AFN #2009172299 Recorded 03/17/09 at 11:15 AM DocType: DEED Filed by: JERRY R. PARKS Page: 1 of 7 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING MAIL TO:

Name Jerry R. Parks

Address P.O. Box 871

City / State Carson, Wa. 98610

Statutory Warranty Deed

(Fulfillment Deed)

THE GRANTOR Gary Baumgart, Alvina Mansigh, Harley Baumgart

for and in consideration of fulfillment of Real Estate Contract Auditor file no. 112293 Book 125 Page 481

in hand paid, conveys and warrants to Jerry R. Parks and Noreen E. Parks, Husband and Wife

the following described real estate, situated in the County of Skamania, State of Washington:

A tract of land in the Northwest quarter of the Southeast quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the South West Corner of the Southeast quarter of said Section 17; thence East 30 feet; thence North 1536.55 feet; thence East 417 feet to the True Point of Beginning; thence North 104.25 feet; thence West 88 feet; thence South 104.25 feet; thence East 88 feet to the True Point of Beginning.

Together With 1972 Princeton Mobile Home

Assessor's Property Tax Parcel/Account Number(s): 03-08-17-4-0-1301-00

Skamania County Assessor
Date 3-17-09 Parcel# 3-8-17-4-0-1301 jm

First American Title Insurance Company

REAL ESTATE EXCISE TAX

N/A

MAR 17 2009

PAID See excise # 14596 dtd 10-17-91

Vicki Clelland, Deputy

SKAMANIA COUNTY TREASURER

(This space for title company use only)

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated, 10-14-, 1991, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.

Real Estate Sales Tax was paid on this sale on 10-17-91, Rec. No. 14596

Dated 2-18-09, 19

Gary Baumgart
Gary Baumgart

Alvina I Mansigh
Alvina Mansigh

Harley Baumgart *
Harley Baumgart

* SEE ATTACHED CALIFORNIA NOTARY ACKNOWLEDGMENT

LPB-11 (11/96)

STATE OF WASHINGTON DEPARTMENT

1843064
Page: 2 of 3
07/20/2005 11:52A
SHIRLEY BAUMGART DCERT 21.00 Mason Co, WA

Local File Number 1007

Washington State Certificate of Death

State File Number

2VA + 5

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: Orin Middle: Ezra LAST: Baumgart Suffix:
2. Death Date: 07-12-2005
3. Sex (M/F): Male
4a. Age - Last Birthday: 74
4b. Under 1 Year Months / Days:
4c. Under 1 Day Hours / Minutes:
5. Social Security Number: [redacted]
6. County of Death: Thurston
7. Birthdate: 10-07-1930
8a. Birthplace (City, Town, or County): Chetek
8b. (State or Foreign Country): Wisconsin
9. Decedent's Education: G.E.D.
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?: Yes
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 420 East F Street
13b. City or Town: Shelton
13c. Residence: County: Mason
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98584
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence.: 40 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's Name (Give name prior to first marriage): Shirley Jean Darrell
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Engineer
18. Kind of Business/Industry (Do not use Company Name): State Of Washington
19. Father's Name (First, Middle, Last, Suffix): Ernest Ezra Baumgart
20. Mother's Name Before First Marriage (First, Middle, Last): Alma Moe
21. Informant's Name: Shirley Baumgart
22. Relationship to Decedent: Spouse
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip: 420 East F Street Shelton WA 98584
24. Place of Death, if Death Occurred in a Hospital.: Hospital
Place of Death, if Death Occurred Somewhere Other than a Hospital.
25. Facility Name (If not a facility, give number & street or location): Providence St. Peter
26a. City, Town, or Location of Death: Olympia
26b. State: WA
27. Zip Code: 98506
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Black Hills Crematory
30. Location-City/Town, and State: Olympia, WA
31. Name and Complete Address of Funeral Facility: Forest Funeral Home 313 West Railroad Shelton, WA 98584
32. Date of Disposition: 07-13-2005
33. Funeral Director Signature X: [signature]

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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. Respiratory Arrest — Interval between Onset & Death: Minutes
Due to (or as a consequence of):
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
b. Pneumonia — Interval between Onset & Death: 5 days
Due to (or as a consequence of):
c. — Interval between Onset & Death:
Due to (or as a consequence of):
d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Diabetes, COPD, Colon Cancer
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
40. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ 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: X [signature]
48b. Medical Examiner/Coroner: X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Jennifer Williams M.D. 700 Lilly Road Olympia, WA 98506
50. Hour of Death (24hrs): 0540
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): 7/13/05
53. Title of Certifier: M.D.
54. License Number: MD00039230
55. ME/Coroner File Number: 05-1032-05 NJA
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X: [signature] MD 7/13/05
58. Date Received (MM/DD/YYYY): JUL 14 2005
59. Amendments:

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER: 1147

Washington State Department of Health

CERTIFICATE OF DEATH

STATE FILE NUMBER: 146 2 21082

1. DISTRICT: M-1
2. COPIES: 10
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21. ACC LOC
22. QUERIES
23.
24.

DECEDENT

1. NAME (First / Middle / Last)	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Diane / L. / Clever	Female	June 26, 2002

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR (MOS / DAYS)	6. UNDER 1 DAY (HOURS / MINS)	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
57			10-21-1944	Woodland, WA	No	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1. HOME 2. IN TRANSPORT 3. EMERG. RMOUT PTN 4. X HOSP. 5. NUR HOME 6. OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Vancouver	S.W.M.C.	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Robert Clever	[redacted]	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Homemaker	Own Home	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
2005 N.E. 131st Ave.	Vancouver	Yes	Clark	35Yrs	WA	98684

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Ernest E. Baumgart	Alma M. Moe

DISPOSITION

30. INFORMANT — NAME	31. MAILING ADDRESS — STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Robert Clever	2005 N.E. 131st Ave.	Vancouver	WA	98684

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	6/28/2002	Portland Memorial Crematory	Portland, OR

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Davies Cremation & Burial Svc.	P.O. Box 61747 Vancouver WA 98666

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X D & A. Smith MD

40. DATE SIGNED (Mo., Day, Yr): 6-26-02

41. HOUR OF DEATH (24 Hrs.): 0200

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X

44. DATE SIGNED (Mo., Day, Yr)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo., Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): David Smith M.D. 210 S.E. 136th Ave. Vancouver, WA 98684-6930

49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Metastatic Breast Cancer	1 & 9 years
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
B.		
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
C.		
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
D.		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	No	No

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	62. REGISTRAR SIGNATURE	63. DATE RECEIVED (Mo., Day, Yr)
				Karen R. Steingart, MD	JUN 28 2002

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/99)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

907 — LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 3 19600 — STATE FILE NUMBER

2. COPIES: 1

DECEDENT

1. NAME: First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Alma	Marie	BAUMGART	F	7-12-1993

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
86			6-23-1907	Canada	no	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—GIVE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Ridgefield	Ridgefield Care Center	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
Widowed		[redacted]	8th

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Cook	School District	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
2005 NE 131st Ave	Vancouver	no	Clark	3yrs	WA	98684

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
John Moe	Ida Amundson

30. INFORMANT—NAME	31. MAILING ADDRESS: STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP
Diane Clever	2005 NE 131st Ave. Vancouver, WA 98684

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	7/14/1993	Uniservice Crematory	Portland, Oregon

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Memorial Gardens Mortuary	1101 NE 112th Ave Vancouver, WA 98684

CERTIFIER

TO BE COMPLETED ONLY BY **CERTIFYING PHYSICIAN**

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X [signature] MD

40. DATE SIGNED (Mo., Day, Yr.): 7-13-93

41. HOUR OF DEATH (24 Hrs.): 2100

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY **MEDICAL EXAMINER OR CORONER**

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X

44. DATE SIGNED (Mo., Day, Yr.)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo., Day, Yr.)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Timothy T. Ross, M.D. 1950 Ft Vancuver Way Vancouver, WA 98663

49. MEDICORONER FILE NUMBER

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Acute pulmonary edema	1 hour
DUE TO, OR AS A CONSEQUENCE OF:		
B.	Congestive heart failure	2 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
C.	Atherosclerotic cardiovascular disease	5 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
D.		

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Atrial fibrillation, Breast carcinoma

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): No

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE	62. REGISTRAR SIGNATURE: X [signature] Steingart, MD.	63. DATE RECEIVED (Mo., Day, Yr.): JUL 13 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/99)

STATE OF ~~WASHINGTON~~ Oregon, } SS.
County of Polk

ACKNOWLEDGMENT - Individual

On this day personally appeared before me John Gary Baumgart

to me known to be the individual(s) 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 18th day of February, 2009.

OFFICIAL SEAL
KRISTINE ANNE BLANCHARD
NOTARY PUBLIC - OREGON
COMMISSION NO. 435340
MY COMMISSION EXPIRES DECEMBER 30, 2012

Kristine A Blanchard
Notary Public in and for the State of ~~Washington~~, Oregon residing at

My appointment expires 12-30-12

STATE OF WASHINGTON, } SS.
County of

ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and _____ Secretary, respectively, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

STATE OF WASHINGTON, }
County of Cowlitz } ss.

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Alvina J Mausich

to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as a free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 4th day of March 2009.

Elizabeth Carol Ramos

Notary Public in and for the State of Washington, residing at

My appointment expires 7-1-11

STATE OF WASHINGTON, }
County of } ss.

ACKNOWLEDGMENT - Corporate

On this _____ day of _____, 19____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ and _____ to me known to be the _____ President and _____ Secretary, respectively, of _____ the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ authorized to execute the said instrument and that the seal affixed (if any) is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at

My appointment expires _____

WA-46A (11/96)

This jurat is page _____ of _____ and is attached to _____ dated _____.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of HUMBOLDT }

On MARCH 9, 2009 (Date) before me, MARGARET E. MORRIS-TOSTE, NOTARY PUBLIC (Here Insert Name and Title of the Officer)

personally appeared HARLEY BAUMGART (Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Signature of Notary Public)

MARGARET E. MORRIS-TOSTE
Commission # 1812621
Notary Public - California
Humboldt County
My Comm. Expires Sep 8, 2012

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: STATUTORY WARRANTY DEED

Document Date: MARCH 9, 2009 Number of Pages: 1

Signer(s) Other Than Named Above: J. GARY BAUMGART & ALVINA MANSIGH

Capacity(ies) Claimed by Signer(s)

Signer's Name: HARLEY BAUMGART
- [x] Individual
- [ ] Corporate Officer — Title(s): _____
- [ ] Partner — [ ] Limited [ ] General
- [ ] Attorney in Fact
- [ ] Trustee
- [ ] Guardian or Conservator
- [ ] Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
- [ ] Individual
- [ ] Corporate Officer — Title(s): _____
- [ ] Partner — [ ] Limited [ ] General
- [ ] Attorney in Fact
- [ ] Trustee
- [ ] Guardian or Conservator
- [ ] Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here