

WHEN RECORDED RETURN TO:

Heidi F. Diestelhorst
P.O. Box 42
Underwood, Wa
98651

DOCUMENT TITLE(S)

Death Certificate.

REFERENCE NUMBER(S) of Documents assigned or released:

AFN
Exrise 29856 Dated 12-13-12
☐ Additional numbers on page _____ of document.

REAL ESTATE EXCISE TAX

N/A

DEC 13 2012

PAID DECEMBER #29856 DTD
Vicki Chelland 12-13-12
SKAMANIA COUNTY TREASURER

GRANTOR(S):

Judith Lailani Allen

☐ Additional names on page _____ of document.

GRANTEE(S):

Heidi Frances Diestelhorst

☐ Additional names on page _____ of document.

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

☒ Complete legal on page 3 of document. AFN E 1/2 NE 1/4 SW 1/4

TAX PARCEL NUMBER(S):

03-10-20-0-0-1700-00 (W)

☐ 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.

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

ID, TAG NO. 446136

STATE FILE NUMBER

| | | | | | | | |
|---|-------------------------|---|--------------------------|--|--------------------|--|--|
| 1. Legal Name (Include AKAs, if any) | | | | | | 2. Death Date (mm/dd/yyyy) | |
| First Middle Last Suffix Judith Iailani Allen | | | | | | 08/08/2006 | |
| 3. Sex (M/F) | 4a. Age - Last Birthday | 4b. Under 1 Year | 4c. Under 1 Day | 5. Social Security Number | 6. County of Death | | |
| F | 69 | Months | Days | | Hood River | | |
| 7. Birthdate (mm/dd/yyyy) | | 8a. Birthplace (City/Town, or County) | | 8b. (State or Foreign Country) | | 9. Decedent's Education | |
| 04/06/1937 | | Honolulu | | Hawaii | | HS Degree | |
| 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| No | | | | White | | | |
| 13. Residence: Number and Street (e.g., 824 SE 5th Street, Apt. No. 8) | | | | 14. City/Town | | | |
| 1101 Kollock Knapp Road | | | | Underwood | | | |
| 15. Residence County | | | | 17. Zip Code + 4 | | 18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| Skamania | | | | Washington | | | |
| 19. Marital Status at Time of Death | | | | 20. Spouse's Name (If married or widowed, give name (Title to first marriage).) | | | |
| Divorced | | | | | | | |
| 21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.") | | | | 22. Kind of Business/Industry (DO NOT USE COMPANY NAME) | | | |
| Lab Technician | | | | Laboratory | | | |
| 23. Father's Name (First, Middle, Last, Suffix) | | | | 24. Mother's Name Prior to First Marriage (First, Middle, Last) | | | |
| Harry R. Allen, Jr. | | | | Euphrosine Basita | | | |
| 25. Informant's Name | | 26. Telephone Number | 27. Relation to Decedent | 28. Mailing Address (Number & Street, City/Town, State, Zip + 4) | | | |
| Heidi Diestelhorst | | 509-493-1769 | Daughter | 1101 Kollock Knapp Rd. Underwood, WA 98651 | | | |
| 29. Place of Death | | 30. Facility Name | | 31. Location of Death (plus address) | | | |
| Nursing Home | | Hood River Care Center | | Hood River | | | |
| 32. Location of Death (plus address) | | 33. State | | 34. Zip Code + 4 | | | |
| 729 Henderson | | OR | | 97031 | | | |
| 35. Method of Disposition | | 36. Place of Disposition (Name of cemetery, crematory or other place) | | 37. Location | | | |
| Cremation | | Columbia River Crematory | | White Salmon, Washington | | | |
| 38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) | | | | | | | |
| Gardner Funeral Home PO Box 390 White Salmon, WA 98672 | | | | | | | |
| 39. Date of Disposition (mm/dd/yyyy) | | 40. Funeral or Cremation Service | | 41. OR License Number | | | |
| 08/10/2006 | | | | 3801 | | | |
| 42. Registrar's Signature | | 43. Date Received (mm/dd/yyyy) | | 44. License Number | | | |
| [Signature] | | August 10, 2006 | | 10322006 | | | |
| 45. Record Amendment | | | | | | | |
| 46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| 47. Autopsy? | | 48. Were autopsy findings available to complete the cause of death? | | 49. Time of Death | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 1450 | | | |
| 50. 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. | | | | | | | |
| CAUSE OF DEATH (see instructions and examples) | | | | | | | |
| Final disease or condition resulting in death → IMMEDIATE CAUSE - | | | | | | | |
| Due to (or as a consequence of) → metastatic breast cancer | | | | | | | |
| Due to (or as a consequence of) → | | | | | | | |
| Due to (or as a consequence of) → | | | | | | | |
| Due to (or as a consequence of) → | | | | | | | |
| 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: | | | | | | | |
| 52. 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 | | | | | | | |
| 53. If Female | | | | | | | |
| <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death | | | | | | | |
| 54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 55. Date of Injury (mm/dd/yyyy) | | 56. Time of Injury | | 57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| | | | | | | | |
| 59. Location of Injury (Number & Street, City/Town, State, Zip + 4) | | | | | | | |
| 60. Describe how injury occurred. | | | | | | | |
| 61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | | | | | |
| 62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4) | | | | | | | |
| Miriam Rauch 849 Pacific Ave. Hood River, OR 97031 | | | | | | | |
| 63. Name and Title of Attending Physician if Other than Certifier | | | | | | | |
| 64. Title of Certifier M.D. | | | | | | | |
| 65. License Number | | 66. Date Certified (mm/dd/yyyy) | | 67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. | | | |
| MD24500 | | 08/09/2006 | | 68. Medical Examiner - 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. | | | |
| 69. Record Amendment | | | | | | | |

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE HOOD RIVER COUNTY REGISTRAR.

DATE ISSUED:

AUG 10 2006

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

ANGELA YOUNGTON
COUNTY REGISTRAR

HOOD RIVER COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LEGAL DESCRIPTION OF PROPERTY SITUATED IN UNINCORPORATED
SKAMANIA COUNTY

The South 255 feet of the East Half of the northeast Quarter of the Southwest Quarter (E 1/2 NE 1/4 SW 1/4) of Section 20, Township 3 North, Range 10 E. W. M.; EXCEPT the east 20 rods thereof,

ALSO: The East Half of the Southeast Quarter of the Southwest Quarter (E 1/2 SE 1/4 SW 1/4) of Section 20, Township 3 North, Range 10 E. W. M.; EXCEPT the east 20 rods thereof AND EXCEPT that portion thereof lying Southerly of County Road No. 130 designated as the Kollock Knapp Road.

Skamania County Assessor
Date 12-12-12 Parcel # 3-16-20-1700
[Signature]

Unofficial
Copy

Article Five

Appointment Of My Personal Representative

I appoint the following to be my personal representative:

HEIDI F. DIESTELHORST

LEGAL DESCRIPTION OF PROPERTY SITUATED IN UNINCORPORATED SKAMANIA COUNTY

The South 255 feet of the East Half of the northeast Quarter of the Southwest Quarter (E 1/2 NE 1/4 SW 1/4) of Section 20, Township 3 North, Range 10 E. W. M.; EXCEPT the east 20 rods thereof,

ALSO: The East Half of the Southeast Quarter of the Southwest Quarter (E 1/2 SE 1/4 SW 1/4) of Section 20, Township 3 North, Range 10 E. W. M.; EXCEPT the east 20 rods thereof AND EXCEPT that portion thereof lying Southerly of County Road No. 130 designated as the Kollock Knapp Road.

Skamania County Assessor
Date 12-12-12 Parcel 3-16-20-1700
[Signature]

Article Twelve

The Resignation, Replacement, And Succession Of My Trustees

Section 1. The Resignation of a Trustee

Any Trustee may resign by giving thirty days written notice to me or to my legal representative. If I am not living, the notice shall be delivered to the Trustees, if any, and to all of the beneficiaries then eligible to receive mandatory or discretionary distributions of net income from any trust created under this agreement.

If a beneficiary is a minor or is legally incapacitated, the notice shall be delivered to that beneficiary's legal representative.

Section 2. The Removal of a Trustee

Any Trustee may be removed by me as follows:

a. Removal by Me

I reserve the right to remove any Trustee at any time.

b. Notice of Removal

I need not give any Trustee being removed any reason, cause or ground for such removal.

Notice of removal shall be effective when made in writing either by:

Personal delivery to the Trustee and securing a written receipt, or

Mailing notice in the United States mails to the last known address of the Trustee by certified mail, return receipt requested.

Section 3. Replacement of Trustees

Trustees shall be replaced in the following manner:

a. The Death or Disability of a Cotrustee While I am a Trustee

I may serve as a sole Trustee or I may name any number of Cotrustees to serve with me. If a Cotrustee subsequently dies, resigns, becomes

legally incapacitated, or is otherwise unable or unwilling to serve as a Cotrustee, I may or may not fill the vacancy, as I choose.

b. My Trustees Upon My Disability

During any period that I am disabled, the following disability Trustee shall replace my initial Trustee:

HEIDI F. DIESTELHORST

If a disability Trustee is unwilling or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor disability Trustees in the order in which their names appear:

1. THEODORE N. DIESTELHORST
2. ERIC A. DIESTELHORST

c. My Trustees Upon My Death

On my death, the following death Trustee shall replace my initial Trustee, if they are then serving, or my disability Trustee, if she is then serving:

HEIDI F. DIESTELHORST

If a death Trustee is unwilling or unable to serve or cannot continue to serve for any other reason, then the following shall be named as successor death Trustees in the order in which their names appear:

1. THEODORE N. DIESTELHORST
2. ERIC A. DIESTELHORST

d. Successor Trustees

If a successor Trustee is unwilling or unable to serve during the period in which I am disabled or after my death, the next following successor Trustee shall serve until the successor Trustees so named have been exhausted.

A Trustee may be listed more than once in this Section 3 or an initial Trustee may also be named as a disability Trustee or a Trustee who will serve upon my death. Naming a Trustee more than once is done as a convenience only and is not to be construed as a termination of that Trustee's trusteeship.

e. Unfilled Trusteeship

In the event no named Trustees are available, a majority of the beneficiaries then eligible to receive mandatory or discretionary distributions of net income under this agreement shall forthwith name a corporate fiduciary.

If a majority of the beneficiaries then eligible to receive mandatory or discretionary distributions of net income under this agreement cannot agree on a corporate fiduciary, any beneficiary can petition a court of competent jurisdiction, ex parte, to designate a corporate fiduciary as Trustee.

The court that designates the successor Trustee shall not acquire any jurisdiction over any trust created under this agreement, except to the extent necessary to name a corporate fiduciary as a successor Trustee.

Section 4. Corporate Fiduciaries

Any corporate fiduciary named in this trust agreement or appointed by a court of competent jurisdiction as a Trustee must be a bank or trust company situated in the United States having trust powers under applicable federal or state law.

Section 5. Powers and Liabilities of Successor Trustees

Any successor Trustee, whether corporate or individual, shall have all of the rights, powers and privileges, and be subject to all of the obligations and duties, both discretionary and ministerial, as given to the original Trustees.

Any successor Trustee shall be subject to any restrictions imposed on the original Trustees.

No successor Trustee shall be required to examine the accounts, records and acts of any previous Trustees. No successor Trustee shall in any way be responsible for any act or omission to act on the part of any previous Trustees.

Specific Distribution Schedule

Section 1. Distributions of Real Estate to HEIDI F. DIESTELHORST

Upon my death, my Trustee shall distribute to my Daughter, HEIDI F. DIESTELHORST, the following described real estate:

100.00% of real property commonly known as:

M.P. 1.07L Kollock-Knapp Road
Underwood, WA, 98651

Legal Description:

a. Distribution on the Death of HEIDI F. DIESTELHORST

If HEIDI F. DIESTELHORST should die before the complete distribution of her trust share, her trust shall terminate and my Trustee shall distribute the balance of the trust property to her then living descendants, per stirpes.

If HEIDI F. DIESTELHORST has no then living descendants, my Trustee shall distribute the balance of the trust property to my then living descendants, per stirpes.

If I have no then living descendants, my Trustee shall distribute the balance of the trust property as provided in Article Nine of this agreement.