AFN #2018002460 Recorded Dec 17, 2018 01:04 PM DocType: LW&T Filed by: Brett Robison Page: 1 of 8 File Fee: \$106.00 Auditor Robert J. Waymire Skamania County, WA

Brett Robison
Po Box 1292
STevenson, MA
98648

Last Will and Testament of Brett Thomas Robison

AFN #2018002460 Page: 2 of 8

DECLARATIONS

This is my Will. I revoke all prior Wills and Codicils.

I live in Stevenson, Washington.

My marital status is Married. The date of my marriage was September 5, 1987.

My spouse is Deborah Ann Robison.

My children now living are: Anna Elise Robison and Kathleen Brielle Robison.

NOMINATION OF EXECUTOR

2.1. Executor/Personal Representative. I nominate the individual or bank or trust company named below as First Choice as Executor, to carry out the instructions in this Will. No bond or other security of any kind will be required of any party acting in any fiduciary capacity for my estate and/or any trust created through my will.

I grant to my Executor the following powers:

- 1. The power to exercise all powers of an absolute owner of property;
- 2. The power to retain, sell at public or private sale, exchange, grant options on, invest and reinvest, and otherwise deal with real or personal property;
- 3. The power to borrow money and pledge any property to secure loans;
- 4. The power to divide and distribute property in cash or in kind;
- 5. The power to compromise and release claims with or without consideration;
- The power to pay my legally enforceable debts, funeral expenses, expenses of last illness, and all expenses in connection with the administration of my estate and the trusts created by my Will;

AFN #2018002460 Page: 3 of 8

- 7. The power to employ attorneys, accountants and other persons for services or advice, and;
- 8. Any additional powers conferred upon executors wherever my Executor may act.

If the First Choice does not serve, then I nominate the Second Choice to serve.

My First Choice is Deborah Ann Robison.

My Second Choice is Tina L Fite.

Initial:

BR

DISPOSITION OF PROPERTY

3.1. Residuary Estate. I leave my residuary estate, after the payment of any estate tax, as follows, and I initial my name in the box after each gift.

I leave all of my residuary estate to my spouse, if my spouse survives me; otherwise in equal shares to my children who survive me and to the descendants of any deceased child.

Initial:

Br

GENERAL PROVISIONS

4.1. Severability. If any provisions of this Will are deemed unenforceable, the remaining provisions will remain in full force and effect.

AFN #2018002460 Page: 4 of 8

WILLMAKER

I sign my name to this Will at <u>STEVENSON</u> (City) in the State of <u>Wasling Ton</u> (State).

	11-30-18	
SIGNATURE OF WILLMAKER	DATE	1

I have told the persons listed as "First Witness" and "Second Witness" that this is my will, and asked them to be my witnesses.

SIGNATURE OF WILLMAKER DATE

WITNESSES

Each of us declares under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- 1. On the date written below the maker of this Will declared to us that this instrument was the maker's Will and requested us to act as witnesses to it;
- 2. This Will consists of 4 pages, including the witness signature page.
- 3. We understand this is the maker's Will;
- 4. The maker signed this Will in our presence, all of us being present at the same time;
- 5. We now, at the maker's request, and in the maker's and each other's presence, sign below as witnesses;
- We believe the maker is of sound mind and memory;
- 7. We believe that this Will was not procured by duress, menace, fraud or undue influence;

- 8. We will not receive assets under this Will;
- 9. The maker is age 18 or older; and
- 10. Each of us is now age 18 or older, is a competent witness, and resides at the address set forth after his or her name.

set forth after his or her	name.	
DAVIO CHANEY	Joson Langman	Corlos Genzalez
NAME OF FIRST WITNESS	NAME OF SECOND WITNESS	NAME OF THIRD WITNESS
2005 NW Willow Dr.	19420 85 200 57	478 53 rz 56.
Camers WA 98607	Apt 14 Camos WA	Oushersal, MA 98671
ADDRESS OF FIRST WITNESS	ADDRESS OF SECOND WITHERS	ADDRESS OF THIRD WITNESS
11-30-2018	11-36-18	11-30-18
DATE	DATE	DATE
Dail Chang	1 Jan men	
SIGNATURE OF FIRST WITNESS	SIGNATURE OF SECOND WITNESS	SIGNATURE OF THIRD WITNESS

AFN #2018002460 Page: 6 of 8

SELF-PROVING AFFIDAVIT OF WITNESS

STATE OF W	a shington_	
COUNTY OF _	ska manja	

I, Breat Robi son (name), the Testator, sign my name to this instrument this 30^{7h} day of November, 2010, and being duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my last will and that I sign it willingly (or willingly direct another to sign for me), that I execute it as my free and voluntary act for the purposes therein expressed, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

10/1		(Signature of Testator)
BreTT	Robison	(Printed name of Testator)
PO B07	1292	(Address of Testator, Line 1)
STEVEN 30	n, WA 98648	(Address of Testator, Line 2)
We,	(name) and	(name), the
Witnesses abovement	ioned, sign our names to th	is instrument, and, being duly sworn,
do hereby declare to t	he undersigned authority t	hat the Testator signs and executes this
instrument as the Test	tator's last will and that the	Testator signs it willingly (or willingly
directs another to sign	n for him), and that each of	us, in the presence and hearing of the

AFN #2018002460 Page: 7 of 8

Testator, hereby signs this will as Witness to the Testator's signing, and that to the best of our knowledge the Testator is 18 years of age or older, of sound mind, and under no constraint or undue influence. In our respective opinions and to the best of our knowledge, the Testator was able to read, write and speak in the English language, and was not suffering from any defect of sight, hearing or speech, or from any other physical or mental impairment which would affect their capacity to make a valid will.

(Signature of First Witness)
(Printed name of First Witness)
(Address of First Witness, Line 1)
_(Address of First Witness, Line 2)
_(Signature of Second Witness)
_(Printed name of Second Witness)
_(Address of Second Witness, Line 1)
_ (Address of Second Witness, Line 2)

AFN #2018002460 Page: 8 of 8

Subscribed, sworn to and acknowledged before me by Brett Robison (name), the Testator and subscribed and sworn to before me by David Chancy (name) and Langman (name), Witnesses, this 30 day of Unester, 2018.

(Seal)

TAMI J STRUNK
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 1, 2020

(Signature of Notarial Officer)

Notary Public for the State of Washington

My commission expires: August 1, 2020