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 Southwest Corner of the Southeast quarter of said Section 17; thence East 30 feet; thence North 1,536.55 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 gm

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

Alvina Mansigh

Harley Baumgart *

LPB-11 (11/96)

*SEE ATTACHED CALIFORNIA NOTARY ACKNOWLEDGMENT

First American Title Insurance Company
REAL ESTATE EXCISE TAX
N/A
MAR 17 2009
PAID See excise # 14596 dtd 10-17-91
Vicki Chelland, Deputy
SKAMANIA COUNTY TREASURER
(This space for title company use only)

Unofficial Copy

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

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 1 completed by Funeral Director

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Respiratory Arrest	Minutes
	Due to (or as a consequence of):	Interval between Onset & Death
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	5 days
	Due to (or as a consequence of):	Interval between Onset & Death
	c.	
	Due to (or as a consequence of):	Interval between Onset & Death
	d.	

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)

Part 2 completed by Certifier

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: 09-1032-05 NJA

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

57. Registrar Signature X: [signature]

58. Date Received (MM/DD/YYYY): JUL 14 2005

59. Amendments

DOH/CHS 003 Rev 2/06/2004

DOH 01-003 (5/99)

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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

146 2 21082
STATE FILE NUMBER

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 Diane; Middle L.; Last Clever
2. SEX (M / F): Female
3. DEATH DATE (Mo, Day, Yr): June 26, 2002
4. AGE LAST BIRTHDAY (Yrs): 57
5. UNDER 1 YEAR: MOS / DAYS
6. UNDER 1 DAY: HOURS / MINS
7. BIRTHDATE (Mo, Day, Yr): 10-21-1944
8. BIRTHPLACE (City, State or Foreign Country): Woodland, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RMOUT PTN 4. ☒ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE: S.W.M.C.
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Robert Clever
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Homemaker
19. KIND OF BUSINESS OR INDUSTRY: Own Home
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 2005 N.E. 131st Ave.
23. CITY/TOWN, OR LOCATION: Vancouver
24. INSIDE CITY LIMITS? (Yes / No): Yes
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO.: 35Yrs
26. STATE: WA
27. ZIP CODE: 98684

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Ernest E. Baumgart
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Alma M. Moe
30. INFORMANT — NAME: Robert Clever
31. MAILING ADDRESS — STREET OR RFD NO.: 2005 N.E. 131st Ave.; CITY OR TOWN: Vancouver; STATE: WA; ZIP: 98684

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): 6/28/2002
34. CEMETERY/CREMATORY — NAME: Portland Memorial Crematory
35. LOCATION — CITY/TOWN, STATE: Portland, OR
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Davies Cremation & Burial Svc.
38. ADDRESS OF FACILITY: 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 [signature] 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).
A. Metastatic Breast Cancer — INTERVAL BETWEEN ONSET AND DEATH: 9 years
DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND 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.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:
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: Karen R. Steingart, MD
63. DATE RECEIVED (Mo., Day, Yr): JUN 28 2002

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

A

THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (5/99)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

OFFICE USE ONLY

LOCAL FILE NUMBER: 907

Washington State Department of Health

146 3 19600

STATE FILE NUMBER

CERTIFICATE OF DEATH

2. COPIES: 1

DECEDENT

1. NAME: First: Alma; Middle: Marie; Last: BAUMGART
2. SEX (M / F): F
3. DEATH DATE (Mo. Day. Yr): 7-12-1993
4. AGE LAST BIRTHDAY (Yrs): 86
5. UNDER 1 YEAR: MOS / DAYS
6. UNDER 1 DAY: HOURS / MINS
7. BIRTHDATE (Mo. Day. Yr): 6-23-1907
8. BIRTHPLACE (City, State or Foreign Country): Canada
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): no
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Ridgefield
12. PLACE OF DEATH—CHECK 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 — Ridgefield Care Center
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
15. SURVIVING SPOUSE (if wife, give maiden name):
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Cook
19. KIND OF BUSINESS OR INDUSTRY: School District
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 2005 NE 131st Ave
23. CITY/TOWN, OR LOCATION: Vancouver
24. INSIDE CITY LIMITS? (Yes / No): no
25A. COUNTY: Clark
25B. LENGTH OF RES. IN CO.: 3yrs
26. STATE: WA
27. ZIP CODE: 98684

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: John Moe
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Ida Amundson
30. INFORMANT—NAME: Diane Clever
31. MAILING ADDRESS: STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 2005 NE 131st Ave. Vancouver, WA 98684

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo. Day. Yr): 7/14/1993
34. CEMETERY/CREMATORY—NAME: Uniservice Crematory
35. LOCATION—CITY/TOWN, STATE: Portland, Oregon
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Memorial Gardens Mortuary
38. ADDRESS OF FACILITY: 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. MEdCORONER 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'S SIGNATURE: X [signature] Steingart, mad.
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)

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DOH 01-003 (5/99)

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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 _____.

Unofficial Copy

STATE OF WASHINGTON, } SS.
County of Cowlitz

ACKNOWLEDGMENT - Individual

On this day personally appeared before me Alvina J Mausigh 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, } 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 _____.

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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.

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

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)

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

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