

ASSIGNMENT, ASSUMPTION, AND CONSENT

FILED IN RECORDS
SKAMANIA COUNTY WASH
BY *James V. Gipe*

"ASSIGNOR"

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

MAY 16 1 07 PM '94

P. Sherry
AUDITOR

GARY H. OLSON

"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:

119439

May 2, 1994

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.

Assignment, Assumption, and Consent Form - Page 1

016586

REAL ESTATE EXCISE TAX

MAY 11 1994

PAID *Es*
P. Sherry
SKAMANIA COUNTY TREASURER

REGISTERED *p*
INDEXED *p*
FILED *p*
MAILED

Glenda J. Kimmel, Skamania County Assessor
By: *mu* Parcel # 96-000037

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
James V. Gipe
Power of Attorney for Naomi Gipe

ASSIGNEE:

James V. Gipe
James V. Gipe

WATER FRONT RECREATION, INC.

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

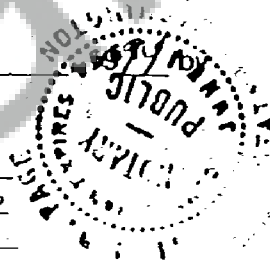
STATE OF Washington)
County of Clark) ss:

This instrument was acknowledged before me on April 20 1994 by
James V. Cripe Assignor/Assignee
[Signature]
Notary Public for State of Washington
My Commission Expires: 6-94



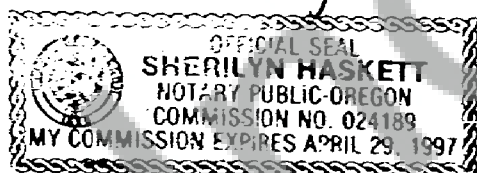
STATE OF Washington)
County of Clark) ss:

This instrument was acknowledged before me on April 20 1994 by
James V. Cripe, power of attorney for Naomi A. Cripe
[Signature]
Notary Public for State of Washington
My Commission Expires: 6-94



STATE OF OREGON)
County of Deschutes) ss:

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



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

STATE OF _____)
County of _____) ss:

This instrument was acknowledged before me on _____, 19__ by

Notary Public for _____
My Commission Expires: _____

STATE OF WASHINGTON DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

BOOK 143 PAGE 73

33

DEPARTMENT OF HEALTH

STATE FILE NUMBER

1. NAME Neomi Ann Gipe				2. SEX Female		3. DEATH DATE (MO, DAY, YR) November 3, 1993	
4. AGE LAST BIRTHDAY 71		5. BIRTH DATE (MO, DAY, YR) Mar 23, 1922		6. BIRTH PLACE (CITY, STATE, COUNTRY) Buda, Nebraska		7. WAS DECEASENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
8. COUNTY OF DEATH Skamania				9. PLACE OF DEATH (1. HOME, 2. NURSING HOME, 3. HOSPITAL, 4. OTHER) Box 37 Northwoods			
10. CITY, TOWN, OR LOCATION OF DEATH Cougar				11. SURVIVED BY LAST 15 YEARS (Yes/No) No			
12. MARITAL STATUS (Married, Never Married, Widowed, Divorced, Separated) Married		13. SURVIVED SPOUSE (Name, Date of Death) James V. Gipe		14. SOCIAL SECURITY NO. 507-24-4303		15. DECEASENT'S EDUCATION (Specify highest grade completed) 12	
16. USUAL OCCUPATION (Include kind of work, time during year of working, etc. DO NOT USE RETIRED) Seamstress		17. KIND OF BUSINESS OR INDUSTRY Knitting Mills		18. WAS DECEASENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes/No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		19. RACE (Specify) White	
20. RESIDENCE NUMBER AND STREET Box 37 Northwoods		21. CITY, TOWN, OR LOCATION Cougar		22. RESIDENCE CITY LIMITS (Yes/No) No		23. COUNTY Skamania	
24. LENGTH OF RES. IN CO. 20 yr		25. STATE WA		26. ZIP CODE 98616			
27. FATHER'S NAME - FIRST, MIDDLE, LAST Benjamin Rice				28. MOTHER'S NAME - FIRST, MIDDLE, MARGEN, SURNAME Enid Parks			
29. INFORMANT - NAME James V. Gipe				30. MAILING ADDRESS (STREET OR RFD NO.) CITY OR TOWN STATE ZIP Box 37 Northwoods Cougar, Washington 98616			
31. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		32. DATE (MO, DAY, YR) 11/06/1993		33. CEMETERY/CREMATORY - NAME Mountain View Cemetery		34. LOCATION - CITY, TOWN, STATE View, Washington	
35. FUNERAL DIRECTOR SIGNATURE <i>David A. Pfaff</i>				36. NAME OF FACILITY Evergreen Staples Funeral Chapel			
37. ADDRESS OF FACILITY 4700 St. Johns Road Vancouver, Washington 98661							
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 <i>David A. Pfaff, M.D.</i>				39. 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 <i>David A. Pfaff, M.D.</i>			
40. DATE SIGNED (MO, DAY, YR) 11-5-93		41. HOUR OF DEATH (24 HRS) 2010		42. DATE SIGNED (MO, DAY, YR)		43. HOUR OF DEATH (24 HRS)	
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If Yes, or Print)				45. PROHOUNCED DEAD (MO, DAY, YR)		46. HOUR PROHOUNCED DEAD (24 HRS)	
47. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (If Yes, or Print) Dr. David A. Pfaff, M.D. 2102 McLoughlin Blvd. Vancouver, WA 98661				48. MEDICORNER FILE NUMBER			
49. 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 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		B. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH	
50. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		51. ALCOHOL (Yes/No) No		52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No			
53. ACC. SOURCE, HOME, UNDER, OR PENNING ARREST (Specify)		54. INJURY DATE (MO, DAY, YR)		55. HOUR OF INJURY (24 HRS)		56. DESCRIBE HOW INJURY OCCURRED	
57. INJURY AT WORK (Yes/No)		58. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, BLDG, ETC. (Specify)		59. CITY, TOWN, STATE			
60. RECORD AMENDMENT (Register or Amend) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. REGISTER SIGNATURE <i>David A. Pfaff, M.D.</i>		62. DATE RECEIVED (MO, DAY, YR) Nov 8, 1993			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 11-000 (Rev. 7/91) (Formerly CSHS 9-150)

A

DOH 01-003 (5-92)

CERTIFIED

WAS
OCT 3 1993
Dr. David A. Pfaff
Health District 1
SVA, Wash. Health Dist.
AA890865

COMMUNITY PROPERTY AGREEMENT

BOOK 143 PAGE 174

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

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 executed 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.