149575

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Leonard A. Johnson
7622 NE Alameda
Portland, OR 97213

Leonard Johnson
Aug 1
P Lowry

ASSIGNMENT, ASSUMPTION, AND CONSENT

"ASSIGNOR" LEONARD A. & JANET E. JOHNSON
7622 NE ALAMEDA
PORTLAND, OR 97213

"ASSIGNEE" LEONARD A. JOHNSON
7622 NE ALAMEDA
PORTLAND, OR 97213

"WATER FRONT" WATER FRONT RECREATION, INC.,
a Washington Corporation
P. O. BOX 7139
BEND, OR 97708-7139

REAL ESTATE EXCISE TAX
23162
AUG - 1 2003
PAID Exempt
Vicki Clellard Dep.
SKAMANIA COUNTY TREASURER

DATED: 6 - 11, 2003

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 #11 of the Northwoods being part of Government Lots 4 and 8, Section 26, Township 7 N, Range 6 E Willamette Meridian, Skamania County, Washington.

96 000011
8-1-03
Attys

Unofficial Copy

1.2 And under that certain Cabin Site Lease from Water Front to Leonard A. & Janet E. Johnson, dated September 1, 1971, a copy of which Cabin Site Lease is attached hereto marked Exhibit A, and incorporated herein by reference.

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 herein above written.

ASSIGNOR:

Leonard A. Johnson

Leonard A. Johnson

ASSIGNEE:

Leonard A. Johnson

Leonard A. Johnson

Leonard A. Johnson for Janet E. Johnson DECEASED 10-17-02

Janet E. Johnson

Unofficial Copy

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WATER FRONT RECREATION, INC.

By: [illegible]

Corporate Acknowledgment

State of Oregon)

County of Deschutes)

On this the 11 day of June, 2003, before me,

Natasha Pavlenko, the undersigned Notary Public, personally
Name of Notary Public

appeared [illegible]
Name(s) of Signer(s)

☐ personally known to me - OR-
☐ proved to me on the basis of satisfactory evidence to be the person(s) who executed the within instrument as [illegible] on behalf of the corporation therein
Corporate Title(s) of Signers(s)

named, and acknowledged to me that the corporation executed it. Witness my hand and official seal.

OFFICIAL SEAL
NATASHA PAVLENKO
NOTARY PUBLIC-OREGON
COMMISSION NO. 346552
MY COMMISSION EXPIRES JUNE 5, 2005

Signature of Notary Public

Unofficial Copy

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

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Local File Number:

State File Number:

1. DECEDENT'S NAME: Janet Elaine JOHNSON
2. SEX: Female
3. DATE OF DEATH: October 17, 2002
4. SOCIAL SECURITY NUMBER: 542-44-1402
5a. AGE (Last Birthday): 62
8. PLACE OF BIRTH: Spokane, Washington
9. DATE OF BIRTH: June 9, 1940
9a. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
9b. PLACE OF DEATH: Hospital
9c. FACILITY NAME: 7622 N.E. Alameda
9d. CITY, TOWN OR LOCATION OF DEATH: Portland
9e. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION: Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS: Married
12. SPOUSE: Leonard Arvid Johnson
13a. RESIDENCE - STATE: Oregon
13b. COUNTY: Multnomah
13c. CITY, TOWN OR LOCATION: Portland
13d. STREET AND NUMBER: 7622 N.E. Alameda
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE: 97213
14. WAS DECEDENT OF HISPANIC ORIGIN? No
15. RACE: White
16. DECEDENT'S EDUCATION: 5+
17. FATHER'S NAME: Kenneth Wayne Self
18. MOTHER'S NAME: Eva Elaine Hole
19. INFORMANT: Leonard A. Johnson, spouse
20a. METHOD OF DISPOSITION: Cremation
20b. PLACE OF DISPOSITION: Portland Cremation Center
20c. LOCATION: Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Keith S. Richey
21b. OREGON LICENSE NO.: 3334
21c. NAME, ADDRESS AND ZIP OF FACILITY: Rose City Cemetery & Funeral Home, 5625 NE Fremont, Portland, OR 97213
22. DATE FILED: OCT 21 2002
23. REGISTRAR'S SIGNATURE: Jennifer A. Woodward

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 12:50 P.M.
28. WAS MEDICAL EXAMINER NOTIFIED? Yes
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): John W. Smith II
30. DATE SIGNED: 10/18/02

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH
31b. DATE PRONOUNCED DEAD
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
COUNTY

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: John W. Smith, II, M.D., 5050 N.E. Hoyt, Suite 611, Portland, Oregon 97213

35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

36. IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Metastatic Breast Cancer
DUE TO, OR AS A CONSEQUENCE OF:
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to death but not resulting in the underlying cause given in PART I

37. Did tobacco use contribute to the death? Probably
38. AUTOPSY? No
39. Was it being considered a cremation case? No

40. MANNER OF DEATH: Natural
41a. DATE OF INJURY
41b. TIME OF INJURY
41c. INJURY AT WORK? No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY
41f. LOCATION

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON 1859

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS

DATE ISSUED: OCT 21 2002

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

DEPARTMENT OF HUMAN SERVICES HEALTH SERVICES

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial Copy

0019980

STATE OF Washington)
)ss:
County of Skamania)

This instrument was acknowledged before me on August 1, 2003,
by Leonard A. Johnson.

Peggy B. Lowry
Notary Public for Washington
My Commission Expires 2/23/07

PEGGY B. LOWRY
COMMISSION EXPIRES
NOTARY
PUBLIC
02-23-07
STATE OF WASHINGTON

STATE OF _____)
)ss:
County of _____)

This instrument was acknowledged before me on _____, 2003,
by _____.

_____
Notary Public for _____
My Commission Expires _____

Unofficial Copy