149575

BOOK 247 PAGE 578

Leonard A. Johnson
7622 NE Alameda
Portland, OR 97213

Leonard Johnson
Aug 1
Lawry

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 Clelland 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
8-1-63
Attn:

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

WATER FRONT RECREATION, INC.

By: Robert Russell

Corporate Acknowledgment

State of Oregon)

County of Deschutes)

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

Natasha Pavlenko
Name of Notary Public

, the undersigned Notary Public, personally

appeared Robert A. Russell
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 Assistant Secretary 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

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN SERVICES
HEALTH SERVICES, CENTER FOR HEALTH STATISTICS

BOOK 247 PAGE 581

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

Local File Number: | State File Number:

1. DECEDENT'S NAME: First: Janet | Middle: Elaine | Last: JOHNSON
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): October 17, 2002
4. SOCIAL SECURITY NUMBER: 542-44-1402
5a. AGE (Last Birthday) (Years): 62
5b. If Under 1 Year: Mos. | Days
5c. If Under 1 Day: Hours | Min.
6. BIRTHPLACE (City and State or Foreign Country): Spokane, Washington
7. DATE OF BIRTH (Month, Day, Year): June 9, 1940
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
8a. PLACE OF DEATH (Check only one): ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
9. FACILITY NAME (If not institution, give street and number): 7622 N.E. Alameda
9a. CITY, TOWN, OR LOCATION OF DEATH: Portland
9b. COUNTY OF DEATH: Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired"): Homemaker
10b. KIND OF BUSINESS/INDUSTRY: Own Home
11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
12. SPOUSE (If Married, Widow(er)): 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 ☐ No
13f. ZIP CODE: 97213
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No, Yes - Mexican, Mexican American, Chicano, Puerto Rican, etc.) ☒ No ☐ Yes (Specify)
15. RACE - American Indian, Black, Asian, etc. (Specify): White
16. DECEDENT'S EDUCATION (Check only highest grade completed) - Elementary or Secondary (0-12): | College (1-4 or 5+): 5+
17. FATHER - NAME First, Middle, Last: Kenneth Wayne Self
18. MOTHER - NAME First, Middle, Maiden: Eva Elaine Hoin
19. INFORMANT - NAME and Relationship to Decedent: Leonard A. Johnson, spouse
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Portland Cremation Center
20c. LOCATION - City or Town, State: Portland, Oregon
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Keith S. Richey
21b. OREGON LICENSE NO. OF LICENSEE: 3334
22. NAME, ADDRESS AND ZIP OF FACILITY: Rose City Cemetery & Funeral Home, 5625 NE Fremont, Portland, OR 97213
23. DATE FILED (Month, Day, Year): OCT 21 2002
24. 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 ☐ 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): John W. Smith II
30. DATE SIGNED (Month, Day, Year): 10/18/02

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH:
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
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

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): John W. Smith, II, M.D., 5050 N.E. Hoyt, Suite 611, Portland, Oregon 97213
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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)
Interval between onset and death:
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? ☐ Yes ☐ Probably ☒ Unknown
38. AUTOPSY? ☐ Yes ☒ No
39. Were findings considered in determining cause of death? ☐ Yes ☐ No
40. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention ☐ Other
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY:
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. 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

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

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 STATE OF WASHINGTON COMMISSION EXPIRES 02-23-07

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

STATE OF _____)
)ss:
County of _____)

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

_____
Notary Public for _____
My Commission Expires _____