

AFTER RECORDING MAIL TO:

Woodrich & Archer LLP
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Document Title(s) or transactions contained therein: **REAL ESTATE EXCISE TAX**

1. Deed of Personal Representative

Grantor(s): [Last name first, then first name and initials] **PAID** *25107*
JUL 21 2005

1. Estate of Harriet I. Baxter

☐ Additional names on page ____ of document

Grantee(s): [Last name first, then first name and initials]

1. Harriet I. Baxter

☒ Additional names on page 2 of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/1/4/1/4]

Lot 27, Block 8, Plat of Relocated North Bonneville recorded in Book B of Plats, Page 16, Skamania County File No. 83466 Also recorded in Book B of Plats, Page 32, Skamania County File No. 84429, records of Skamania County Washington. SUBJECT TO Resterving to the United States of America the right to grant easements to public utilities to erect, construct, operate and maintain public utility easement(s). if an as shown on the said recorded plats.

Gary H. Martin, Skamania County Assessor

Date 7/20/05 ⁶⁵ Parcel # 2-7-20-3-4-2700

☒ Complete legal description is on page 1 of document

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Book 154 Page 998

☐ Additional numbers on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

2-7-20-3-4-2700

☐ Property Tax Parcel ID is not yet assigned

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DEED OF PERSONAL REPRESENTATIVE

THE GRANTOR, JAMES C. BAXTER, as Personal Representative of the Estate of HARRIET IRENE BAXTER, Deceased, in consideration of settlement of estate, conveys to JAMES C. BAXTER, a married man dealing in his separate estate, and ROBERT L. BAXTER, a married man dealing in his separate estate, the following described real estate situated in Skamania County, Washington:

Lot 27, Block 8, PLAT OF RELOCATED NORTH BONNEVILLE, recorded in Book B of Plats, Page 16, Skamania County File No. 83466.

ALSO recorded in Book B of Plats, Page 32, Skamania County File No. 84429, records of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 7/20/05 Parcel # 2-7-20-3-4-2700

SUBJECT TO:

1. Reserving to the United States of America the right to grant easements to public utilities to erect, construct, operate and maintain public utility facilities on, over and under the utility easement(s), if any, as shown on the said recorded plats. Tax Parcel # 2-7-20-3-4-2700

HARRIET IRENE BAXTER died testate on May 16, 2005, and JAMES C. BAXTER is the duly qualified and acting Personal Representative of the estate under Skamania County Superior Court Probate Cause No. 05 4 00014 6. This deed is given by way of distribution from the estate and is made pursuant to the Order of Adjudicating

DOC # 2005158070
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **D-2 18** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Harriet Irene BAXTER				2. Death Date 05/16/2005	
3. Sex (M/F) F	4a. Age - Last Birthday 80	4b. Under 1 Year Months Days 09/12/1924	4c. Under 1 Day Hours Minutes Manistee Michigan	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate 09/12/1924		8a. Birthplace (City, Town, or County) Manistee		8b. (State or Foreign Country) Michigan	
9. Decedent's Education High School Graduate		10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			
11. Decedent's Race(s) White				12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 827 Celilo Avenue				13b. City or Town North Bonneville	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98639
14. Estimated length of time at residence. 44 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) -	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) John Abram Fisk			20. Mother's Name Before First Marriage (First, Middle, Last) Cora E. May		
21. Informant's Name James C. Baxter		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 440 North Bonneville, Washington 98639	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home					
25. Facility Name (If not a facility, give number & street or location) 827 Celilo Avenue				26a. City, Town, or Location of Death North Bonneville	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) The Portland Memorial Crematory		30. Location-City/Town, and State Portland, Oregon	
31. Name and Complete Address of Funeral Facility Portland Funeral Alternatives, 6631 SE 14th Ave, Portland, OR 97202				32. Date of Disposition 05/20/2005	
33. Funeral Director Signature: <i>[Signature]</i>					

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cerebral vascular accident	Interval between Onset & Death 2 weeks
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	Interval between Onset & Death
b.	Interval between Onset & Death
c.	Interval between Onset & Death
d.	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Hypertension

36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (MM/DD/YYYY)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	

44. Injury at Work? ☐ Yes ☐ No ☐ Unk

45. Location of Injury: Number & Street: Apt. No.
City or Town: County: State: Zip Code + 4:

46. Describe how injury occurred

47. If transportation injury, specify:
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician: *[Signature]* MD 48b. Medical Examiner/Coroner: *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Antonio Daniels, MD 12607 SE Mill Plain Blvd, Vancouver, WA 98684

50. Hour of Death (24hrs)
1515

51. Name and Title of Attending Physician if other than Certifier (Type or Print)
[Signature]

52. Date Signed (MM/DD/YYYY)
May 25, 2005

53. Title of Certifier
MD

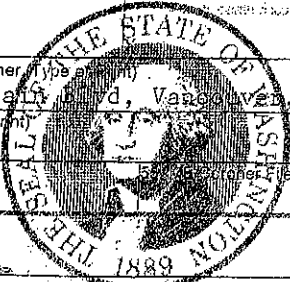
54. License Number
00020913

55. Registrar Signature
[Signature]

56. Was case referred to ME/Coroner? ☐ Yes ☒ No

57. Date Received (MM/DD/YYYY)
May 25, 2005

58. Amendments



DOH # 2005150070