

Doc # 2007167407
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Date: 08/27/2007 02:21P
Filed by: SUZANNE MILLIS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$32.00

Return Address:
Suzanne Millis
2020 SW Market Dr. #104
Portland, OR 97201

Document Title(s) or transactions contained herein:	
Death Certificate	
REAL ESTATE EXCISE TAX	
GRANTOR(S) (Last name, first name, middle initial)	27218
Millis, Max	AUG 27 2007
<input type="checkbox"/> Additional names on page _____ of document.	PAID <u>Exempt</u>
GRANTEE(S) (Last name, first name, middle initial)	<u>See Exhibit B</u> SKAMANIA COUNTY TREASURER
Millis, Suzanne	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)	
NW 4 SE 4 S28 T3N R8E (see complete legal on Exhibit B)	
<input checked="" type="checkbox"/> Complete legal on page <u>2</u> of document. (Exhibit B)	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
03082900090200	J.M.
03082900250080	8/27/07
<input type="checkbox"/> Property Tax Parcel ID is not yet assigned	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

EXHIBIT "B"
(Bright to Mills)

A tract of land within the NW¼ SE¼, Gov't Lots 3 & 4 of Section 29, Township 3 North, Range 8 East, W.M., in the County of Skamania and the State of Washington and described as follows:

ALL that portion of said NW¼ SE¼, Gov't Lot 3 and the West Half Gov't Lot 4 which lie adjacent to and Southerly of the South line of SR 14 right of way and adjacent to and Northerly of the North line of the Burlington Northern-Santa Fe Railroad Company (BNSF) right of way; PLUS ALL that portion of said Gov't Lots 3 & 4 which lie adjacent to and Southerly of the BNSF right of way; ALSO PLUS Second Class shorelands conveyed by the State of Washington as described in that particular document recorded in Book "I" at Page 580; EXCEPTING THEREFROM the following described parcels, to wit:

COMMENCING at a point on the east line of said Section 29 which lies S 0-57-17 W, 990.02 feet from the East ¼ corner thereof, thence continuing S 0-57-17 W, 41.80 feet to a point of intersection with the south line of the Burlington Northern-Santa Fe Railroad Company (BNSF) right of way, thence along said right of way to an intersection with the Government Meander Line, the chord of which bears S 71-49-21 W, 16.54 feet and the point of beginning of this description; thence along said meander line through the following courses, to wit: S 19-20-30 W, 511.44 feet; S 11-50-30 W, 504.90 feet; thence S 47-20-30 W, 5.40 feet to a point; thence N 77-41-47 W, 520.47 feet to a point on the shoreline of the Bonneville Pool; thence N 78-55-37 W, 153.85 feet along the base of a bluff to a point; thence N 16-29-54 E, 108.52 feet to a point; thence N 01-18-36 W, 125.93 feet to a point; thence N 16-29-54 E, 124.74 feet to a point; thence N 42-23-33 E, 88.89 feet to a point of intersection with the south line of said BNSF right of way (hereinafter called Point "A"); thence Northeasterly along said right of way 922 feet, more or less, to the point of beginning, the chord of which bears N 62-32-44 E, 918.42 feet;

ALSO EXCEPTING THEREFROM THE FOLLOWING DESCRIBED PARCEL, to wit:

Commencing at the hereinabove described Point "A", thence N 75-13-29 W, 272.84 feet to a point on the north line of the BNSF right of way and the point of beginning of this description; thence Northeasterly along said right of way 607 feet, more or less, to a point of intersection with the west line of the East Half of said Gov't Lot 4, the chord of which bears N 57-18-48 E, 503.08 feet; thence N 0-57-57 E, 17.61 feet to the South line of SR 14 right of way; thence in a Westerly direction along said right of way line of variable width a distance of 1613 feet, more or less, to a point, the chord of which bears N 89-33-02 W, 1408.87 feet; thence leaving said right of way on a bearing of S 77-50-50 E, 782.41 feet to a point; thence S 58-02-32 E, 249.80 feet to the point of beginning;

SUBJECT TO a Easement granted to the United States of America and described in those particular documents recorded in Book Z, Pages 22 and 62; ALSO SUBJECT TO AND TOGETHER WITH an easement for access and utility purposes of 40 feet in width over a proposed location between SR 14 and the Westerly edge of the first hereinabove described parcel; ALSO SUBJECT TO AND TOGETHER WITH the "Declaration of Covenants, Conditions and Restrictions for Columbia River Gorge Property" recorded as AP# 145457; ALSO EXCEPTING THEREFROM that parcel conveyed to Charles Goward by that particular document recorded in Book 175 at Page 570; ALL records of said County, PJ 11/30/04

5 November 2004
Terry N. Tranlow, FLS

2153.030329-12.doc2



Gary H. Martin, Skamania County Assessor
Date 12/1/04 Parcel # 3-8-29-1200

Skamania County Assessor
Date 8/27/07 Parcel # 3-8-29-902
YM 3-8-29-2500-50

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CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

478637

ID TAG NO.

STATE FILE NUMBER

1. Legal Name First: Max Middle: Robert Last: Millis			2. Death Date May 13, 2007		
3. Sex Male	4. Age 80 years	5. Social Security Number	6. County of Death Lane		
7. Birthdate December 30, 1926	8. Birthplace Eugene, Oregon	9. Decedent's Education Bachelor's degree			
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes	
13. Residence: Number and Street 2020 SW Market Street 104		14. City/Town Portland		15. Residence County Multnomah	
16. State or Foreign Country Oregon		17. Zip Code + 4 97201		18. Inside City Limits? Yes	
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Suzanne Storms			
21. Usual Occupation Stock Broker		22. Kind of Business/Industry Financial			
23. Father's Name Phillip Millis		24. Mother's Name Prior to First Marriage Blanche Bell			
25. Informant's Name Suzanne Millis		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 2020 SW Market Street 104, Portland, OR 97201	
29. Place of Death Hospital-Emergency room/Outpatient		30. Facility Name Sacred Heart Medical Center			
31. Location of Death 1255 Hilyard Street		32. City/Town or Location of Death Eugene		33. State Oregon	34. Zip Code + 4 97401
35. Method of Disposition Burial		36. Place of Disposition Vernonia Cemetery		37. Location Vernonia, Oregon	
38. Name and Complete Address of Funeral Facility Skyline Memorial Gardens Funeral Home 4101 NW Skyline Blvd. Portland, Oregon 97229					
39. Date of Disposition May 22, 2007		40. Funeral Director's Signature Gene Goodson		41. OR License Number CO-3765	
42. Registrar's Signature <i>[Signature]</i>		43. Date Received JUN 11 2007		44. Local File Number 4499	
45. Amendment					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
49. Time of Death 1440					
CAUSE OF DEATH					
50. 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.					Approximate Interval: Onset to Death
Final disease or condition resulting in death - a. <i>Cardiac myopathy</i>					Unknown
Due to (or as a consequence of) - b. <i>Aortic stenosis</i>					Unknown
Due to (or as a consequence of) - c.					
Due to (or as a consequence of) - d.					
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <i>Aortic Stenosis</i>					
52. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 45 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
55. Date of Injury (MM/DD/YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, ZIP + 4)					
60. Describe how injury occurred				61. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, ZIP + 4) Steven Neubauer, MD PO Box 5920, Eugene, Oregon 97405					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier M.D.		65. License Number MD 22459		66. Date Signed (MM/DD/YYYY) 5/30/2007	
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			68. Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
69. Amendment					

45-2DP (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE LANE COUNTY REGISTRAR.

JUN 21 2007

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Miriam S. Bolton
MIRIAM S. BOLTON
COUNTY REGISTRAR
LANE COUNTY, OREGON

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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