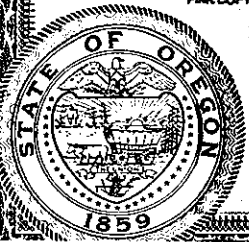
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

MAY 06 2005

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.



TRUST CERTIFICATION

TO WHOM IT MAY CONCERN:

Re: Trust Agreement dated this 22 day of Feb, 1993, made under the laws of the State of Oregon, by John C. Graham and Estella E. Graham.

The undersigned Trustees for the Trustors certify to you that:

1. The above Trust Agreement is in full force and effect.
2. The names of the Trustees (Co-Trustees) now acting under the Trust Agreement (and who are the only Trustees qualified to act) are:
John C. Graham and Estella E. Graham.
3. The attached is a full copy of the above-referenced Trust Agreement, together with all amendments and/or supplements thereto.
4. The above-referenced Trust Agreement has not been amended, modified, supplemented or revoked, except as follows:

(List amendments, supplements, etc.)


John C. Graham Trustee


Estella E. Graham Trustee

JOHN C. AND ESTELLA E. GRAHAM FAMILY TRUST

CREATION OF THE TRUST

This revocable Trust is formed to hold title to real and personal property for the benefit of the creators of this Trust and to provide for the orderly use and/or transfer of such assets upon the demise of the creators of this Trust.

Name of Trust

This Trust shall be known as:

"GRAHAM FAMILY TRUST"

Dated Feb 22, 1993.

John C. Graham and Estella E. Graham
Trustors and/or Trustees."

Parties to the Trust

This Trust is entered into by and between John C. Graham and Estella E. Graham, State of Oregon, hereinafter called "Settlors" or "Trustors" or separately, "Husband" or "Wife", and John C. Graham and Estella E. Graham, hereinafter called "Trustees" or "Trustee", and "Beneficiaries" or "Beneficiary" while living.

Trustee Authority to Act Independently

The above named Settlor Trustees shall serve jointly and severally and either shall have full authority for the Trust without the consent of the other, to act independently in performing transactions on behalf of the Trust. This authority shall extend to all powers granted to the Trustees under Trustee Powers hereof and shall include the right to contract for and in behalf of the Trust and to execute, negotiate, and compromise such instruments as may be necessary to carry out the purposes and intents of this Trust.

SUCCESSOR TRUSTEE

Upon the death, resignation, or incompetency of a Trustee, the Surviving or Successor Trustee immediately steps in and has the same power as the original Trustees.

Surviving Trustee

In the event of the death of either John C. Graham or Estella E. Graham or if for any reason either ceases to serve as Trustee hereunder, the Trustors nominate and appoint the remaining or surviving original Trustee to serve as sole Trustee hereunder and without the approval of any court.

Successor Trustee

In the event of the death of the remaining or surviving original Trustee, or if for any reason such person ceases to serve as Trustee, hereunder, the Trustors nominate and appoint **John A. Graham, 10591 SE Mather Road, Clackamas, OR 97015, phone number (503)698-4544** to serve as Successor Trustee hereunder without the approval of any court.

First Alternate Successor Trustee

In the event of the death of the above named Successor Trustee, or if for any reason such named Successor Trustee ceases, or is unable to serve as Trustee hereunder, the Trustors nominate and appoint **Edward W. Sager, 14732 S.E. Topaz Milwaukee OR 97267, phone number 503 657 9324** to serve as Alternate Successor Trustee hereunder without approval of any court. If two or more Successor Trustees are named, and one or more is unable to serve, the other named individual shall continue to serve.

Successor Trustees Must Act Together

When there is more than one Successor Trustee acting simultaneously with other designated Trustees, the Co-Trustees so serving must act in concert. This provision does not apply to the Settlor.

IN WITNESS WHEREOF, the provisions of this Declaration of Trust shall bind John C. Graham and Estella E. Graham as Trustors, and John C. Graham or Estella E. Graham as Trustees; Successor Trustees assuming the role of Trustee hereunder, and the beneficiaries of this Trust as well as their successor and assigns.

Dated this 22 day of Feb, 1993

TRUSTORS:

John C. Graham
John C. Graham, Trustor

TRUSTEES:

John C. Graham
John C. Graham, Trustee

Estella E. Graham
Estella E. Graham, Trustor

Estella E. Graham
Estella E. Graham, Trustee

STATE OF OREGON)
County of Clatsop ss.

On this 22 day of Feb, 1993, before me, the undersigned, a Notary Public in and for said State, personally appeared John C. Graham and Estella E. Graham, personally known to me or proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged that he/she/they executed the same.

WITNESS my hand and official seal.

Leisa A. Theeler
NOTARY PUBLIC
My Commission Expires: _____

