

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY Joseph Uball

Oct 26 3 50 PM '95

*O. Lowry*  
AUDITOR

GARY M. OLSON

# Distribution Agreement

WHEREAS, HELEN A. BERRY died on the 20th day of March, 1990; and

WHEREAS, the undersigned constitute all of the heirs at law and devisees of the said HELEN A. BERRY; and

WHEREAS, the entire estate of the said HELEN A. BERRY consists of real property in Skamania County, State of Washington; and

WHEREAS, the following agreement reflects the intent of the deceased; and

WHEREAS, the total of the assets is not subject to taxation; now, therefore, the undersigned

AGREE between themselves that the following distribution of assets shall be a full and complete satisfaction of their individual and collective inheritance entitlement; and, do, further

DIRECT that any and all affected non-parties to this agreement shall give full force and effect thereto as of the date of death of the deceased party herein as if said assets had been fully probated; and, further, the undersigned.

WARRANT and GUARANTEE to hold any third party harmless upon such person or entity's reliance upon this document, from any claims whatsoever, further warranting that all claims due or to be due against the deceased or her estate have been fully paid or otherwise satisfied.

The following list of assets constitutes the entire estate of HELEN A. BERRY, and shall be distributed as indicated, to-wit:

1. The Northeast quarter of the Northeast quarter of Section 29, Township 2 North, Range 5 East, of the Willamette Meridian, EXCEPT a strip of land 300 feet in width acquired by the United States of America for the Bonneville-Vancouver No. 1 and No. 2 transmission lines.

TOGETHER WITH all rights of the sellers in and to that easement deed executed by the United States of America by Paul J. Raver, Bonneville Power Administrator, dated September 4, 1940 and recorded February 26, 1948, at page 618 of Book 31 of Deeds, recorded under Auditor's File No. 37588, records of Skamania County, Washington.

and shall be distributed to ROBERT L. BERRY as his separate estate.

2. All other assets were held jointly by the deceased and an heir or devisee and are herewith confirmed unto the survivor.

17716

REAL ESTATE EXCISE TAX

Registered   
 Indexed, Dir   
 Indirect   
 Filmed   
 Mailed

OCT 27 1995

PAID *example*

*sl*  
SKAMANIA COUNTY TREASURER

Helen A. Berry, Deceased  
DISTRIBUTION AGREEMENT  
Page 1 of 2

Gary M. Olson, Skamania County Auditor  
Date 10/26/95 Paid 17716 00 0/100 83

3. Any assets not otherwise mentioned or referred to herein shall be distributed to ROBERT L. BERRY.

DATED this 19th day of September, 1995.

Robert L. Berry  
ROBERT L. BERRY, Heir

On this day personally appeared before me ROBERT L. BERRY, to me known to be the individual 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 19<sup>th</sup> day of September  
Joseph P. Rickard  
Notary Public for Washington  
Residing at Stevenson  
My commission expires 9-26-97

Steven R. Berry  
STEPHEN R. BERRY, Heir  
Steven

On this day personally appeared before me STEPHEN R. BERRY, to me known to be the individual 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 19<sup>th</sup> day of September  
Joseph P. Rickard  
Notary Public for Washington  
Residing at Stevenson  
My commission expires 9-26-97

David L. Berry  
DAVID L. BERRY, Heir

On this day personally appeared before me DAVID L. BERRY, to me known to be the individual 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 19<sup>th</sup> day of September  
Joseph P. Rickard  
Notary Public for Washington  
Residing at Stevenson  
My commission expires 9-26-97

Carolyn K. Brundidge  
CAROLYN K. BRUNDIDGE, Heir

On this day personally appeared before me CAROLYN K. BRUNDIDGE, to me known to be the individual described in and who executed the within and foregoing instruments, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 19<sup>th</sup> day of September  
Joseph P. Rickard  
Notary Public for Washington  
Residing at Stevenson  
My commission expires 9-26-97

OREGON STATE HEALTH DIVISION  
VITAL STATISTICS SECTION

OREGON DEPARTMENT OF HUMAN RESOURCES BOOK 153 PAGE 24  
HEALTH DIVISION  
Vital Records Unit  
CERTIFICATE OF DEATH

PERMANENT  
BLACK INK

38889  
10 TAG NO

Local File Number

State File Number

1 DECEASED NAME <b>Heion Augusta BERRY</b>		2 SEX <b>Female</b>		3 DATE OF DEATH (Month, Day, Year) <b>March 20, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>66</b>		5 BIRTH PLACE (City and State or Foreign Country) <b>Portland, Oregon</b>		6 DATE OF BIRTH (Month, Day, Year) <b>May 13, 1923</b>	
7 DECEASED'S US RESIDENCE AT TIME OF DEATH <b>Providence Hospital, Portland, Multnomah</b>					
8 DECEASED'S US RESIDENCE AT TIME OF DEATH (One kind of work done during most of working life in past 12 months) <b>Homemaker, Own Home, Married, Robert L. Berry</b>					
9 DECEASED'S US RESIDENCE AT TIME OF DEATH (City, Town, or Location) <b>Washington, Skamania, Washougal, HP O.02R Berry Lane</b>					
10 DECEASED'S US RESIDENCE AT TIME OF DEATH (State) <b>Washington, Skamania, Washougal</b>					
11 DECEASED'S US RESIDENCE AT TIME OF DEATH (Municipality) <b>Washougal</b>					
12 DECEASED'S US RESIDENCE AT TIME OF DEATH (Zip Code) <b>98671</b>					
13 DECEASED'S US RESIDENCE AT TIME OF DEATH (Race) <b>White</b>					
14 DECEASED'S US RESIDENCE AT TIME OF DEATH (Education) <b>11</b>					
15 FATHER - NAME (Last, Middle, First) <b>Ernest E. Binning</b>		16 MOTHER - NAME (Last, Middle, First) <b>Carrie Creton</b>		17 INFORMANT - NAME and relationship to decedent <b>Robert L. Berry - Husband</b>	
18 METHOD OF DISPOSITION <b>Washougal Memorial Cemetery, Washougal, Washington</b>					
19 SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <b>Ronald A. Brown</b>					
20 LICENSE NUMBER OF LICENSEE <b>1017</b>					
21 NAME, ADDRESS AND ZIP OF FACILITY <b>Brown's Stoller Funeral Home, 410 NE Garfield St., Camas, WA 98607</b>					
22 DATE FILED (Month, Day, Year) <b>MAR 27 1990</b>					
23 HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT <b>NO</b>					
24 SIGNATURE OF HOSPITAL REPRESENTATIVE <b>Edward Johnson</b>					
25 DATE SIGNED (Month, Day, Year)					
26 COUNTY					
27 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN <b>Beverley E. Phillipson MD, 510 NE 49th #238, Portland, OR 97213</b>					
28 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Last or First)					
29 IMMEDIATE CAUSE OF DEATH OR ONE CAUSE PER LINE FOR ALL AND (AND) DO NOT EXCEED STATE OF OREGON <b>1. Sudden Aortic Aneurysm 2. Chronic renal failure 3. Myocardial infarction</b>					
30 OTHER SIGNIFICANT CONDITIONS <b>Diabetes</b>					
31 MANNER OF DEATH <b>Accident</b>					
32 DATE OF INJURY <b>3/26/90</b>					
33 TIME OF INJURY					
34 INJURY AT WORK					
35 DESCRIBE HOW INJURY OCCURRED					
36 PLACE OF INJURY (If home, farm, school, factory, etc.)					
37 LOCATION (Street and Number or Highways Route No. City or Town, State)					

ORIGINAL - VITAL STATISTICS COPY

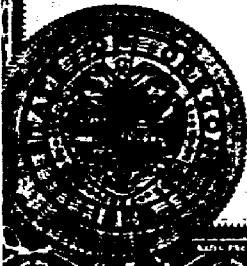
40-2 REV. 1-88

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 **MAR 27 1990**

*Edward Johnson*

EDWARD J. JOHNSON II  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE