



7. Type of Trust:

- ☐ Revocable, with person(s) having power to revoke, amend or modify as follows:
- ☐ Grantors, settlors, trustors or other creator(s) of Trust;
- ☐ Other person(s) having power to revoke, amend or modify: none;

☒ Irrevocable (includes testamentary trust):

GEORGE A. BROWN passed away March 7, 2010. A certified copy of his death certificate is attached as EXHIBIT A;

WILLIAM A. BROWN resigned as trustee effective February 5, 2014. A certified copy of his resignation is attached as EXHIBIT B;

8. Manner in which title to Trust assets is held: SHARREN A. [BROWN] JONES, Trustee of the ESTHER L. BROWN SUPPLEMENTAL NEEDS TRUST PURSUANT TO LAST WILL AND TESTAMENT OF GEORGE A. BROWN dated September 8, 2009;

9. Name of initial Trustee(s): WILLIAM A. BROWN;

10. Name and address of each currently acting Trustee:

SHARREN A. [BROWN] JONES  
4416 NE 58th St  
Vancouver WA 98661;

11. Names of each successor Trustee (as named in Trust document or, if applicable, named in accordance with Trust document); DAVID E. BROWN;

12. The currently acting Trustee(s) named above is all the currently acting Trustee(s) and is duly qualified under applicable law to act as Trustee(s);

13. Under the terms of the Trust document:

☒ Each Trustee is authorized to act independently on behalf of the Trust and without the consent of any other Trustee or person;

☐ The Trustee(s) is/is not authorized to act independently, but instead as follows:

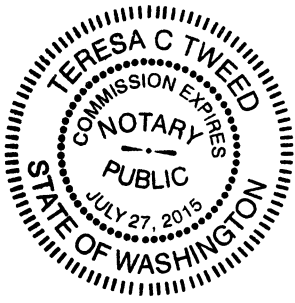
☐ All trustees must act, and the signatures of all Trustees are required.

☐ Any \_\_\_\_\_ [number] of Trustees may act, and the signature of any \_\_\_\_\_ [number] of Trustees is required;

- 14. The Trustees are subject to the following restrictions in dealing with assets of the Trust (if none, so indicate): None; and
- 15. As of the date executed, the Trust is in full force and effect and has not been revoked, modified or amended or modified in any manner that causes the representations in this Certificate of Trust to be inaccurate or incorrect.

Sharren A. Jones  
SHARREN A. [BROWN] JONES

Subscribed and sworn to before me on APR 11, 2014.



Teresa C Tweed  
Notary Public  
PRINTED NAME: Teresa C Tweed  
My appointment expires July 27 2015  
Residing at Vancouver

PHELAN WEBBER & ASSOCIATES P.S.  
Attorneys at Law  
502 E McLoughlin Blvd  
Vancouver WA 98663-3357  
360 696-2069 • 503 243-7810

J:\MMP\Clients A-L\Brown Supplemental Needs Trust\Sharren A. Jones\2014\trustee cert trust for recording.wpd



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number <b>556</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any): First Middle LAST			2. Death Date		
<b>George Alfred Brown</b>			<b>March 7, 2010</b>		
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
<b>Male</b>	<b>88</b>	Months Days	Hours Minutes	<b>Redacted 18288</b>	<b>Clark</b>
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
<b>Sept 21, 1921</b>	<b>Dixon</b>	<b>Montana</b>		<b>8th grade</b>	
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? Yes
<b>No</b>			<b>White</b>		<b>Yes</b>
13a. Residence: Number and Street (e.g., 824 SE 5 <sup>th</sup> St.) (Include Apt. No.)			13b. City or Town		
<b>132 NE Sheppard Ave.</b>			<b>Stevenson</b>		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<b>Skamania</b>			<b>Washington</b>	<b>98642</b>	
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)	
<b>50 years</b>		<b>Married</b>		<b>Esther Louise Miller</b>	
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)		
<b>Co-plant worker</b>			<b>Logging</b>		
19. Father's Name (First, Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First, Middle, Last)		
<b>Fred Brown</b>			<b>unk</b>		
21. Informant's Name		22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip		
<b>Esther Brown</b>		<b>Wife</b>	<b>132 NE Sheppard Ave. Stevenson Washington 98642</b>		
24. Place of Death, if Death Occurred in a Hospital:			25. Facility Name (If not a facility, give number & street or location)		
<b>Hospital-inpatient</b>			<b>Southwest Washington Medical Center</b>		
26. City, Town, or Location of Death			26b. State	27. Zip Code	
<b>Vancouver</b>			<b>WA</b>	<b>98664</b>	
28. Method of Disposition			29. Place of Final Disposition (Name of cemetery, crematory, other place)		
<b>Burial</b>			<b>Lincoln Memorial Park</b>		
30. Location-City/Town, and State			31. Name and Complete Address of Funeral Facility		
<b>Portland Oregon</b>			<b>Lincoln Memorial Park &amp; Funeral Home, 11801 SE Mt. Scott Blvd OR 97266</b>		
32. Date of Disposition			33. Funeral Director Signature		
<b>March 12, 2010</b>			<i>[Signature]</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) → <b>Acute Cardiorespiratory Arrest</b> Interval between Onset & Death <b>minutes</b>					
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>Acute Ischemic Cardiovascular Accident</b> Interval between Onset & Death <b>hours</b>					
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 <b>Myocardial Infarction</b>					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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			46. Describe how injury occurred		
City or Town: County: State: Zip Code + 4:			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 causes 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 causes and manner stated.		
<b>Mark Conley</b>			<b>Mark Joseph Place</b>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)			50. Hour of Death (24hrs)		
<b>Mark Joseph Place MD 400 Mark Joseph Place</b>			<b>1509</b>		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)			52. Date Signed (MM/DD/YYYY)		
<b>Brett Jensen MD</b>			<b>3/5/2010</b>		
53. Title of Certifier		54. License Number		55. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Medical Director</b>		<b>MD00023585</b>			
57. Registrar Signature			58. Date Received		
<i>[Signature]</i>			<b>MAR 10 2010</b>		
59. Amendments <b>AFC #42 - 03-23-2010</b>					



EXHIBIT **A**  
PAGE **1** OF **2**  
DOH/CHS 203 Rev 07/09/07

DOH 000011/13



### Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
(360) 236-4300

STATE OFFICE USE ONLY

State File Number

Fee Number

Initials

Date

Affidavit Number

Use the section below for requesting any changes on the record

Record Type:

☐ Birth

☐ Death

☐ Marriage

☐ Dissolution

1. Name on record:

2. Date of Event:

3. Place of Event:

4. Father/Parent Full Birth Name

5. Mother/Parent Full Birth Name

The record is incorrect or incomplete as follows:

The record now shows:

The true fact is:

6.

7.

8.

9.

10.

11.

12.

13.

14. I represent the person as:

☐ Self

☐ Parent

☐ Guardian

☐ Informant

Telephone Number:

☐ Funeral Director

☐ Other (Specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:

16. Date:

17. Address:

(Printed Name)

All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit. We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record

Certificate of Naturalization

Military Record (DD-214)

Passport

Numident Report (Social Security Administration)

Marriage/Divorce Record

Life Insurance Policy

Hospital/Medical Record

Voter's Registration Card (if it bears an effective date)

School Transcripts (Official)

Alien Registration (front and back)

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.

2. 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.

3. **Child under 18**

- Only parent(s) or legal guardian can change the birth certificate.
- Guardian must submit certified court order giving them authority to act on behalf of child(ren).
- Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
- Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
- To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.

4. **Adult (18 years or older)**

- Only the adult themselves can change the birth certificate.
- If the first or middle name is absent, three pieces of documentary proof are required.
- If the first, middle and/or last name is misspelled, two pieces of documentary proof are required.
- To correct parent's birth date, place of birth, or name, one documentary proof is required.
- Proof must be five (or more) years old or have been established within five years of birth.

4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.

2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates:

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.

2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 August 2013

CERTIFIED

EXHIBIT A  
PAGE 2 OF 2

BY: \_\_\_\_\_  
MAR 27 2014

MAR 27 2014  
  
Alan Melnick  
Health Officer  
Clark County Public Health

RECEIVED

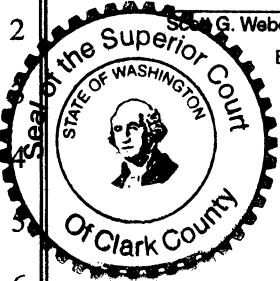
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STATE OF WASHINGTON }  
COUNTY OF CLARK } ss.  
I, Scott G. Weber, County Clerk and Clerk of the Superior Court of  
Clark County, Washington, DO HEREBY CERTIFY that this  
document, consisting of 2 page(s), is a true and correct  
copy of the original now on file and of record in my office and, as  
County Clerk, I am the legal custodian thereof.  
Signed and sealed at Vancouver, Washington this date:  
4/1/14  
\_\_\_\_\_  
Scott G. Weber, County Clerk  
By J. J. J. J. Deputy



FILED  
2014 MAR 26 AM 10:10  
SCOTT G. WEBER, CLERK  
CLARK COUNTY

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR CLARK COUNTY

In Re the Estate of: ) No. 10 4 00313 5  
)  
)  
GEORGE A. BROWN, ) RESIGNATION OF TRUSTEE  
Deceased )  
\_\_\_\_\_ )

I, WILLIAM A. BROWN, Trustee, under the ESTHER L. BROWN  
SUPPLEMENTAL NEEDS TRUST PURSUANT TO LAST WILL AND TESTAMENT  
OF GEORGE A. BROWN dated September 8, 2009 hereby resign as Trustee and consent  
to the appointment of SHARREN A. [BROWN] JONES as Successor Trustee under  
ARTICLE 2.2 of the LAST WILL AND TESTAMENT OF GEORGE A. BROWN dated  
September 8, 2009, and waive notice of the acceptance of the position of trustee pursuant  
to RCW 11.98.072.  
02-05-14, 2014.  
William A Brown  
WILLIAM A. BROWN  
Trustee

STATE OF WASHINGTON )  
) ss.  
County of Clark )

I certify that I know or have satisfactory  
evidence that WILLIAM A. BROWN signed this  
instrument, on oath stated that he was authorized to  
execute the instrument and acknowledged it as the  
Trustee for the ESTHER L. BROWN  
SUPPLEMENTAL NEEDS TRUST PURSUANT

EXHIBIT B  
PAGE 1 OF 2

RESIGNATION OF TRUSTEE - 1  
J:\MMP\Clients A-L\Brown Probate\William A. Brown, PR2014\Resignation Trustee.wpd

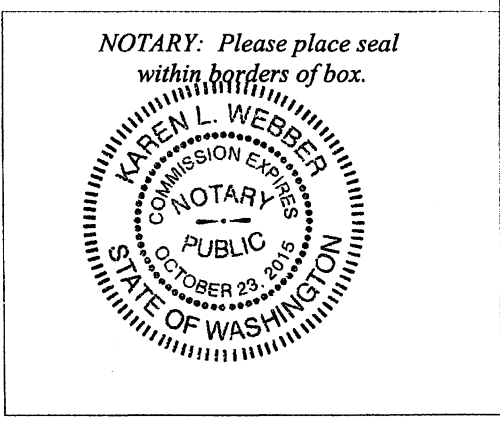
PHELAN WEBBER & ASSOCIATES P.S.  
Attorneys at Law  
502 E McLoughlin Blvd  
Vancouver WA 98663-3357  
360 696-2069 • 503 243-7810

PMC

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1 TO LAST WILL AND TESTAMENT OF GEORGE  
2 A. BROWN dated September 8, 2009, to be the free  
3 and voluntary act of such party for the uses and  
4 purposes mentioned in the instrument.

5 DATED: 2/5/14  
6 Karen L. Webber  
7 Notary Public  
8 Printed Name: Karen L. Webber  
9 My Appointment Expires: 10-23-15  
10 Residing at: Vancouver WA



11 Prepared and presented by:  
12 PHELAN WEBBER & ASSOCIATES P.S.

13 Karen L. Webber  
14 KAREN L. WEBBER, WSBA #34884

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25 EXHIBIT B  
26 PAGE 2 OF 2