



00163211201400132960170172

12/29/2014 09:25:55 AM

Fee: \$122.00

**AFFIANT'S QUITCLAIM DEED, ASSIGNMENT, AND BILL OF SALE**

SHELLY M. MARKEE, as trustee of the Blaine A. Markee Living Trust created under trust agreement dated November 12, 2004, and as affiant of the Blaine Alan Markee small estate filed in Jackson County, Oregon, Probate Department No. 14PB01231, Grantor, conveys, quitclaims, and assigns to SHELLY M. MARKEE, as trustee of the Blaine A. Markee Living Trust created under trust agreement dated November 12, 2004, Grantee, all of the interest of Blaine Alan Markee in and to the following described real property situated in Klamath County, Oregon:

1. That certain *Term Special Use Permit for Recreation Residence* issued in the name of June Marie Markee by the United States Department of Agriculture – Forest Service with respect to Lot 9, Block A of the Lake of the Woods tract, Winema National Forest, Klamath County, Oregon, as shown on the approved plat dated 1951, on file in the office of the Forest Supervisor, Klamath Falls, Oregon;
2. The residence, driveway, storage buildings, boat dock, utility systems and all other improvements located on Lot 9, Block A of the Lake of the Woods tract, together with all improvements located off of that Lot which are authorized for use by and available to the holder of the *Term Special Use Permit* with respect to that Lot; and
3. All appliances, furniture and fixtures presently located in and/or affixed to the aforementioned residence and improvements or otherwise presently located on Lot 9, Block A of the Lake of the Woods tract.

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The true consideration for this conveyance is \$0.

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Until a change is requested, all tax statements shall be sent to the following address:

Shelly M. Markee  
705 South Fielding Avenue  
Tampa, Florida 33606


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After recording, return to:

Justine C. Thede  
Thede Culpepper LLP  
111 S.W. Fifth Avenue, Suite 3675  
Portland, Oregon 97204

**BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.**

DATED December 20, 2014.

  
Shelly M. Markee, Grantor

STATE OF FLORIDA                    )  
  )  
COUNTY OF HILLSBOROUGH        )

Sworn to (or affirmed) and signed before me this 20 day of December, 2014, by Shelly M. Markee, as trustee of the Blaine A. Markee Living Trust created under trust agreement dated November 12, 2004, and as affiant of the Blaine Alan Markee small estate filed in Jackson County, Oregon, Probate Department No. 14PB01231.

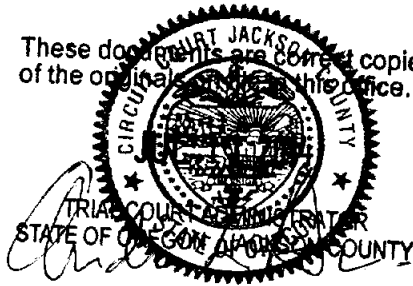


Cynthia Payne Heil  
Notary Public, State of Florida  
Cynthia Heil  
(Print, type, or stamp name of notary public)

Personally Known ✓ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

These documents are correct copies  
of the original on file in this office.



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2014 JUL 11 PM 2:28

JACKSON COUNTY COURTS

IN THE CIRCUIT COURT OF THE STATE OF OREGON

DOCKETED BY: \_\_\_\_\_

FOR THE COUNTY OF JACKSON

14PB01231

Probate Department

In the Matter of the Estate

of

BLAINE ALAN MARKEE,

Deceased.

No.

SMALL ESTATE AFFIDAVIT  
(TESTATE ESTATE)

Filing Fee: \$111  
Citation: ORS 21.145(4)  
Estate Value \$190,000

STATE OF FLORIDA                    )  
  ) ss  
COUNTY OF HILLSBOROUGH )

I, SHELLY M. MARKEE, being first duly sworn, depose and say as follows:

1. I am the claiming successor of the decedent, as trustee of the Blaine A. Markee Living Trust created under trust agreement dated November 12, 2004. My address is 705 South Fielding Avenue, Tampa, Florida 33606, and my telephone number is 813-523-5204. This affidavit in made pursuant to ORS 114.505 to 114.560.

2. Blaine Alan Markee, age 51, social security number 540-58-6099, whose domicile was Hillsborough County, Florida, and whose address was 705 South Fielding Avenue, Tampa, Florida 33606, died October 8, 2011, in Anna Maria, Manatee County, Florida. A certified copy of the decedent's death certificate is attached to this affidavit.

3. A description of all the property of the decedent's estate is as follows:

<u>Real Property</u>	<u>Fair Market Value</u>
Undivided one-third interest in and to Lot Eighteen (18) in Block Two (2) of VERDE HILLS UNIT NO. 1 to the City of Medford, Jackson County, Oregon, according to the official plat thereof, now of record.	\$70,000
Undivided one-third interest in and to the following described assets:	\$120,000
(1) That certain <i>Term Special Use Permit for Recreation Residence</i> issued in the name of June Marie Markee by the United States Department of Agriculture – Forest Service with respect to Lot 9, Block A of the Lake of the Woods tract, Winema National Forest, Klamath County, Oregon, as shown on the approved plat dated 1951, on file in the office of the Forest Supervisor, Klamath Falls, Oregon; and	
(2) The residence, driveway, storage buildings, boat dock, utility systems and all other improvements located on Lot 9, Block A of the Lake of the Woods tract, together with all improvements located off of that Lot which are authorized for use by and available to the holder of the <i>Term Special Use Permit</i> with respect to that Lot; and	
(3) All appliances, furniture and fixtures presently located in and/or affixed to the aforementioned residence and improvements or otherwise presently located on Lot 9, Block A of the Lake of the Woods tract.	
Total	\$190,000

4. No application or petition for the appointment of a personal representative has been granted in Oregon.

5. The decedent died testate. The decedent's will dated November 12, 2004, is attached to this affidavit.

6. The name and address of the sole heir of the decedent are as follows:

<u>Name</u>	<u>Address</u>
Shelly M. Markee	705 S. Fielding Avenue Tampa, Florida 33606

A copy of the decedent's will and a copy of this affidavit showing the date of filing will be delivered or mailed to each heir at the last known address.

7. The name and address of the sole devisee named in the decedent's will are as follows:

<u>Name</u>	<u>Address</u>
Blaine A. Markee Living Trust	705 S. Fielding Avenue Tampa, Florida 33606

A copy of the decedent's will and a copy of this affidavit showing the date of filing will be delivered or mailed to the sole devisee at the last known address.

8. The interest in the decedent's property described in this affidavit to which the sole devisee is entitled is:

<u>Name</u>	<u>Interest</u>
Blaine A. Markee Living Trust	100 percent

9. Reasonable efforts have been made to ascertain creditors of the estate. The expenses of and claims against the estate remaining unpaid or on account of which the affiant or any other person is entitled to reimbursement from the estate, including the known or estimated amounts thereof, and the names and addresses of the creditors, as known to the affiant, are as follows:

<u>Name of Creditor</u>	<u>Address</u>	<u>Nature of Expense/Claim</u>	<u>Known or Estimated Amount</u>
None			

1 A copy of this affidavit showing the date of filing will be delivered or mailed to each creditor  
2 who has not been paid in full at the last known address.

3 10. The name and address of each person known to the affiant to assert a claim  
4 against the estate that the affiant disputes, and the known or estimated amount thereof, are as follows:

	<u>Name</u>	<u>Address</u>	<u>Known or Estimated Amount</u>
5			
6			
7	None		
8			

9 A copy of this affidavit showing the date of filing will be delivered or mailed to each such person  
10 at the last known address.

11 11. Copies of this affidavit showing the date of filing will be mailed or  
12 delivered to the Oregon Department of Human Services, Post Office Box 14021, Salem, Oregon  
13 97309-5024, and to the Oregon Health Authority, (E-02) Temporary, 500 Summer Street, N.E.,  
14 Salem, Oregon 97301.

15 12. Claims against the estate not listed herein or in amounts larger than those  
16 listed herein may be barred unless:

17 a. A claim is presented to the affiant within four months of the filing of this  
18 affidavit to Justine C. Thede, c/o Thede Culpepper Moore Munro & Silliman LLP,  
19 111 S.W. Fifth Avenue, Suite 3675, Portland, Oregon 97204-3604; or

20 b. A personal representative of the estate is appointed within the time  
21 allowed under ORS 114.555.

22 [Remainder of page intentionally left blank]  
23  
24  
25  
26


13. The claim(s), if any, listed in paragraph 10 may be barred unless:

a. A petition for summary determination is filed within four months of the filing of this affidavit; or

b. A personal representative of the estate is appointed within the time allowed under ORS 114.555.

Shelly M Markee  
Shelly M. Markee

Sworn to (or affirmed) and signed before me this 2<sup>nd</sup> day of July 2014,  
2014, by Shelly M. Markee, as trustee of the Blaine A. Markee Living Trust.

*Victoria Mack*  
Notary Public, State of Florida  
  
(Print type, for stamp) *Victoria Mack* Notary Public, State of Florida  
My comm. expires Mar. 8, 2016

Personally Known \_\_\_\_\_ OR Produced Identification ✓

Type of Identification Produced FL DL M 620-793-70-519-0



## OFFICE of VITAL STATISTICS

14PB01231

## FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix)		2. SEX	
Blaine Alan Markee		Male	
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes
December 26, 1959	51		
5. DATE OF DEATH (Month, Day, Year)		October 8, 2011	
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State or Foreign Country)	8. COUNTY OF DEATH	
540-58-6099	Medford, Oregon	Manatee	
9. PLACE OF DEATH (Check only one)			
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			
NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Second Residence			
10. FACILITY NAME (If not institution, give street address)		11a. CITY, TOWN, OR LOCATION OF DEATH	
228 Periwinkle Place		Anna Maria	
12. MARITAL STATUS (Specify)		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		Shelly M. Cenkovich	
14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	
Florida	Hillsborough	Tampa	
14d. STREET ADDRESS	14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS?
705 South Fielding Avenue		33606	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"		15b. KIND OF BUSINESS/INDUSTRY	
Orthopedic Surgeon		Veterans Hospital	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.)			
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe)			
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify)			
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input checked="" type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> No			
<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)			19. WAS DECEDENT EVER IN U.S. ARMED FORCES?
<input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Doctorate			
20. FATHER'S NAME (First, Middle, Last, Suffix)		21. MOTHER'S NAME (First, Middle, Maiden Surname)	
Dr. Alan Sherman Markee		June Marie Wiswell	
22a. INFORMANT'S NAME		22b. RELATIONSHIP TO DECEDENT	
Shelly Marie Markee		Wife	
23a. CITY OR TOWN		23b. STREET ADDRESS	
Tampa		705 South Fielding Avenue	
23c. ZIP CODE		23d. ZIP CODE	
33606		33606	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		25a. LOCATION - STATE	
Garden of Memories Cemetery		Florida	
25b. LOCATION - CITY OR TOWN		25c. LOCATION - CITY OR TOWN	
Tampa		Tampa	
26a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION/DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27a. LICENSE NUMBER (of Licensee)		27b. SIGNATURE OF MEDICAL EXAMINER OR SERVICE LICENSEE OR PERSON ACTING AS SUCH	
FE4183			
28. NAME OF FUNERAL FACILITY		29a. FACILITY'S MAILING - STATE	
Adams & Jennings Funeral Home		Florida	
29b. CITY OR TOWN		29c. STREET ADDRESS	
Tampa		6900 North Nebraska Avenue	
29d. ZIP CODE		29e. ZIP CODE	
33604		33604	
30. CERTIFIER <input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Medical Examiner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier)		31b. DATE SIGNED (mm/dd/yyyy)	32. TIME OF DEATH (24 hr.)
		10/17/2011	1700-1834
33. MEDICAL EXAMINER'S CASE NUMBER		35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
111200711			
34a. LICENSE NUMBER (of Certifier)		34b. CERTIFIER'S NAME	
ME97415		Suzanne R. Utley, M.D., A.M.E.	
36a. CERTIFIER'S STATE		36b. STREET ADDRESS	
Florida		2001 Siesta Drive, Suite 302	
36c. CITY OR TOWN		36d. ZIP CODE	
Sarasota		34239	
37. SUBREGISTRAR - Signature and Date		38a. LOCAL REGISTRAR - Signature	
[Signature] OCT 10, 2011		[Signature]	
38b. DATE FILED BY REGISTRAR (Month, Day, Year)		38c. DATE FILED BY REGISTRAR (Month, Day, Year)	
OCT 11, 2011		OCT 11, 2011	

*[Signature]*

October 21, 2011

Chief Deputy Registrar, Manatee County

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

## WARNING:



\* 2 7 8 3 9 4 5 6 \*

CERTIFICATION OF VITAL RECORD

FLORIDA DEPARTMENT OF  
**HEALTH**

VOID IF ALTERED OR ERASED

RECEIVED BY:

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JUL 11 PM 2:28  
MANATEE COUNTY COURTS

## LAST WILL AND TESTAMENT

OF

BLAINE A. MARKEE

I, BLAINE A. MARKEE, currently domiciled in Polk County, Florida, do make, publish and declare this instrument to be my Last Will and Testament, and revoke any and all prior Wills and Codicils.

**ARTICLE ONE  
BURIAL AND FUNERAL EXPENSES**

I wish my body to be buried in a suitable manner and a suitable memorial erected and the cost thereof paid out of my estate.

**ARTICLE TWO  
FAMILY**

2.1 My immediate family consists of the following persons:

2.1.1 My spouse: SHELLY M. MARKEE

2.1.2 My children: TAYLOR K. MARKEE and THOMAS B. MARKEE

**ARTICLE THREE  
DEVISE OF TANGIBLE PERSONAL PROPERTY**

3.1 Separate Writing. I may give certain items of tangible personal property owned by me at the time of my death in the manner described in separate writing made for this purpose to be signed and dated by me in compliance with Florida Statute 732.515, which writing may be altered subsequent to its initial preparation, but which will show with reasonable certainty the items given and those to whom they are given. I direct that this writing be incorporated into this Will by this reference, and be admissible according to law to dispose of the tangible personal property stated therein to the respective devisees. If no such writing is found and properly identified by my Personal Representative within thirty (30) days after qualification, it shall be conclusively presumed that no such writing exists.

3.2 Devise to Spouse. I give to my spouse, SHELLY M. MARKEE, all of my clothing, jewelry, art, articles of household use and adornment, furniture, furnishings, automobiles and pleasure boats I may own at my death, and all insurance policies relating thereto, and all club

  
INITIALS

LAST WILL AND TESTAMENT OF  
BLAINE A. MARKEE  
PAGE 1

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memberships (however evidenced, including stocks or bonds issued by such clubs) not otherwise specifically devised either by this Will or by a writing or memorandum pursuant to Article 3.1, including insurance policies related thereto, except cash on hand which shall be devised as set forth below.

3.3 Contingent Devise to Children. If my spouse, SHELLY M. MARKEE, shall not survive me, I give all of the property described in Article 3.2 to my children who shall be living at the time of my death, in equal shares, to be theirs in fee simple. In the event that my children cannot agree as to the division of said property, said property shall be distributed as part of the residue of my estate pursuant to Article Four.

#### ARTICLE FOUR RESIDUE

4.1 Devise to Living Trust. Except as provided above, I give, devise and bequeath all of the rest, residue and remainder of any property I may own at the time of my death, real, personal and mixed, and wherever the same may be situated, including any interest that I might have in any estate, and all property which I may acquire or become entitled to after the execution of this Will, which shall include all lapsed legacies and devises or other gifts made by this Will which fail for any reason, but expressly excluding any property over which I may have a power of appointment at my death, to that certain Trust known as the BLAINE A. MARKEE LIVING TRUST wherein BLAINE A. MARKEE was the Grantor and BLAINE A. MARKEE was the Trustee, executed on the 12<sup>th</sup> day of November, 2004, prior to the execution of this, my Last Will and Testament. The principal of that Living Trust and the devise and bequest made in this paragraph shall be administered as a single Trust. Upon transmission by my Personal Representative of the assets given under this paragraph to the Trustee of the BLAINE A. MARKEE LIVING TRUST, and upon receipt by the Trustee from my Personal Representative, my Personal Representative shall be free of all responsibility in connection with said assets and the Trustee shall then be responsible for faithfully carrying out the terms of the Living Trust as applied to the assets given to it thereunder.

4.2 Incorporation by Reference. If for any reason the Trust referred to in Section 4.1 of this Article Four shall not be in existence at the time of my death, or if for any reason a court of competent jurisdiction shall declare this transfer to the Trust to be invalid, then I declare that the property disposed of under Section 4.1 of my Last Will and Testament shall be held, managed, invested and reinvested by the Trustee named therein in exactly the same manner as described in the Trust referred to in Section 4.1 of this Article Four of my Last Will and Testament, and for that purpose I do hereby incorporate said Trust by reference into this my Last Will and Testament.

  
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LAST WILL AND TESTAMENT OF  
BLAINE A. MARKEE  
PAGE 2

**ARTICLE FIVE**  
**PAYMENTS TO MINORS; APPOINTMENT OF GUARDIAN**

5.1 Payments to Minors. In the event that pursuant to the terms of this Last Will and Testament, a minor is to receive proceeds, then my Personal Representative is hereby authorized and empowered to pay such proceeds, in its sole and absolute discretion, either to the minor, to the natural parent of the minor, or to a guardian or Trustee. Upon delivery of said proceeds and obtaining a receipt for such proceeds, the Personal Representative shall be completely and fully absolved of any responsibility or liability for distribution of same.

5.2 Appointment of Guardian for Minor Children. If my spouse, SHELLY M. MARKEE, shall have predeceased me, and if at the time of my death any child of mine shall not have attained the age of eighteen (18) years, then I appoint TRACY READY the Guardian of the person and property of such child or children, provided that if such appointed Guardian is unable or unwilling to serve, then ANTHONY and TONYA SANCHEZ shall serve.

5.3 Waiver of Bond. The Guardians named herein shall serve without bond, and to the extent allowed by law, shall not be required to file any inventory, returns, or other reports with any court.

**ARTICLE SIX**  
**TAXES, DEBTS AND EXPENSES**

6.1 Payment of Expenses, Debts and Costs. My Personal Representative shall pay all funeral expenses, costs of administration, including ancillary, costs of safeguarding and delivering devises, the expenses of my last illness and other proper charges against my estate. This direction is not obligatory upon my Personal Representative and my Personal Representative is specifically given the right to renew, extend, contest or delay, in any form that it deems best, any debt or charge existing at the time of my death.

6.2 Payment of Taxes. My Personal Representative shall pay from the residuary estate, without apportionment, all federal and state estate and inheritance taxes and generation-skipping transfer ("GST") taxes on direct skips, if any, assessed by reason of my death (including such taxes on assets passing outside of this Will or under the Living Trust described in Article Four). The foregoing direction as to payments shall be subject to any other contrary directions by me, giving first priority to any directions in any other Articles of this instrument, second priority to any directions in any other instrument executed by me, and last priority to the directions in the subsequent sections of this Article.

6.3 Payments From the Living Trust Described in Article Four. If my Personal Representative shall, in the absolute discretion of my Personal Representative, determine that my probate estate will not be sufficient to provide for the full satisfaction of my estate charges (without

  
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LAST WILL AND TESTAMENT OF  
BLAINE A. MARKEE  
PAGE 3

requiring the sale of any property which my Personal Representative shall consider it necessary or advisable to distribute in kind to testamentary beneficiaries), my Personal Representative may requisition from the Living Trust described in Article Four, in accordance with the provisions thereof, such amounts as it shall deem necessary or advisable for the satisfaction of estate charges. Any such requisition may state that it is properly made in accordance with the provisions of this Will and shall be signed by my Personal Representative, but it need not set forth any of the facts upon which it is based. It may be stated to be tentative or to be based upon estimates and to be subject to correction by later requisition. For purposes of this paragraph, the term "my estate charges" shall mean my funeral expenses, my debts, the expenses of administering my estate, and any federal or state estate, inheritance or transfer taxes, including interest and penalties, referred to in this Article Six hereof or by any Codicil hereto.

6.4 Certain Taxes Borne by Persons Holding or Receiving Property. Persons holding or receiving certain property by reason of my death shall pay GST, estate and inheritance taxes as follows:

6.4.1 GST Taxes Caused by a Disclaimer. Any GST taxes caused by a disclaimer shall be paid by the persons holding or receiving the property causing such taxes;

6.4.2 Taxes Caused by Power of Appointment Property. The amount by which the GST, estate and inheritance taxes shall be increased as a result of the inclusion in my estate of any property over which I have a power of appointment shall be paid by the persons holding or receiving the property causing such taxes; and

6.4.3 Taxes Caused by Certain Retained Interests. The amount by which the GST, estate and inheritance taxes shall be increased as a result of the inclusion in my estate of any property (other than property passing under the Living Trust described in Article Four) in which I am deemed to have retained the possession or enjoyment of, or the right to the income from, the property, or the right, either alone or in conjunction with any person, to designate the persons who shall possess or enjoy the property or the income therefrom, shall be paid by the persons holding or receiving the property causing such taxes.

6.4.4 Taxes Caused by Qualified Terminable Interest Property. My Personal Representative may recover from the person or persons receiving any property included in my gross estate under Section 2044 of the Internal Revenue Code, the excess of any such death taxes, interest and penalties paid over the death taxes, interest and penalties which would have been payable if the value of such property had not been included in my gross estate, but only to the extent such excess taxes are paid by my Personal Representatives and not theretofore reimbursed.

6.5 Interest and Penalties. Interest and penalties concerning any tax shall be paid and charged in the same manner as the tax.

  
INITIALS

LAST WILL AND TESTAMENT OF  
BLAINE A. MARKEE  
PAGE 4

6.6 Waiver of Rights of Reimbursement. I waive for my estate all rights of reimbursement for any payments made pursuant to this Article.

6.7 Personal Representative's Right to Select Assets and Make Tax Elections. My Personal Representative's selection of assets to be sold to make the foregoing payments or to satisfy any pecuniary devises, and the tax effects thereof, shall not be subject to question by any beneficiary. My Personal Representative shall make such elections under the tax laws as my Personal Representative deems advisable, without regard to the relative interests of the beneficiaries. No adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of elections under the tax laws made by my Personal Representative or by the Trustee under the Living Trust described in Article Four.

## **ARTICLE SEVEN COMMON DISASTER**

In the event that my spouse, SHELLY M. MARKEE, or any other beneficiary under this Last Will and Testament, and I shall die under such circumstances that there is not sufficient evidence to determine the order of our deaths, or if we die as a result of a common accident, then it shall be presumed that I shall have survived said spouse or other beneficiary and my estate shall be administered accordingly.

## **ARTICLE EIGHT PERSONAL REPRESENTATIVE**

8.1 Appointment of Personal Representative. I nominate and appoint my spouse, SHELLY M. MARKEE, to be the Personal Representative of this, my Last Will and Testament.

8.2 Appointment of First and Second Alternative Personal Representative. If for any reason my Personal Representative should fail or cease to act as Personal Representative, I appoint TRACY READY to serve as Personal Representative of my estate. In the event my alternate Personal Representative should fail or cease to act as Personal Representative of my estate, then I nominate ANTHONY and TONYA SANCHEZ to serve as second alternate Co-Personal Representatives of my estate, provided that if one of them is unable or unwilling to serve, then the other shall serve as sole alternate Personal Representative.

8.3 Powers of Personal Representative. I give to my Personal Representative full power and authority to serve without giving bond for the faithful performance of all duties with full power in said Personal Representative's sole discretion to do any and all acts permitted by Chapter 733 of the Florida Statutes. In addition to any powers granted by law, I further give my Personal Representative the following powers:

  
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8.3.1 To Deal With Real or Personal Property. To lease, borrow, with or without security from any lender including a Personal Representative hereunder individually, sell or exchange all or any part of my estate, real or personal, for such prices and upon such terms as my Personal Representative deems proper;

8.3.2 To Allocate Receipts and Disbursements. To allocate receipts and disbursements between income and principal in such manner as my Personal Representative shall determine;

8.3.3 To Distribute Income and Principal in Cash or Kind. To distribute income and principal in cash or in kind, or partly in each, and to allocate or distribute undivided interests or different assets or disproportionate interests in assets, and to value my estate in order to make allocation or distribution;

8.3.4 To Deal with Fiduciaries. To deal with the fiduciary of any trust or estate in which any beneficiary under the Revocable Trust has an interest, though a Personal Representative hereunder is such fiduciary; and

8.3.5 To Perform Necessary or Appropriate Acts. To perform other acts necessary or appropriate for the proper administration of the trust, execute and deliver necessary instruments and give full receipts and discharges.

8.3.6 To Continue Investments. To continue any and all investments that may form a part of my estate, although not of the character authorized by law for the investment of estate funds;

8.3.7 To Change Investments. To change investments in properties, and to invest and reinvest all or any part of my estate in securities or other property as my Personal Representative shall deem advisable, whether or not the same be authorized for the investment of estate funds by law;

8.3.8 To Compromise or Settle Claims. To submit to arbitration, compromise and settle all claims of or against my estate;

8.3.9 Additional Powers over Real Estate. To take possession of, collect the rent, and manage all real property, and any interest in any real property owned by me at the time of my death; to sell, at public or private sale, as needed, for cash, credit, or both, and to transfer, convey, lease exchange, mortgage, or otherwise dispose of, all or any part of the property, real, personal and mixed, at any time forming part of my estate, and upon such terms and conditions as my Personal Representative shall deem proper; to borrow any and all sums of money, either upon the security of any and all property at any time forming part of my estate, or without any security; to accept Deeds of real property and satisfactions of mortgages and in accepting any such Deed, to pay out of my

  
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estate such consideration as my Personal Representative shall deem advisable; to alter, improve, repair or rebuild, or demolish and remove in whole or in part, any building then existing on any real property forming part of my estate; to lease any or all real property for a term of more or less than one (1) year without obtaining the approval of any court or judge; to execute and deliver all contracts, Deeds and other instruments of any and every character that shall be deemed necessary or desirable in connection with my estate.

8.3.10 Power to Renounce or Disclaim. I hereby authorize my personal representative to renounce and disclaim, in whole or in part, and in accordance with applicable federal and state law, any property or the succession to any property, or any part thereof, or interest therein, of every kind, character, and description, wherever located, expressly including any property over which I may have a power of appointment or any power (or part thereof) with respect to any property, in the same capacity and manner in which I could have effectively renounced and disclaimed said property, interests, and powers.

The foregoing powers shall be exercised by my Personal Representative without authorization by any court and, as to property subject to administration outside the State of Florida, only upon the direction of my Florida Personal Representative.

8.4 Waiver of Bond. I direct that any Personal Representative named herein shall not be required to furnish bond or other security in any jurisdiction.

IN WITNESS WHEREOF, I have signed this Will this 24<sup>th</sup> day of November, 2004.

Barbara Dawson  
Witness

Blaine A. Markee  
BLAINE A. MARKEE

Jessica Adair  
Witness

#### SELF PROVING AFFIDAVIT

STATE OF FLORIDA       )  
COUNTY OF PINELLAS   )

I, BLAINE A. MARKEE, the testator declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my will.

Blaine A. Markee  
BLAINE A. MARKEE

BAM  
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We, Barbara Dawson, and Jessica Adair, the witnesses respectively, have been sworn by the officers below, and declare to that officer on our oaths that the testator declared the instrument to be the testator's will and signed it in our presence and that we each signed the instrument as a witness in the presence of the testator and of each other.

Barbara Dawson  
Witness

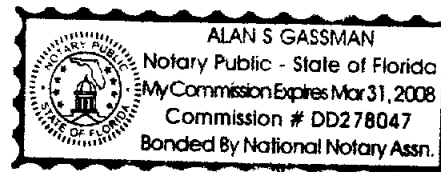
Jessica Adair  
Witness

Acknowledged and subscribed before me by the testator, BLAINE A. MARKEE, who is personally known to me or who has produced \_\_\_\_\_ as identification, and sworn to and subscribed before me by the witnesses, Barbara Dawson, who is personally known to me or who has produced \_\_\_\_\_ as identification and, Jessica Adair, who is personally known to me or who has produced \_\_\_\_\_ as identification, and subscribed by me in the presence of the testator and the subscribing witnesses, all on this 12<sup>th</sup> day of December, 2004.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Alan S. Gassman  
Notary Public

My Commission Expires:



J:\M\Markee, Blaine\Estate Planning\Husband's Last Will and Testament.1a.wpd  
:bd\*saw 10/19/04

Bm  
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