ASSIGNMENT, ASSUMPTION, AND CONSENT

FILED FOR RECORD
SKAMANIA CO. WASH
BY James V. Gipe

Mar 16 1 07 PM '94
P. Lowry
AUDITOR
GARY H. OLSON

"ASSIGNOR" James V. Gipe and Naomi Gipe
Box 37, Northwoods
Cougar, WA 98616-0037

"ASSIGNEE" James V. Gipe
Box 37, Northwoods
Cougar, WA 98616-0037

"WATER FRONT" Water Front Recreation, Inc.,
a Washington corporation
525 NE Greenwood Avenue
Bend, Oregon 97701

DATED: May 2, 1994

119439

BOOK 143 PAGE 170

In consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor, Assignee, and Water Front hereby agree as follows:

1. Assignor hereby assigns to Assignee all right, title and interest Assignor has in and to:

1.1 Those certain premises described as follows:

Cabin Site No. 37 of the Northwoods being part of Government Lots 4 and 8, Section 26, Township 7 N, Range 6 E Willamette Meridian, Skamania County, Washington.

1.2 And under that certain Cabin Site Lease from Water Front to James V. and Naomi Gipe, dated July 1, 1971, a copy of which Cabin Site Lease is attached hereto marked Exhibit A, and incorporated herein by reference.

016586

REAL ESTATE EXCISE TAX

MAY 11 1994

PAID Ex

Deputy

SKAMANIA COUNTY TREASURER

Registered
Indexed Dir
Indexed Rev
Mailed

Glenda J. Kimmel, Skamania County Assessor
By: ... Parcel # 96-0037

2. Assignee hereby accepts this Assignment and hereby assumes and agrees to perform all obligations of the Lessee under the Cabin Site Lease, as affected, if at all, by the Settlement Agreement of May 24, 1984, including, without limitation, payment of all rent required by the provisions thereof.

3. Water Front hereby consents to the foregoing Assignment and Assumption.

IN WITNESS WHEREOF, the parties hereto have executed this Assignment, Assumption, and Consent in triplicate as of the date first hereinabove written.

ASSIGNOR:

James V. Gipe

James V. Gipe
Power of Attorney for Naomi Gipe

ASSIGNEE:

James V. Gipe

WATER FRONT RECREATION, INC.

By: Robert T. Curry
Robert T. Curry, President

STATE OF Washington)
)ss:
County of Clark)

This instrument was acknowledged before me on April 20, 1994 by James V. Cope. Assignee/Assignor

James D. Pugh
Notary Public for State of Washington
My Commission Expires: 6-97

STATE OF Washington)
)ss:
County of Clark)

This instrument was acknowledged before me on April 20, 1994 by James V. Cope, power of attorney for Naomi P. Cope

James D. Pugh
Notary Public for State of Washington
My Commission Expires: 6-97

STATE OF OREGON)
)ss:
County of Deschutes)

This instrument was acknowledged before me on May 2, 1994 by Robert T. Curry.

OFFICIAL SEAL
SHERILYN HASKETT
NOTARY PUBLIC-OREGON
COMMISSION NO. 024189
MY COMMISSION EXPIRES APRIL 29, 1997

Sherilyn Haskett
Notary Public for Oregon
My Commission Expires: 4-29-97

STATE OF _____)
)ss:
County of _____)

This instrument was acknowledged before me on _____, 19___ by _____.

_____
Notary Public for _____
My Commission Expires: _____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

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CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME — First: Neomi — Middle: Ann — Last: Gipe			2. SEX (Yr): Female	3. DEATH DATE (Mo Day Yr): November 3, 1993	
4. AGE LAST BIRTHDAY (Yrs): 71	5. UNDER 1 YEAR (Mos / Days)	6. UNDER 1 DAY (Hours / Min)	7. BIRTH DATE (Mo Day Yr): Mar 23, 1922	8. BIRTHPLACE (City & State or Foreign Country): Buda, Nebraska	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania					
11. CITY, TOWN OR LOCATION OF DEATH: Cougar	12. PLACE OF DEATH (1. HOME 2. HOSPITAL 3. OTHER INSTITUTION (NAME) 4. DOA 5. NURSING HOME 6. OTHER PLACE): 1 — Box 37 Northwoods				13. SMOKED IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married	15. SURVIVING SPOUSE (If wife, give maiden name): James V. Gipe		16. SOCIAL SECURITY NO: 507-24-4303	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary, Secondary (0-12): 12	College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Seamstress	19. KIND OF BUSINESS OR INDUSTRY: Knitting Mills		20. Was Decedent of Hispanic origin or descent? (Accepted): (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): (Yes / No): Specify: No		21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: Box 37 Northwoods	23. CITY, TOWN OR LOCATION: Cougar	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Skamania	25B. LENGTH OF RES IN CO: 20 yr	26. STATE: WA
27. ZIP CODE: 98616					
28. FATHER'S NAME - FIRST, MIDDLE, LAST: Benjamin Rice			29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Enid Parks		
30. INFORMANT - NAME: James V. Gipe	31. MAILING ADDRESS — STREET OR RFD NO: Box 37 Northwoods	CITY OR TOWN: Cougar,	STATE: Washington	ZIP: 98616	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	33. DATE (Mo Day Yr): 11/06/1993	34. CEMETERY/CREMATORY - NAME: Mountain View Cemetery	35. LOCATION - CITY/TOWN, STATE: View, Washington		
36. FUNERAL DIRECTOR SIGNATURE: X [signature]		37. NAME OF FACILITY: Evergreen Staples Funeral Chapel	37A. ADDRESS OF FACILITY: 4700 St. Johns Road Vancouver, Washington 98661		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

38. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE: X [signature] M.D.

40. DATE SIGNED (Mo Day Yr): 11-5-93

41. HOUR OF DEATH (24 Hrs): 2010

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE: X

44. DATE SIGNED (Mo, Day, Yr)

45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo, Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs)

48. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Dr. David A. Pfaff, M.D. 2102 McLoughlin Blvd. Vancouver, WA 98661

49. MEDICAL/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death)	A METASTATIC CARCINOMA OF LUNG	INTERVAL BETWEEN ONSET AND DEATH: 1 Mo
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: B	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF: C	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF: D	INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: CARCINOMA OF THE ARTERY

52. AUTOPSY (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

54. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)	55. INJURY DATE (Mo Day Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)	60. LOCATION - STREET OR RFD NO, CITY/TOWN, STATE	

61. RECORD AMENDMENT (Registrar Use Only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62. REGISTRAR SIGNATURE: X [signature], MD
				63. DATE RECEIVED (Mo, Day, Yr): Nov 8, 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 113-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/92)

CERTIFIED COPY
OF VITAL RECORD
OCT 6 1993
STATE OF WASHINGTON
Dr. Karl Steingart
Health District Officer
SW Washington Dist.
AA890865

COMMUNITY PROPERTY AGREEMENT

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WHEREAS, JAMES V. GIPE and NEOMI A. GIPE, of Vancouver, Clark County, Washington, are husband and wife; and,

WHEREAS, said parties are the owners of certain property and desire that all property now owned or which may hereafter be acquired by said parties, or either of them, be their community property, and in the event of the death of either while the other survives that said property shall vest in and become the separate and individual property of the survivor.

NOW, THEREFORE, in consideration of the mutual benefits and conveyances herein contained, it is hereby agreed by said parties that all property now owned or which may hereafter be acquired in any manner by either of them is, or upon date of its acquisition shall become, their community property.

IT IS FURTHER AGREED that should said James V. Gipe die while survived by said Neomi A. Gipe all property of every kind or nature then owned by said parties shall vest in and become the separate and individual property of the said Neomi A. Gipe, and that should said Neomi A. Gipe die while survived by James V. Gipe all property of every kind or nature then owned by said parties shall vest in and become the separate and individual property of the said James V. Gipe.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands this 13th day of April, 1966.

James V. Gipe

Neomi A. Gipe

96-000037

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STATE OF WASHINGTON)
ss.
County of Clark)

On this day personally appeared before me James V. Gipe and Neomi A. Gipe, to me known to be the individuals described in and who exacuted the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this 13th day of April, 1966.

NOTARY PUBLIC in and for the State of Washington, residing at Vancouver, therein.