

MC1396.11385

SEND TAX STATEMENTS TO:  
KAREN FLORY

15614 MARION WAY NE  
DUVALL, WA 98019

AMERITITLE has recorded this  
Instrument by request as an accommodation only,  
and has not examined it for regularity and sufficiency  
or as to its effect upon the title to any real property  
that may be described therein.

2014-006326

Klamath County, Oregon

06/16/2014 08:53:12 AM

Fee: \$142.00

FILED FOR RECORD AT THE REQUEST OF:

James R. Ihnot  
610 Market Street, Suite 100  
Kirkland, WA 98033

**INFORMATION FOR RECORDER:**

**DOCUMENT TITLE:** PERSONAL REPRESENTATIVE'S DEED

**REFERENCE NUMBERS:** NOT APPLICABLE

**GRANTOR:** KAREN FLORY, PERSONAL REPRESENTATIVE FOR THE ESTATE OF  
MARGARET ANN RUE; KAREN FLORY, HEIR AND LINDA MOLINA, HEIR  
**GRANTEE:** KAREN FLORY, A MARRIED WOMAN AS HER SEPARATE ESTATE; LINDA  
MOLINA, A MARRIED WOMAN AS HER SEPARATE ESTATE

**ABBREVIATED LEGAL DESCRIPTION:**

**TAX PARCEL NUMBERS:**

**PERSONAL REPRESENTATIVE'S DEED**

1. GRANTOR: NONINTERVENTION POWERS. The undersigned Grantor, KAREN FLORY, is the duly appointed, qualified and acting Personal Representative of the Estate MARGARET ANN RUE, who died on February 18, 2014. Grantor was appointed Personal Representative of the Estate in the Superior Court of the State of Washington for King County, under Cause No. 14-4-01844-1SEA. By order entered on March 27, 2014, in the probate proceedings, Grantor was granted non-intervention powers and is authorized to settle the Estate without further court intervention or supervision.
2. GRANTORS KAREN FLORY AND LINDA MOLINA: Grantors KAREN FLORY, a married woman as her separate estate, and LINDA MOLINA, a married woman as her separate estate, are the sole heirs of MARGARET ANN RUE.

Personal Representative's Deed - 1

142.00

3. DESCRIBED PROPERTY. Included among the property of the Estate of MARGARET ANN RUE was her interest in the real property described as follows ("Described Property"), being parcel numbers R281242 and R281313:

See Exhibit A incorporated by this reference as though set forth in full.

4. CONVEYANCE OF DECEDENT'S INTEREST IN DESCRIBED PROPERTY.

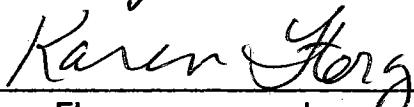
Grantors for good and valuable consideration in hand paid, hereby bargains, sells and conveys to Karen Flory, a married woman as her separate estate and to Linda Molina, a married woman as her separate estate, as tenants in common, the Decedent's entire interest in the Property legally described in Exhibit A and made a part hereof.

REPRESENTATIONS: The Grantors attach the Death Certificate of MARGARET ANN RUE; her Last Will and Testament and Affidavit of Heirship, all of which are incorporated by this reference as though set forth in full.

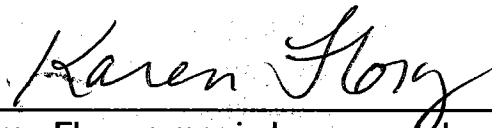
5. LIMITATION OF COVENANTS. The Grantor, for itself and for its successors in interest do by these presents expressly limit the covenants of the deed to those herein expressed, and exclude all covenants arising or to arise by statutory or other implication, and do hereby covenant that against all persons whosoever lawfully claiming or to claim by, through or under said Grantor and not otherwise, and will forever warrant and defend the said described real estate.

6. TITLE REPORT. Grantees accept this deed without a title report.

Dated: May 24, 2014.



Karen Flory, as personal representative of the Estate of Margaret Ann Rue, Deceased.

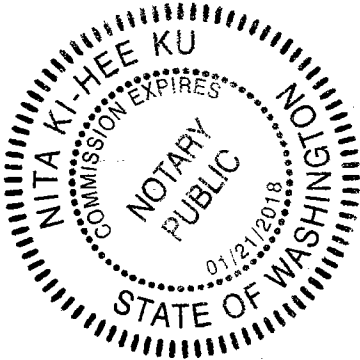


Karen Flory, a married woman as her separate estate



STATE OF WASHINGTON )  
 ) ss  
COUNTY OF KING )

On this day before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Karen Flory to me known to be the individual that executed the foregoing instrument, and acknowledged it to be her free and voluntary act for the uses and purposes therein mentioned and on oath stated that she is authorized to execute the said instrument.



DATED this 31 day of May, 2014.

PRINT NAME: NITA KU  
NOTARY PUBLIC for the State of Washington  
Residing at: Redmond, WA  
My commission expires: 01/21/2018

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF KING )

On this day before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Karen Flory to me known to be the individual that executed the foregoing instrument, and acknowledged it to be her free and voluntary act for the uses and purposes therein mentioned and on oath stated that she is authorized to execute the said instrument.



DATED this 31 day of May, 2014.

PRINT NAME: NITAKU  
NOTARY PUBLIC for the State of Washington  
Residing at: Redmond, WA  
My commission expires: 01/21/2018

## Exhibit A

LOTS 11 AND 12, BLOCK 31, OREGON PINES, AS SAME AS SHOWN ON  
PLAT FILED JUNE 30, 1969, DULY RECORDED IN THE OFFICE OF THE  
COUNTY RECORDER OF SAID COUNTY.

Parcel Numbers R281242 and R281313.

1. We make this declaration based on personal knowledge and we are competent to testify in the matter stated herein.
2. Margaret Ann Rue was our mother and she passed away on February 18, 2014. A copy of the decedent's death certificate is attached as Exhibit A and incorporated by this reference as though set forth in full. A copy of the Last Will and Testament is attached as Exhibit B and incorporated by this reference as though set forth in full.
3. Margaret Ann Rue made a Last Will and Testament dated July 15, 2004; the original is filed with the Superior Court of the State of Washington in and for King County. The Last Will and Testament of Margaret Ann Rue was admitted to probate on March 25, 2014, by the Superior Court of the State of Washington in and for King County under Cause No. 14-4-01844-1 SEA.
4. The Estate is not being probated in the State of Oregon.
5. The Will provides that the entire estate, residue and residuary estate, both real and personal property, goes to her sole surviving heirs. The sole heirs names, relationships, and residence addresses of Margaret Ann Rue are as follows:

- a. Karen Flory, daughter, 15614 Marion Way Northeast, Duvall, Washington 98019.
- b. Linda Molina, daughter, 2043 East Garvey Avenue North, West Covina, California 91791.

6. Margaret Ann Rue had no deceased children.
7. Margaret Ann Rue was a resident of the State of Washington on the date of her death and passed away in the State of Washington.
8. Margaret Ann Rue had an interest in real properties ("Subject Property") located in Klamath County, Oregon with Parcel Numbers R281242 and R281313. The subject properties are undeveloped and vacant. See Exhibit C, incorporated by this reference as though set forth in full.
9. All expenses associated with Margaret Ann Rue's death and all claims against Margaret Ann Rue or her estate of any kind or nature have been paid. There are no federal estate taxes or state inheritance taxes due on account of Margaret Ann Rue's death. No general assistance has been received from the Adult and Family Services Division or the Mental Health and Developmental Disability Services Division on behalf of Margaret Ann Rue, and no funds or reimbursements are due and owing to the State or to any other agency. The same is true for the State of Oregon.
10. The purpose of this Affidavit is to induce a title insurance provider and its underwriter to issue a policy of title insurance, and to indemnify it from, for, and against any loss, damage, fees, expense, or other costs that the insurer may incur by reason of issuing such policies without requiring an Oregon probate of Margaret Ann Rue's estate.
11. BY SIGNING THIS AFFIDAVIT, WE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING FACTS ARE TRUE, AND WE AGREE TO INDEMNIFY, DEFEND, AND HOLD THE TITLE INSURER HARMLESS FROM, FOR, AND AGAINST ANY AND ALL CLAIMS, EXPENSES, COSTS, ATTORNEYS FEES, JUDGMENTS, DAMAGES, OR OTHER LOSSES INCURRED, WHETHER OR NOT SUIT OR ACTION IS FILED, AND INCLUDING BUT NOT LIMITED TO ALL COSTS OF ANY KIND OR NATURE, WHETHER NOW KNOWN OR UNKNOWN, ARISING DIRECTLY OR INDIRECTLY FROM THE INACCURACY OF ANY STATEMENT MADE INTENTIONALLY, NEGLIGENTLY OR INNOCENTLY IN THIS AFFIDAVIT. THIS AFFIDAVIT MAY BE SIGNED IN COUNTERPARTS. WE AGREE THAT OUR LIABILITY UNDER THIS INDEMNITY AGREEMENT IS JOINT AND SEVERAL.

DATED this 24<sup>th</sup> day of May, 2014, at Kirkland, Washington.

Karen Flory

Karen Flory

Linda Molina

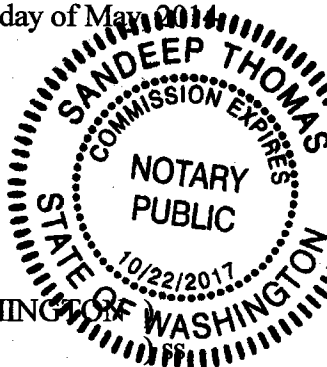
Linda Molina

TITLE OF SIGNED DOCUMENT: Affidavit of Heirship, Inheritance and Ownership

STATE OF WASHINGTON )  
 ) ss  
COUNTY OF KING )

On this day before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Karen Flory to me known to be the individual that executed the foregoing instrument, and acknowledged it to be her free and voluntary act for the uses and purposes therein mentioned and on oath stated that she is authorized to execute the said instrument.

DATED this 24<sup>th</sup> day of May, 2014

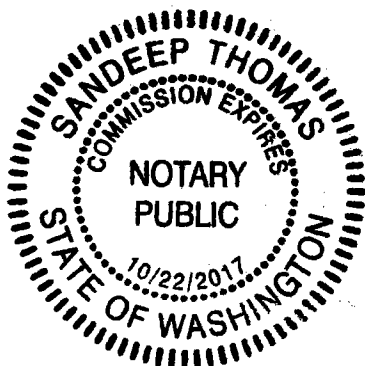


Sandeep Thomas  
PRINT NAME: Sandeep Thomas  
NOTARY PUBLIC for the State of Washington  
Residing at Redmond  
My commission expires 10/22/2017

STATE OF WASHINGTON )  
COUNTY OF KING )

On this day before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Linda Molina to me known to be the individual that executed the foregoing instrument, and acknowledged it to be her free and voluntary act for the uses and purposes therein mentioned and on oath stated that she is authorized to execute the said instrument.

DATED this 24<sup>th</sup> day of May, 2014.





Sandeep Thomas  
PRINT NAME: Sandeep Thomas  
NOTARY PUBLIC for the State of Washington  
Residing at Redmond  
My commission expires 10/22/2017



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## CERTIFIED COPY OF DEATH CERTIFICATE

Local File Number <b>1815</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include MA's & J's) First Middle LAST <b>Margaret Ann Rue</b>			2. Death Date <b>02/18/2014</b>		
3. Sex (M/F) <b>F</b>	4a. Age - Last Birthday <b>87</b>	4b. Under 1 Year Months <b>0</b>	4c. Under 1 Day Hours <b>0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>King</b>
7. Birthdate <b>04/09/1926</b>	8a. Birthplace (City, Town, or County) <b>St. Louis</b>	8b. (State or Foreign Country) <b>Missouri</b>		9. Decedent's Education <b>High School</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify <b>No</b>			11. Decedent's Race(s) <b>Caucasian</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>15614 Maion Way NE</b>				13b. City or Town <b>Duvall</b>	
13c. Residence: County <b>King</b>	13d. Tribal Reservation Name (if applicable) <b>N/A</b>	13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>98019</b>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence <b>10 Years</b>		15. Marital Status at Time of Death <b>Widowed</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>N/A</b>	
17. Usual Occupation (indicate type of work done during most of working life. (Do NOT use RETIRED)) <b>Bookkeeper</b>			18. Kind of Business/Industry (Do not use Company Name) <b>Service</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>John Woolen</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>Verda Spradling</b>		
21. Informant's Name <b>Karen Flory</b>		22. Relationship to Decedent <b>Daughter</b>		23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip <b>15614 Maion Way NE Duvall, WA 98019</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>15614 Maion Way NE</b>			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>Residence</b>		
25. Facility Name (if not a facility, give number & street or location) <b>15614 Maion Way NE</b>			25a. City, Town, or Location of Death <b>Duvall</b>		25b. State <b>WA</b>
25c. Zip Code <b>98019</b>		26. Method of Disposition <b>Removal from State</b>		27. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Rose Hills Memorial Park</b>	
28. Name and Complete Address of Funeral Facility <b>Barton Family Funeral Service 11630 Slater Ave NE Kirkland, WA 98034</b>			29. Date of Disposition <b>02/26/2014</b>		
33. Funeral Director Signature X 					
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) → a. <b>Chronic Kidney disease Stage 5</b> Interval between Onset & Death <b>15 years</b> Due to (or as a consequence of): 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. <b>HYPERTENSION</b> Interval between Onset & Death <b>30 years</b> Due to (or as a consequence of): c. Due to (or as a consequence of): d. Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				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 <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) <b>02/19/2014</b>		42. Hour of Injury (24hrs) <b>12:00</b>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <b>At Work</b>	
44. Injury at Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street <b>15614 Maion Way NE</b>					
46. Describe how injury occurred: <b>Slipped on ice</b>					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)				48. Medical Examiner/Coroner - On the basis of a coroner's and/or investigation, at my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated	
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 <b>Anne Marie Dooley</b>				48b. Medical Examiner/Coroner - On the basis of a coroner's and/or investigation, at my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type in block) <b>Anne Marie Dooley 2015 116th Ave NE Bellevue, WA 98004 425-453-8406</b>				50. Hour of Death (24hrs) <b>2145</b>	
51. Name and Title of Attending Physician if other than Certifier (Type in block) <b>MD</b>				52. Date Signed (mm/dd/yyyy) <b>2/19/2014</b>	
53. Title of Certifier <b>MD</b>		54. License Number <b>MD0000123</b>		55. File Number <b>14-1469</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature 	
58. Date Received (mm/dd/yyyy) <b>FEB 21 2014</b>				59. Amendments	

LAST WILL AND TESTAMENT

OF

MARGARET ANN RUE

I.

PREAMBLE

I, MARGARET ANN RUE, now domiciled in the County of King, State of Washington, declare this to be My Last Will and revoke all former Wills and Codicils.

II.

IDENTIFICATION OF FAMILY

My immediate family now consists of my children, KAREN LEE RUE FLORY and LINDA ANN RUE MOLINA, who are both over the age of eighteen (18) years. I am a single person. The provisions of this Will with respect to my children and their issue shall apply not only to my children named above and their issue, but also to any and all children who may now or hereafter be born to or adopted by me, and their issue, if any. I intentionally make no provision for any of my children identified above except as hereinafter provided in this, my Last Will and Testament.

**EXHIBIT B**

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III.

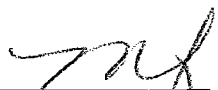
APPOINTMENT OF PERSONAL REPRESENTATIVE

I appoint KAREN LEE RUE FLORY, as personal representative of my estate, but in the event she should be unwilling or unable so to act, I appoint MICHAEL A. FLORY, as personal representative of my estate with full power to act as though he were originally appointed; if he should be unable or unwilling to act then I appoint DIANNA MOYNIHAN as personal representative of my estate with full power to act as through she were originally appointed; if she is unable or unwilling to act then I appoint LINDA ANN RUE MOLINA as personal representative of my estate with full power to act as though she were originally appointed.

IV.

POWERS AND DUTIES OF PERSONAL REPRESENTATIVE

My personal representative shall have the power to act as such without bond and without the intervention of any court with unrestricted nonintervention powers except as may be required under the laws of the State of Washington in the case of nonintervention Wills. My personal representative shall have full power to sell, convey and encumber without notice of confirmation any assets of my estate, real or personal, at such prices and terms as it deems just, to advance funds and borrow money, secured or unsecured, from any source, to mortgage or pledge estate property, to select any part of my estate in satisfaction of any




partition or distribution hereunder in kind or money or both. Such powers may be exercised whether or not necessary for the administration of my estate.

My personal representative during the administration of my estate shall have all investment, management and distributive powers and discretion provided by this Will and by law to my trustee.

V.

**SPECIFIC BEQUEST**

I have given the sum of Sixty-three Thousand Six Hundred Sixty-three Dollars and 35/100 (\$63,663.35) to KAREN LEE RUE FLORY as part of the purchase of the property commonly known as 15614 Manion Way N.E., Duvall, Washington 98019. I acknowledge that the property is only in the name of MICHAEL A. FLORY and KAREN L. FLORY and I have agreed to this arrangement. It is my intent that the sum of Sixty-three Thousand Six Hundred Sixty-three Dollars and 35/100 (\$63,663.35) be considered in exchange for a life estate they are providing for me in their wills. I do not pay for utility services or rent and the money given is in consideration of my residing there and not paying for rent or utilities. I make this gift understanding that life is uncertain. It is my intent that this gift shall not be treated as an advance and has been made and accepted prior to my passing. No adjustment or credit shall be made by my personal representative for this gift. It is



my intent that the remaining assets of my estate be given as set forth below, without consideration of this gift.

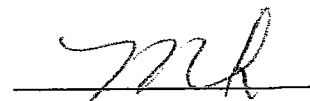
VI.

GENERAL BEQUEST

I give, devise and bequeath all of my property, both real or personal, together with any property over which I may have power of appointment, to my children, KAREN LEE RUE FLORY and LINDA ANN RUE MOLINA, share and share alike. Provided, however, in the event that any child shall predecease me, then I give, devise and bequeath her interest to her direct lineal descendants, and if none, then all of my property, both real and personal to the survivor.

Provided, however, in the event that any beneficiary is under the age of twenty-one (21) years at the date of my death, I give, devise and bequeath his or her interest to KAREN LEE RUE FLORY or LINDA ANN RUE MOLINA, as Trustee, in the event she should be unable or unwilling to act, then I appoint MICHAEL A. FLORY as alternate Trustee, in trust to be held, administered and distributed as follows:

A. The Trustee shall hold the trust estate as a separate trust for any beneficiary and disposed of subject to postponement of possession as provided below so long as any beneficiary is living and under the age of twenty-one (21) years.

A handwritten signature, possibly reading "MFL", is written over a horizontal line.

B. When any beneficiary reaches the age of twenty-one (21) years of age, the trustee shall distribute the assets of the trust to the beneficiary upon attainment of twenty-one (21) years of age. The trustee shall distribute the trust estate to my remaining surviving beneficiaries if a beneficiary does not attain twenty-one (21) years of age.

1. From the income and principal, the trustee shall make discretionary distributions for the care, maintenance, health and education of any beneficiary under the age of twenty-one (21) years and for the care, maintenance, health and education of any beneficiary regardless of age, who is unable to earn a living or who is unable to meet an emergency with which the beneficiary may be confronted.

2. If a beneficiary should die before reaching the age of twenty-one (21) years, the trustee may also make discretionary distributions for the benefit of the descendants of such deceased beneficiary; taking into consideration other income and assets available to them and bearing in mind that the primary beneficiaries of this trust are my beneficiaries.

3. In making distributions, the trustee shall not be required to apportion benefits equally among such beneficiaries but is to take into consideration their respective ages, health, educational requirements, earning capacity and other circumstances affecting them individually.

4. Notwithstanding the above directions, within the limitations of the funds available and considering the requirements of other beneficiaries and descendants, the trustee is authorized to assist each beneficiary, regardless of age, in acquiring a college or trade school and if desired, professional education; provided that all distributions to or for any beneficiary for educational benefits exceeding the ordinary four-year college course, or its equivalent, shall be charged without interest as an advancement against such beneficiaries' share upon subsequent division of the trust.

MLK

VII.

COMPENSATION OF PERSONAL REPRESENTATIVE

It is my intent that the personal representative and trustee shall be paid reasonable compensation considering all of the circumstances including the time, effort, skill and responsibility involved in the performance as personal representative or as trustee of my estate.

VIII.

DEFINITIONS

All references to children and descendants shall include adopted children. Unless some other meaning and intent is apparent from the context, the plurals shall include the singular and vice versa, and masculine, feminine and neuter words shall be used interchangeably.

IX.

PROTECTIVE PROVISION

Neither the income nor the principal of any devise created by this Will shall be alienable by any beneficiary, whether an income beneficiary or remainderman, either by assignment or by any other method, and the same shall not be subject to be taken by his or her creditors or by any representative thereof, by any process whatever, including, but not limited to, proceedings in

YAR

bankruptcy. This provision shall not limit the exercise of any power of appointment or the right to disclaim.

X.

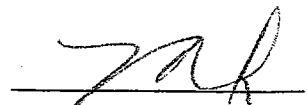
#### TAX PAYMENT CLAUSE

My personal representative shall pay out of the principal of the residue of my estate all estate, transfer, succession, inheritance or other death taxes, together with interest and penalties thereon, assessed by reason of my death, whether attributable to property passing under this Will or outside it.

XI.

#### WILL CONTEST

If any beneficiary or heir at law shall interpose objections to the probate of this Will, or in any other way contest this Will, or otherwise attempt to establish a claim to any portion or portions of my estate or to any right or rights therein as my beneficiary or heir, such person shall forfeit his or her entire interest under this Will, if any, and the gift, bequest or devise made to such person, if any, shall pass as part of the residue of my estate; provided, however, that if such person is a residuary taker, his or her interest shall be divided proportionately among the remaining surviving residuary beneficiaries.

A handwritten signature, possibly reading "Zak", is written over a horizontal line.



**XII.**


**TRAVEL**

Reimbursement of the personal representative for traveling to and from the place of my last residence for the purposes of making arrangements for and the actual transportation costs, including but not by way of limitation, common carrier passenger fare, automobile expense, food and lodging en route and costs of transporting the personal effects and belongings shall be allowed to the personal representative and shall be treated as part of my expense and not has part of the inheritance.

**XIII.**

**WRITTEN LIST**

I may, by written document, prepare a list of personal property and the names and addresses of the persons to whom I want my personal representatives(s) to distribute such assets. I hereby incorporate such writing in this Will by reference and request that my personal representative(s) carry out my written instructions.




XIV.

GOVERNING LAW

Any questions of law regarding the execution of this Will or its effect shall be determined in accordance with the laws of the State of Washington.

DATED this 15<sup>th</sup> day of July, 2004.

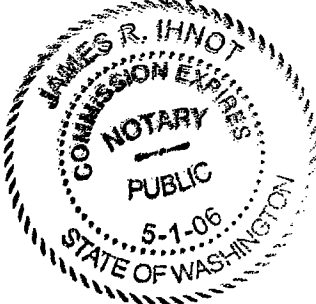
  
MARGARET ANN RUE


STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF KING )


On this 15<sup>th</sup> day of July, 2004, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, appeared MARGARET ANN RUE, who executed the foregoing instrument and acknowledged the said instrument to be her free and voluntary act and deed for the uses and purposes herein mentioned, and on oath stated that she is authorized to execute the said instrument.

Witness my hand and official seal hereto affixed the day and year first above written.

[Seal or stamp]



  
NOTARY PUBLIC in and for the State of  
Washington, residing at Edmonds  
My appointment expires: 5-1-06



This instrument of writing, consisting of 12 ( ) pages, was on this 15<sup>th</sup> day of July, 2004, produced by MARGARET ANN RUE to us, who in our presence acknowledged and declared the same as and to be her Last Will and Testament, and we, at her request and in her presence and in the presence of each other have hereunto subscribed our names as witnesses the day first above written.

Carolyn Innot

Witness

CAROLYN INNOT

Printed Name

Residing at REDMOND

Patricia D. Norton

Witness

PATRICIA D. NORTON

Printed Name

Residing at Seattle, WA

MAH

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )

Each of the undersigned being first duly sworn on oath states that on this 15th day of July, 2004:

1. I am over the age of eighteen years and competent to be a witness to the Will of MARGARET ANN RUE (Testatrix).

2. The Testatrix in my presence and in the presence of the other witness whose signature appears below:

a. Requested the other witness and me to act as witness to her Will and to make this affidavit; and

b. Signed such instrument.

3. I believe the Testatrix to be of sound mind and that in so declaring and signing she was not acting under any duress, menace, fraud or undue influence.

4. The other witness and I in the presence of the Testatrix and of each other now affix our signatures as witness to the Will and make this affidavit.

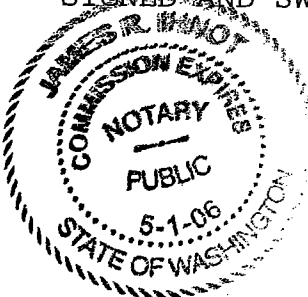
Carolyn J. Hunt  
Signature witness

16615 NE 41st  
Address: Redmond WA 98052

Patricia D. Norton  
Signature witness

P.O. Box 98331  
Address: Seattle, WA. 98198

SIGNED AND SWORN to before me this 15th day of July, 2004.



[Signature]  
NOTARY PUBLIC in and for the  
State of Washington residing  
at Redmond  
My commission expires: 5-1-06

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WRITING PURSUANT TO RCW 11.12.260

TO: My personal representative, or such alternate as may be appointed. Please distribute the following items of tangible personal property to the respective named Beneficiaries:

<u>Item Signed</u>	<u>Location</u>	<u>Shall Be Given To: Beneficiary</u>	<u>Dated</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
MARGARET ANN RUE

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