

108405

BOOK 117 PAGE 67

Form No. 1084-0400 PERSONAL REPRESENTATIVE (Individual or Corporate)

OR

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE Made this 22nd day of September , 19 89 , by and between Robert W. Kloster the duly appointed, qualified and acting personal representative of the estate of Hazel M. Kloster deceased, hereinafter called the first party, and Kenneth Dale Kloster hereinlater called the second party; **WITNESSETH:**

For value received and the consideration hereinafter stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Skamania State of Oregon, described as follows, to-wit:

Washington

The cabin at the NW corner of the NE $\frac{1}{4}$ of Section 2, Township 3 N Range 10 E, Willamette Meridian, Skamania County, (Cabin at Leased Site at Northwestern Lake), Washington.

FILE
RECORD
BY
Robert L. Kimmell
Skamania County Assessor
1989

(If space insufficient, continue description on reverse side)

TO HAVE AND TO HOLD the same unto the said second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ none

① However, the actual consideration consists of or includes other property or value given or promised which is **NONCASH** ^{the whole} consideration (indicate which). (Distribution of the Estate of Hazel M. Kloster, Deceased)

IN WITNESS WHEREOF, the said first party has executed this instrument; if first party is a corporation, it has caused its corporate name to be signed hereto and its corporate seal affixed by its officers duly authorized thereunto by order of its Board of Directors.

THIS INSTRUMENT WILL 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 FEED TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES

Robert W. Kloster

Personal Representative
of the Estate of Hazel M. Kloster Deceased.

NOTE—The sentence between the symbols () if not applicable, should be deleted. See ORS 93.010

STATE OF OREGON,

County of Multnomah

Sept. 22 , 19 89 .

Personally appeared the above named
Robert W. Klosterand acknowledged the foregoing instru-
ment to be his voluntary act and deed.

Deputy of:

(OFFICIAL SEAL)

Robert L. Kimmell

Notary Public for Oregon

My commission expires:

STATE OF OREGON, County of

Multnomah Sept. 22 , 19 89 .

Personally appeared _____ and
each for himself and not one for the other, did say that the former is the
president and that the latter is the
secretary of _____and that the seal affixed to the foregoing instrument is the corporate seal
of said corporation and that said instrument was signed and sealed in be-
half of said corporation by authority of its board of directors, and each of
them acknowledged said instrument to be its voluntary act and deed.

Before me:

(OFFICIAL SEAL)

(Issued by a corporation
with corporate seal)

Robert W. Kloster

630 N. Prospect #8

Tacoma, WA 98406

CHARTER'S NAME AND ADDRESS

Kenneth D. Kloster

P. O. Box 322

Bingen, WA 98605

CHARTER'S NAME AND ADDRESS

After recording return to:

Robert W. Kloster

630 N. Prospect #8

Tacoma, WA 98406

NAME AND ADDRESS

Unless a change is requested all the statements shall be sent to the following address:

Kenneth D. Kloster

P. O. Box 322

Bingen, WA 98605

NAME AND ADDRESS

STATE OF OREGON,

County of _____

I certify that the within instrument
was received for record on the
day of _____, 19 ____,
at _____ o'clock M, and recorded
in book/reel/volume No. _____ on
page _____ or as file/instrument
microfilm/reception No. _____
Record of Deeds of said county
Witness my hand and seal of
County affixed.

By:

Deputy

Received
Indexed
Filed
Mailed
12-15-89

Glenda J. Kimmel, Skamania County Assessor
Parcel # 42-2710 C2 CC 04-12 C6
Cust. P.O.
12-15-89

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 117 PAGE 68

6194

Local File Number

71-19246

State File Number

STATE OF OREGON-STATE BOARD OF HEALTH
Vital Statistics Section
CERTIFICATE OF DEATH

DECEASED NAME 1. Dwight Avery KLOSTER			AGE last Birthday (years) 2. 76			Under 1 day most days hours min. 3. 36			DATE OF DEATH (month, day, year) 4. December 4, 1971		
COUNTRY OF DEATH 5. White			CITY, TOWN, OR LOCATION OF DEATH 6. Portland			HOSPITAL OR OTHER INSTITUTION-NAME 7. 6932 N. Vincent Ave.			DATE OF BIRTH (month, day, year) 8. November 22, 1895		
7a. Multnomah STATE OF BIRTH 9. Wisconsin			CITIZEN OF WHAT COUNTRY 10. U. S. A.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 11. Married			NAME OF SPOUSE 12. Hazel M. Kloster		
SOCIAL SECURITY NUMBER 13. 531-23-7266			USUAL OCCUPATION 14. Dentist			KIND OF BUSINESS OR INDUSTRY 15. Dentistry					
RESIDENCE-STATE 16. Oregon			COUNTY 17. Multnomah			CITY, TOWN, OR LOCATION 18. Portland			INFORMANT-NAME and relationship to deceased 19. Hazel M. Kloster - Wife		
FATHER-NAME first middle last 20. William E. Kloster			MOTHER-Name first middle last 21. Ruth C. Davis						APPROXIMATE INTERVAL BETWEEN BIRTH AND DEATH 22. 67 years		
PART I DEATH WAS CAUSED BY: 23. Myocardial infarction						ENTER ONLY ONE CAUSE PER LINE FOR DEATH AND ICD					
PART II OTHER SIGNIFICANT CONDITIONS						AUTOPSY 24. No					
ACCIDENT 25. No			DATE OF INJURY 26. 1971			HOW INJURY OCCURRED 27. From fall			IF YES were findings considered in determining cause of death 28. No		
INJURY AT WORK 29. No			PLACE OF INJURY AT HOME, WORK, ETC. 30. At home			LOCATION 31. Portland					
CERTIFICATION 32. Physician			NAME 33. Edward Johnson			NAME 34. Edward Johnson			DEATH OCCURRED 35. 10:30 A.M.		
PHYSICIAN'S SIGNATURE 36. Edward Johnson			MAILING ADDRESS PHYSICIAN 37. 1224 NE 52nd			NAME 38. Edward Johnson			DATE SIGNED 39. 12-20-71		
BURIAL, CREMATION, REMOVAL 40. None			CEMETERY OR CEMETORY NAME 41. Skyline Cem.			LOCATION 42. Portland, Oregon			DATE 43. 12-20-71		
FUNERAL DIRECTOR 44. None			FUNERAL HOME NAME AND ADDRESS 45. Skyline Crem. & Funeral Home, 4121 N. Skyline Blvd., Portland			DATE RECEIVED BY LOCAL REGISTRAR 46. DEC 5 1971			DATE RECEIVED BY STATE REGISTRAR 47. DEC 20 1971		
RESERVED FOR REGISTRAR'S USE											

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN
THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.DATE ISSUED **OCT 09 1973***Edward Johnson*
EDWARD JOHNSON
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

108405

BOOK 111 PAGE 67

FORM NO. 1454-0810-PERSONAL INDENTURE (Individual or Corporate)

OR

PERSONAL REPRESENTATIVE'S DEED

THIS INDENTURE Made this 22nd day of September , 19 89 , by and between Robert W. Kloster the duly appointed, qualified and acting personal representative of the estate of Hazel M. Kloster deceased, hereinafter called the first party, and Kenneth Dale Kloster hereinlater called the second party; WITNESSETH:

For value received and the consideration hereinabove stated, the receipt whereof hereby is acknowledged, the first party has granted, bargained, sold and conveyed, and by these presents does grant, bargain, sell and convey unto the said second party and second party's heirs, successors-in-interest and assigns all the estate, right and interest of the said deceased at the time of decedent's death, and all the right, title and interest that the said estate of said deceased by operation of the law or otherwise may have thereafter acquired in that certain real property situate in the County of Skamania State of Oregon, described as follows, to-wit: Washington

The cabin at the NW corner of the NE $\frac{1}{4}$ of Section 2, Township 3 N Range 10 E, Willamette Meridian, Skamania County, (Cabin at Leased Site at Northwestern Lake), Washington.

REC'D
SUSAN H. BURNS
RECORDED
BY
Robert L. Burns
Hazel M. Kloster
Deceased
13210

IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE

TO HAVE AND TO HOLD the same unto the said second party, and second party's heirs, successors-in-interest and assigns forever.

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ none. However, the actual consideration consists of or includes other property or value given or promised which is ~~none~~ ^{the whole} consideration (indicate which). (Distribution of the Estate of Hazel M. Kloster, Deceased)

IN WITNESS WHEREOF, the said first party has executed this instrument; if first party is a corporation, it has caused its corporate name to be signed hereto and its corporate seal affixed by its officers duly authorized thereto by order of its Board of Directors.

THIS INSTRUMENT WILL 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 FEED TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES

Robert W. Kloster

Personal Representative
of the Estate of Hazel M. Kloster Deceased.

NOTE--The sentence between the symbol () if not applicable, should be deleted. See ORS 93.610

STATE OF OREGON,
County of Multnomah }
Sept. 22, 19 89.
Personally appeared the above named
Robert W. Kloster

and acknowledged the foregoing instrument to be his voluntary act and deed.

Before me:
Robert L. Burns
(OFFICIAL SEAL)

Notary Public for Oregon
My commission expires: Dec 14, 1992

STATE OF OREGON, County of }

Personally appeared and

each for himself and not one for the other, did say that the former is the president and that the latter is the secretary of

a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.

Before me:

(OFFICIAL SEAL)

(If executed by a corporation, ultra corporis factum)

Robert W. Kloster
630 N. Prospect #8
Tacoma, WA 98406
CHARTER & NAME AND ADDRESS
Kenneth D. Kloster
P. O. Box 322
Bingen, WA 98605

After recording return to:
Robert W. Kloster
630 N. Prospect #8
Tacoma, WA 98406
NAME ADDRESS ZIP

Until a change is requested all tax statements shall be sent to the following address
Kenneth D. Kloster
P. O. Box 322
Bingen, WA 98605
NAME ADDRESS ZIP

STATE OF OREGON,

County of }

I certify that the within instrument was received for record on the day of , 19 , at o'clock M., and recorded in book/file/volume No. on page or as rec/file/instrument/microfilm/reception No. Record of Deeds of said county.

Witness my hand and seal of County affixed.

By Deputy

RECORDEE'S NOTE: PORTIONS OF
THIS DOCUMENT POOR QUALITY
FOR FILMING

Glenda J. Kimmel, Skamania County Assessor
Cubicle 10 C 2 CO CO 12 C 10
Parcel # 43-10 C 2 CO CO 12 C 10
12-89

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 117 PAGE 68

6404

Local File Number

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

71-19246

State File Number

CERTIFICATE OF DEATH

DECEASED—NAME			First	Middle	Last	DATE OF DEATH (month, day, year)			
1.	Dwight	Avery	KLOSTER			2. December 4, 1971			
RACE White, Negro, American Indian etc. (specify)			SEX	AGE—Last birthday (specify)	Under 1 year	Under 1 day			
3.	White	4. Male	5. 76	6. months	7. days	8. hours			
COUNTY OF DEATH			CITY, TOWN, OR LOCATION OF DEATH			9. Inside City Limits (specify yes or no)	HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number)		
10.	Multnomah		11. Portland	12.	7c. Yes	13. 6932 N. Vincent Ave.	14. November 22, 1895		
STATE OF BIRTH (if not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY			15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	NAME OF SPOUSE		
16.	Wisconsin		17. U. S. A.	18. Married	19.	20. Hazel M. Kloster	KIND OF BUSINESS OR INDUSTRY		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (give kind of work done during most of working life, even if retired)			21.	Dentistry		
22.	Oregon		23. Multnomah	24. Portland	25.	26. yes	27. 6932 N. Vincent Ave.	28. STREET AND NUMBER OR R.F.D.	
FATHER—NAME			Father middle last	MOTHER—Mother Name first middle last	29.	INFORMANT—Name and relationship to deceased			
30.	William E. Kloster		31. Ruth C. Davis	32.	33. Hazel M. Kloster - Wife	APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH			
PART I DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
34.	immediate cause						41. Approximate interval between death and death		
35.	the time or as a consequence of						42. 47. weeks		
36.	other, or as a consequence of						43. 47. days		
37.	other, or as a consequence of						44. 47. days		
PART II OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I, (a)			AUTOPSY (yes or no)						
45.	NO						46. NO	47. IF YES were findings considered in determining cause of death	
48.	ACCIDENT	DATE OF INJURY (month, day, year)	HOUR	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)					
49.	Injury to bone and muscle (yes or no)	50.	51.	LOCATION (specify U.S. No., city or town, county, state)					
52.	INJURY AT WORK	PLACE OF INJURY (name, farm, street, factory mine, etc., etc.)	53.	NAME (first or given) 54. 17-24-1971					
55.	56.	57.	58.	NAME (first or given) 59. 17-24-1971					
60.	DEATH OCCURRED (hour)						61. DATE SIGNED (month, day, year)		
62.	at the place, on the date, and, to the best of my knowledge and belief, due to the causes stated						63. 10:30A.M. 64. 17-24-1971		
65.	Signature						66. DATE (month, day, year)		
67.	MAKING ADDRESS—PHYSICIAN						68. 17-24-1971		
69.	BURIAL, CREMATION, REMOVAL						70. CEMETERY OR CREMATORIUM NAME		
71.	MAUS (initials)						72. LOCATION (specify U.S. No., city or town, county, state)		
73.	Burial						74. 24. Portland, Oregon		
75.	FUNERAL DIRECTOR SIGNATURE						76. DATE (month, day, year)		
77.	78. M6 Thompson, J.						79. Skyline Memorial		
80.	REGISTRAR SIGNATURE						81. FUNERAL HOME NAME AND ADDRESS		
82.	83. G. C. Johnson						84. 24. Skyline Memorial 4101 Nw Skyline Blvd. Portland		
85.	RESERVED FOR REGISTRAR'S USE						86. DATE RECEIVED BY LOCAL REGISTRAR		
87.	88. DEC 20 1971						89. DATE RECEIVED BY STATE REGISTRAR		

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN
THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION.

DATE ISSUED OCT 09 1989

Edward J. Johnson II
EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE