INCORPORATED UNDER THE LAWS OF THE STATE OF WASHINGTON IN 1918

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REAL ESTATE EXCISE TAX

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AUDITOR

GARY M. OLSON

Wauna Lake Club

Proprietary Membership Certificate

Certificate Number 105 BOOK 142 PAGE 83

119004

This is to certify that RUTH E. BURNS is a proprietary member of the Wauna Lake Club and entitled to all the benefits and privileges of a proprietary member as defined and prescribed by the by-laws, rules and regulations now in force, or that may hereafter be adopted, or promulgated by the club or Trustees thereof.

This certificate cannot be transferred or assigned, and must be surrendered to the secretary of this organization at the death of the proprietary member holding it, or at the time of his withdrawal or removal from this club for any reason whatsoever.

In Witness Whereof, Wauna Lake Club has caused these presents to be signed by its president and attested to by its secretary and its corporate seal affixed thereto this 1ST day of MAY, 1991.

Wauna Lake Club

By _____ President

Attested: _____ Secretary

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Glenda J. Kimmel, Skamania County Assessor
2-08-00 Parcel # 33 07 15 02 1550 00

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Non-Transferable

No. 1

WAUNA LAKE CLUB

THIS CERTIFIES that RUTH E. BURNS *is the registered holder of* *LEASE DEPOSIT CERTIFICATE on Site Number* 50

This certificate shall be governed by the By-Laws of the Wauna Lake Club; and upon surrender of this Lease Deposit Certificate the above amount, without interest, will be returned.

Dated this 1ST *day of* MAY 1991

[signature] Pres.

[signature] Secretary-Treasurer

CERTIFICATION OF VITAL RECORD

070836
ID TAG NO

C3298
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
Vital Records Unit
CERTIFICATE OF DEATH

BOOK 142 PAGE 85

136
State File Number

DECEDENT

1 DECEDENT'S NAME: First: Robert; Middle: Leslie; Last: BURNS
2 SEX: M
3 DATE OF DEATH (Month, Day, Year): June 13, 1990
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE (Last Birthday) (Years): 67
5b Under 1 Year: Mos. / Days
5c Under 1 Day: Hours / Mins.
6 BIRTHPLACE (City and State or Foreign Country): McCall, Idaho
7 DATE OF BIRTH (Month, Day, Year): October 24, 1922
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (X) Yes ( ) No
9a PLACE OF DEATH (Check only one): HOSPITAL: (X) Inpatient ( ) ER/Outpatient ( ) DOA; OTHER: ( ) Nursing Home ( ) Decedent's Home ( ) Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Mt. Hood Medical Center
9c CITY, TOWN, OR LOCATION OF DEATH: Gresham
9d COUNTY OF DEATH: Multnomah
10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Attorney
10b KIND OF BUSINESS/INDUSTRY: Law
11 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married
12 SPOUSE (If Married, Widowed, Divorced): Ruthe
13a RESIDENCE - STATE: Oregon
13b COUNTY: Multnomah
13c CITY, TOWN, OR LOCATION: Gresham
13d STREET AND NUMBER: 2915 S.W. Pleasant View Dr.
13e INSIDE CITY LIMITS? (X) Yes ( ) No
13f ZIP CODE: 97080
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes - Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, Other - Specify) (X) No ( ) Yes
15 RACE (American Indian, Black, White, etc. (Specify)): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): 5; College (1-4 or 5+)

PARENTS

17 FATHER - NAME First Middle Last: Wallace G. Burns
18 MOTHER - NAME First Middle Maiden: Lela Castro
19 INFORMANT - NAME and relationship to deceased: Ruthe Burns/Spouse

DISPOSITION

20a METHOD OF DISPOSITION: ( ) Mausoleum (X) Burial ( ) Cremation ( ) Removal from State ( ) Donation ( ) Other (Specify)
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Willamette National Cemetery
20c LOCATION - City or Town, State: Portland, Oregon

REGISTRAR

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]
21b LICENSE NUMBER (Of Licensee): 0152
22 NAME, ADDRESS AND ZIP OF FACILITY: Bateman Carroll Funeral Chapel, P.O. Box 407, Gresham, OR 97030
23 DATE FILED (Month, Day, Year): JUN 22 1990
24 REGISTRAR'S SIGNATURE: [signature]
25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ( ) YES ( ) NO (X) N/A
26 WAS GIFT MADE? ( ) YES (X) NO ( ) N/A

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27 TIME OF DEATH: 2:03 AM
28 WAS MEDICAL EXAMINER NOTIFIED? ( ) Yes (X) No
29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]
30 DATE SIGNED (Month, Day, Year): 6/22/90
34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): Dr. Marshall Brown, MD P.O. Box 391, Gresham, OR 97030
35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a TIME OF DEATH: M
31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour): M
32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)
33 DATE SIGNED (Month, Day, Year) COUNTY

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
(a) [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(b) [illegible]
DUE TO, OR AS A CONSEQUENCE OF:
(c)
Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I

37. Did tobacco use contribute to the death? ( ) Yes ( ) No ( ) Probably (X) Unk
38. AUTOPSY ( ) Yes (X) No
39. If YES were findings considered in determining cause of death? ( ) Yes ( ) No ( ) N/A

40. MANNER OF DEATH: (X) Natural ( ) Pending Investigation ( ) Accident ( ) Undetermined Manner ( ) Suicide ( ) Homicide ( ) Legal Intervention
41a. DATE OF INJURY (Month, Day, Year)
41b. TIME OF INJURY M
41c. INJURY AT WORK? ( ) Yes ( ) No
41d. DESCRIBE HOW INJURY OCCURRED
41g. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify)
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

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THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

DATE ISSUED JUL 01 1990

[signature]
ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON