108405

BOOK 111 PAGE 67

Form No. 1404—0409—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 hereinafter 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~~ Washington, described as follows, to-wit:

The cabin at the NW corner of the NE ¼ of Section 2, Township 3 N Range 10 E, Willamette Meridian, Skamania County, (Cabin at Leased Site at Northwestern Lake), Washington.

FILED FOR RECORD AT REQUEST OF
DEC 11 4 08 PM '89
BY Robert L. Burns

(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 ①However, the actual consideration consists of or includes other property or value given or promised which is ~~XXXXXX~~ the whole consideration (indicate which).① (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 FEE 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 ①, if not applicable, should be deleted. See ORS 93.030

STATE OF OREGON, County of Multnomah) ss.
) 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) ss.
, 19

Personally appeared and who, being duly sworn, 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)

Notary Public for Oregon
My commission expires:

(If executed by a corporation, affix corporate seal)

REAL ESTATE EXCISE TAX 132.00
DEC 11 1989

NOTARY PUBLIC STATE OF OREGON

Robert W. Kloster
630 N. Prospect #8
Tacoma, WA 98406
GRANTOR'S NAME AND ADDRESS

Kenneth D. Kloster
P. O. Box 322
Bingen, WA 98605
GRANTEE'S NAME AND ADDRESS

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

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON, County of) ss.

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 fee/file/instrument/microfilm/reception No , Record of Deeds of said county.

Witness my hand and seal of County affixed.

NAME TITLE

By Deputy

Registered
Indexed
Indirect
Filed 12-15-89
Mailed

Glenda J Kimmel, Skamania County Assessor
Parcel # 03 10 02 00 00 00

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION
VITAL STATISTICS SECTION

BOOK 117 PAGE 68

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 6494
State File Number: 71-19246

Field	Entry
1. Deceased Name (First, Middle, Last)	Dwight Avery KLOSTER
2. Date of Death (month, day, year)	December 4, 1971
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age (last birthday, years)	76
6. Date of Birth (month, day, year)	November 22, 1895
7a. County of Death	Multnomah
7b. City, Town, or Location of Death	Portland
7c. Inside City Limits	yes
7d. Hospital or Other Institution—Name (if not in either, give street and number)	6932 N. Vincent Ave.
8. State of Birth (if not in U.S.A., name country)	Wisconsin
9. Citizen of What Country	U. S. A.
10. Married, Never Married, Widowed, Divorced	Married
11. Name of Spouse	Hazel M. Kloster
12. Social Security Number	531-28-7266
13a. Usual Occupation (give kind of work done during most of working life, even if retired)	Dentist
13b. Kind of Business or Industry	Dentistry
14a. Residence—State	Oregon
14b. County	Multnomah
14c. City, Town, or Location	Portland
14d. Inside City Limits	yes
14e. Street and Number or R.F.D.	6932 N. Vincent Ave.
15. Father—Name (First, Middle, Last)	William E. Kloster
16. Mother—Maiden Name (First, Middle, Last)	Ruth C. Davis
17. Informant—Name and Relationship to Deceased	Hazel M. Kloster - Wife

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c)) — approximate interval between onset and death

18. Immediate cause: [illegible handwriting]

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last: [illegible handwriting]

PART II. OTHER SIGNIFICANT CONDITIONS: [illegible handwriting]

Autopsy: No

Accident / Date of Injury / Hour / How Injury Occurred / Injury at Work / Place of Injury / Location

Certification — Physician; Death Occurred: 10:30 A.M.; Date Signed: [illegible]

Physician signature: [illegible]
Mailing Address Physician: [illegible]

Burial, Cremation, Removal: Burial
Cemetery or Crematory—Name: Skyline Memorial
Location: Portland, Oregon
Date: [illegible]

Funeral Director—Signature: [illegible]
Funeral Home Name and Address: Skyline Memorial 4101 NW Skyline Blvd. Portland

Registrar—Signature: [illegible]
Date Received by Local Registrar: DEC 8 1971
Date Received by State Registrar: DEC 2 0 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 1989

Edward J. Johnson
EDWARD J. JOHNSON
STATE REGISTRAR

STATE OF OREGON 1859
OREGON STATE HEALTH DIVISION

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

108405

BOOK 117 PAGE 67

FORM No. 1454—DEED—PERSONAL REPRESENTATIVE (Individual or Corporate)

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 *hereinafter 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~~ Washington, *described as follows, to-wit:*

The cabin at the NW corner of the NE ¼ of Section 2, Township 3 N, Range 10 E, Willamette Meridian, Skamania County, (Cabin at Leased Site at Northwestern Lake), Washington.

(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 ~~XXXXXX~~ 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 FEE 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 ①, if not applicable, should be deleted. See ORS 93.030.

STATE OF OREGON, County of Multnomah) ss.
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) ss.
, 19
Personally appeared and who, being duly sworn, 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)
Notary Public for Oregon
My commission expires:
(If executed by a corporation, affix corporate seal)

NOTARY PUBLIC — STATE OF OREGON

Robert W. Kloster
630 N. Prospect #8
Tacoma, WA 98406
GRANTOR'S NAME AND ADDRESS

Kenneth D. Kloster
P. O. Box 322
Bingen, WA 98605
GRANTEE'S NAME AND ADDRESS

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

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,) ss.
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 fee/file/instrument/microfilm/reception No. , Record of Deeds of said county.
Witness my hand and seal of County affixed.
NAME TITLE
By *Deputy*

REAL ESTATE EXCISE TAX 13210
DEC 13 1989
PAID exempt
SKAMANIA COUNTY TREASURER

FILED FOR RECORD SKAMANIA CO. WASH BY Robert L. Burns
Dec 11 4 08 PM '89
GARY M. OLSON

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

Glenda J. Kimmel, Skamania County Assessor
Parcel # 03 10 02 00 0412 00

Registered
Indexed, Dir
Indirect
Filmed 12-15-89
Mailed

CERTIFICATION OF VITAL RECORD

OREGON STATE HEALTH DIVISION

VITAL STATISTICS SECTION BOOK 117 PAGE 68

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

CERTIFICATE OF DEATH

Local File Number: 6404

State File Number: 71-19246

Field	Entry
1. Deceased—Name (First, Middle, Last)	Dwight Avery KLOSTER
2. Date of Death (month, day, year)	December 4, 1971
3. Race (White, Negro, American Indian, etc.)	White
4. Sex	Male
5a. Age—Last birthday (years)	76
6. Date of Birth (month, day, year)	November 22, 1895
7a. County of Death	Multnomah
7b. City, Town, or Location of Death	Portland
7c. Inside City Limits	yes
7d. Hospital or Other Institution—Name (if not in either, give street and number)	6932 N. Vincent Ave.
8. State of Birth (if not in U.S.A., name country)	Wisconsin
9. Citizen of What Country	U. S. A.
10. Married, Never Married, Widowed, Divorced	Married
11. Name of Spouse	Hazel M. Kloster
12. Social Security Number	[redacted]
13a. Usual Occupation	Dentist
13b. Kind of Business or Industry	Dentistry
14a. Residence—State	Oregon
14b. County	Multnomah
14c. City, Town, or Location	Portland
14d. Inside City Limits	yes
14e. Street and Number or R.F.D.	6932 N. Vincent Ave.
15. Father—Name (first, middle, last)	William E. Kloster
16. Mother—Maiden Name (first, middle, last)	Ruth C. Davis
17. Informant—Name and relationship to deceased	Hazel M. Kloster - Wife

Part I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

	Cause	Approximate interval between onset and death
18 (a) Immediate cause	Myocardial Infarct	Minutes
(b) Due to, or as a consequence of	Arteriosclerotic Heart Disease	[illegible]
(c) Due to, or as a consequence of	Generalized [illegible]	[illegible]

Part II. Other significant conditions: CVA [illegible]

19a. Autopsy (yes or no): No

19b. If yes were findings considered in determining cause of death: —

20a. Accident: — 20b. Date of Injury: — 20c. Hour: — 20d. How Injury Occurred: —

20e. Injury at Work: — 20f. Place of Injury: — 20g. Location: —

21. Certification—Physician: Death occurred (hour): 10:30A.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated

22a. Physician signature: [illegible signature]

22b. Name (type or print): [illegible]

22c. Date Signed: 12-?-71

23. Mailing Address—Physician: [illegible]

24a. Burial, Cremation, Removal	24b. Cemetery or Crematory Name	24c. Location	24d. Date
Burial	Skyline Memorial	Portland, Oregon	Dec. 8-1971

25a. Funeral Director Signature: [illegible] Thompson

25b. Funeral Home Name and Address: Skyline Memorial 4101 NW Skyline Blvd. Portland

26a. Registrar Signature: [illegible signature]

26b. Date Received by Local Registrar: DEC 8 1971

27. Date Received by State Registrar: DEC 2 0 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 1989

Edward J. Johnson

EDWARD J. JOHNSON II
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE