



# First American Title Insurance Company

Filed for Record at Request of

Name COLUMBIA TITLE COMPANY  
ATTN: PEGGY

Address PO BOX 1128

City and State WHITE SALINON WA 98672  
**118864**  
FED EX TO KING/BLACK

SCR 18352

THIS SPACE PROVIDED FOR RECORDING USE

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY SKAMANIA CO. TITLE

JUN 8 11 09 AM '94

P. Johnson

AUDITOR

GARY M. OLSON

BOOK 141 PAGE 783

## Statutory Warranty Deed

THE GRANTOR MARTIN W. SAVINSKY, an unmarried man, as his separate property  
for and in consideration of fulfillment of contract  
in hand paid, conveys and warrants to MARK E. KING and LAURIE A. BLACK, husband and wife  
the following described real estate, situated in the County of Skamania , State of Washington

Lot 4, NORTHWESTERN LAKE SUBDIVISION, according to the recorded Plat  
thereof, recorded in Book B of Plats, page 73, in the County of Skamania, State of Washington.

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated June 23 , 1993 , and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Real Estate Sales Tax was paid on this sale on Dated March

June 24, 1993  
January 12, 1994  
1994 Rec. No. 15895

Martin W. Savinsky

## REALESTATE EXCISE TAX

JUN 8 1994  
PAID ~~ONE FIVE HUNDRED DOLLARS~~

STATE OF WASHINGTON

COUNTY OF KING }  
On this day personally appeared before me

MARTIN W. SAVINSKY

to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4th day of March 1994

Anita Hasselbeck  
Notary Public in and for the State of Washington, residing at Everett

My commission expires: 3/26/96

STATE OF WASHINGTON

COUNTY OF }

SKAMANIA COUNTY TREASURER

In this day of before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared

and to me known to be the President and Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the same instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned. I further stated that said instrument is a valid instrument and that the seal affixed is the corporate seal of said corporation. I am officially seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at

Skamania County Treasurer  
RECEIVED - Page # C-3, 1C-C3-CO-C218-00

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

1162  
LOCAL FILE NUMBER

118874 CERTIFICATE OF DEATH

BOOK 146

PAGE 794

STATE EXAMINER

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                           |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1 NAME<br>First<br>Last                                                                                                                                                                                                                                                                                                                                              |  | 2 ADDRESS                                                                                                                                                                                                 | 3 DATE<br>BIRTHDAY<br>(Mo Day Yr)                                                                                                         | 4 SEX<br>M                                                                          | 5 DEATH DATE (Mo Day Yr)<br>Oct. 7, 1992             |                                                                   |                                                                          |
| Lawrence Ervin                                                                                                                                                                                                                                                                                                                                                       |  | MALICKI                                                                                                                                                                                                   | 6 BIRTHPLACE<br>(City State or Foreign Country)<br>Michigan City, IN                                                                      | 7 SEX<br>M                                                                          | 8 VETERAN<br>ARMED FORCES<br>(Yes/No) Yes            |                                                                   |                                                                          |
| 63                                                                                                                                                                                                                                                                                                                                                                   |  | AUG 21, 1929                                                                                                                                                                                              | 9 STATE OF DEATH<br>FOR PLACE THEN CITY ADDRESS OR Mailing Address<br>10 HOURS 22 MINUTES 3 XEROX 3500 MI. 4TH HOUR S MURKIN & OTHER MALE | 11 CO. OF DEATH<br>Clark                                                            | 12 AGED (LAST 12 MONTHS)<br>13 TEAM (LAST 12 MONTHS) |                                                                   |                                                                          |
| Vancouver                                                                                                                                                                                                                                                                                                                                                            |  | Southwest Washington Medical Center                                                                                                                                                                       |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 14 MARITAL STATUS Married<br>Never Married Divorced Widowed (Specify)                                                                                                                                                                                                                                                                                                |  | 15 ATTENDING SPouse (Indicate blood relation)                                                                                                                                                             |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| Married                                                                                                                                                                                                                                                                                                                                                              |  | Wanita L. Hansen                                                                                                                                                                                          |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 16 DUTY OCCUPATION (If any work done<br>during most of working life DO NOT USE RETIRED)                                                                                                                                                                                                                                                                              |  | 17 KIND OF BUSINESS OR INDUSTRY<br>Door Manufacturing                                                                                                                                                     |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| Welder                                                                                                                                                                                                                                                                                                                                                               |  | 18 ENVIRONMENT OF DEATH<br>19 INSIDE CITY/STATE/CONTY<br>20 ZIP CODE<br>21 CITY/TOWN/STATE<br>22 INDEPENDENCE NUMBER AND STREET<br>12111 N.E. 111th Ave.                                                  |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 23 FATHER'S NAME - FIRST MIDDLE<br>Victor Malicki                                                                                                                                                                                                                                                                                                                    |  | 24 MOTHER'S NAME - FIRST MIDDLE<br>Eleanor Dick                                                                                                                                                           |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 25 INSURANT NAME<br>Wanita L. Malicki (wife)                                                                                                                                                                                                                                                                                                                         |  | 26 STREET OR RD NO<br>12111 N.E. 111th Ave., Vancouver, WA 98662                                                                                                                                          |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 27 MEDICAL Cremation<br>REMOVAL OTHER (Specify)                                                                                                                                                                                                                                                                                                                      |  | 28 CEMETERY/CHURCH/RELIGION<br>Willmette National Cemetery                                                                                                                                                |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| Burial 10-12-92                                                                                                                                                                                                                                                                                                                                                      |  | 29 NAME OF FACILITY<br>Vancouver Funeral Chapel                                                                                                                                                           |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 30 FURNAL DIRECTOR SIGNATURE<br><i>Archie Y. Hamilton</i>                                                                                                                                                                                                                                                                                                            |  | 31 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER<br>TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE<br>AND WAS DUE TO THE CAUSE(S) STATED<br>SIGNATURE AND TITLE<br><i>X</i> |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 32 DATE DEATH (Mo Day Yr)<br>10/07/92                                                                                                                                                                                                                                                                                                                                |  | 33 ON THE BASIS OF EXAMINATION AND HISTORY<br>THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED<br>SIGNATURE AND TITLE<br><i>X</i>                                                              |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 34 DATE SIGNED (Mo Day Yr)<br>2002                                                                                                                                                                                                                                                                                                                                   |  | 35 LOCATION CITY/TOWN STATE<br>Portland, OR<br>ADDRESS OF FACILITY<br>110 E. 12th St.<br>Vancouver, WA                                                                                                    |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 36 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN<br>Archie Y. Hamilton, MD (signature) P.O. Box 5000, Vancouver, WA 98668                                                                                                                                                                                                                 |  | 36 HOUR OF DEATH (24 Hrs)<br>2002                                                                                                                                                                         |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 37 NAME AND ADDRESS OF CERTIFYING PHYSICIAN MEDICAL EXAMINER OR CORONER (IF OTHER)<br>None                                                                                                                                                                                                                                                                           |  | 37 HOUR OF PROCLAIMED DEAD<br>(24 Hrs)<br>2002                                                                                                                                                            |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 38 IMMEDIATE CAUSE (For injuries or complications which caused the death)<br>DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.<br>Sequentially list causes. If any cause is questionable, enter under "Other Cause" (Cause of injury which initiated events resulting in death). LAST |  | 38 MEDICAL EXAMINER NUMBER<br>SKAMANIA CO. WASH<br>BRAKMANIA CO. TITLE<br>FILED FOR RECORD<br>P. Johnson                                                                                                  |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 39 OTHER SIGNIFICANT CONDITIONS- CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE                                                                                                                                                                                                                                              |  | 39 INTERVAL BETWEEN ONSET AND DEATH<br>INTERVAL BETWEEN ONSET AND DEATH<br>INTERVAL BETWEEN ONSET AND DEATH                                                                                               |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 40 ADD BUCKLE, HAMM, UNDET,<br>OR PENDING SUIT (Specify)                                                                                                                                                                                                                                                                                                             |  | 41 DATE OF INJURY (Mo Day Yr)                                                                                                                                                                             |                                                                                                                                           | 42 HOUR OF INJURY<br>(24 Hrs)                                                       |                                                      | 43 AUTOPSY?<br>(Yes/No)<br>Yes                                    | 44 MEDICAL EXAMINER TO<br>MEDICAL EXAMINER OR<br>CORONER (Yes/No)<br>Yes |
| 45 INJURY AT WORK? (Yes/No)                                                                                                                                                                                                                                                                                                                                          |  | 46 PLACE OF INJURY- AT HOME, FARM, STREET, FACTORY, OFFICE<br>(Specify)                                                                                                                                   |                                                                                                                                           | 47 STREET OR RD NO. CITY/TOWN, STATE<br>16460<br>REAL ESTATE EXCISE TAX<br>10/07/92 |                                                      | 48 DATE RECEIVED (Mo Day Year)<br>10/07/92                        |                                                                          |
| 49 RECORD ACHIEVEMENT REPORTS OF DATE (Mo Day Year)<br>Item<br>DOCUMENTARY<br>EVIDENCE<br>Indexed Dir                                                                                                                                                                                                                                                                |  | 50 INDEXED DATED<br>10/07/92                                                                                                                                                                              |                                                                                                                                           | 51 STAMPED DATE<br>10/07/92                                                         |                                                      | 52 DATE TIRE ASSESSMENT<br>SKAMANIA CO. (Mo Day Year)<br>10/07/92 |                                                                          |
| 53 PARCEL<br>3-9-94                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                           |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |
| 54 FOR INSTRUCTIONS SEE BACK AND HANDOUT                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                           |                                                                                                                                           |                                                                                     |                                                      |                                                                   |                                                                          |

Stamps  
Parcel  
3-9-94

THIS IS A COPY OF THE ORIGINAL DOCUMENT

THE ORIGINAL IS HELD AT THE STATE EXCISE TAX

SKAMANIA CO. (Mo Day Year)  
10/07/92

DOH 01-000 (5-92)

## SUPERIOR COURT OF WASHINGTON FOR CLARK COUNTY

Estate of:

LAWRENCE E. MALICKI

Deceased.

Probate No. 92-4-00572-8

ORDER CONFIRMING  
NONINTERVENTION POWERS  
TO EXECUTOR  
(CLERK'S ACTION REQUIRED)  
(RCW 11.68.010)

## I. HEARING

- 1.1 DATE. A hearing was held on the date of this Order.
- 1.2 PURPOSE. The purpose of the hearing was to establish the estate's eligibility for nonintervention powers.
- 1.3 APPEARANCES. The Petitioner, Wanita Malicki, personally in Court with WOODROW W. POLLOCK, JR., the attorney for Petitioner and the estate.
- 1.4 PROOF. The Court considered the files and the verified Petition. Testimony in support of the Petition was given by Wanita Malicki.

## II. FINDINGS

On the basis of proof of that proof described in paragraph 1.4, the Court finds:

- 2.1 EXECUTOR. The Will names Petitioner as the Executor. The Executor is other than a creditor of the decedent.
- 2.2 SOLVENCY. The assets of the estate will exceed the expenses, taxes, debts, and claims of creditors.

## III. ORDER CONFIRMING NONINTERVENTION POWERS

On the basis of the Findings, it is ORDERED: 016460

REAL ESTATE EXCISE TAX

- 3.1 SOLVENCY. The estate is solvent.

APR 09 1994

*Ex-141*  
LAWYERS NORTHWEST, P.C. 04/09/1994  
11701 N.E. 45th Street, Suite 11701  
Vancouver, Washington 98660  
(206) 556-7801  
CLARK COUNTY TREASURER

1           3.2 NONINTERVENTION POWERS. Upon filing an oath, the  
2           Petitioner as Executor may administer and close the  
3           estate without further intervention of the Court.

4           3.3 TRANSFERS. Upon qualifying, the Petitioner as Executor  
5           is authorized to transfer all property of the estate  
6           without further order of the Court.

7           Dated: December 4, 1992

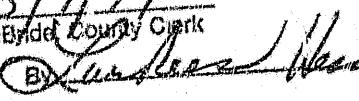
8             
9           JUDGE OF THE SUPERIOR COURT

10           Presented by:

11           LAWYERS NORTHWEST, P.C.  


12             
13           WOODROW W. POLLOCK, JR., WSB# 17716  
14           Attorney for the Estate  
15           11701 N.E. 95th Street, Suite E  
16           Vancouver, Washington 98682  
17           (206) 256-7801

18           STATE OF WASHINGTON | vs  
19           COUNTY OF CLARK

20           I, JoAnne McBride, County Clerk and Clerk of the Superior  
21           Court of Clark County, Washington, DO HEREBY CERTIFY  
22           that this document, consisting of 1 page(s), is a  
23           true and correct copy of the original now on file and of record  
24           in my office and, as County Clerk, I am the legal custodian  
25           thereof.  
26           Signed and sealed at Vancouver, Washington this date:  
27           3/4/94  
28           JoAnne McBride, County Clerk  
29           By  Deputy