

WHEN RECORDED RETURN TO:

Bradley B. Buhman

26621-A SE 15th St

Camas, Wa 98607

DOCUMENT TITLE(S)

Personal Representative deed

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Bradley B. Buhman and Norene C Gentry

☐ Additional names on page _____ of document.

GRANTEE(S):

Bradley B. and Paula J. Buhman

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Cabin 103 Government Mineral Springs

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

96001103000000

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

PERSONAL REPRESENTATIVE'S DEED

Grantors: Bradley B Buhman, and Norene C Gentry, Co-Personal Representatives

Grantee: Bradley B and Paula J Buhman

Legal description: Cabin Site #103, Government Mineral Springs,

Assessor's Tax Parcel ID# 96001103000000

C.S

THE GRANTORS: BRADLEY B. BUHMAN AND NORENE C. GENTRY, Co-Personal Representatives of the Estate of Norman B. Buhman, deceased, in distribution of the assets of said state, conveys and quit claim to Bradley B. and Paula J. Buhman, married couple, all right, title and interest in and to the following described real property, situate in the County of Skamania, State of Washington, together with all after acquired title of Grantor therein:

County of Skamania, State of Washington

Cabin Site #103, Government Mineral Springs

CS 10/14/10

DATED this 22 day of Sept, 2010

Bradley B. Buhman

Bradley B, Buhman

Paula J. Buhman

Paula J Buhman

Co-Personal Representative

Norene C. Gentry

Norene C. Gentry

Co-Personal Representative

James D. Gentry

REAL ESTATE EXCISE TAX

28800

OCT 14 2010

STATE OF WASHINGTON

COUNTY OF CLARK

PAID EXEMPT
Shirley J. Dwyer
SKAMANIA COUNTY TREASURER

This is to certify that on the 22nd day of September, 2010, before me personally appeared Bradley B. Buhman and Norene C. Gentry as Co-Personal Representatives of the Estate of Norman B. Buhman, deceased, and Paula J Buhman, wife of Bradley B. Buhman and James D. Gentry, husband of Norene C. Gentry, to me known to be the individuals who executed the within and forgoing instrument, and acknowledged said instrument to be their free and voluntary act and deed for the purposes therein mentioned.

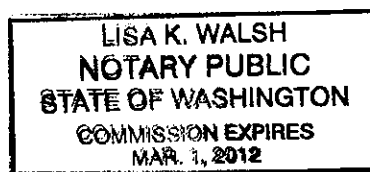
WITNESS my hand and affixed my official seal the day and year in the certificate first above written.

Lisa K. Walsh

NOTARY PUBLIC in and for the

State of Washington

My Commission Expires: March 1, 2012



COPY

The Personal Representatives of the Estate of Norman Buhman have agreed to transfer the cabin ownership of the cabin located in Skamania County to Bradley and Paula Buhman.

The permit shall be under the name of Bradley B. Buhman.

Bradley B. Buhman
Bradley B. Buhman
Co-Personal Representative

Norene C. Gentry
Norene C. Gentry
Co-Personal Representative

Dated: 25 May 2010

Dated: 5-25-2010

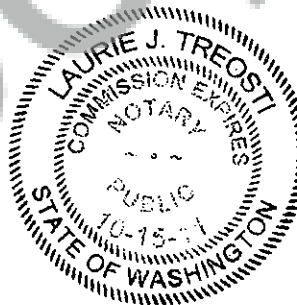
Laurie J. Treosti - 5/25/10

NOTARY PUBLIC in and for the
State of Washington.
My Commission Expires: 10/15/11



Laurie J. Treosti - 5/25/10

NOTARY PUBLIC in and for the
State of Washington.
My Commission Expires: 10/15/11



STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 1740		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Norman Beda BUHMAN					2. Death Date Aug. 14, 2009		
3. Sex (M/F) Male	4a. Age - Last Birthday 91	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number 532-12-9954	6. County of Death Clark		
7. Birthdate Oct. 01, 1917	8a. Birthplace (City, Town, or County) Camas		8b. (State or Foreign Country) Washington		9. Decedent's Education Some College, no degree		
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.) 26621 SE 15th St.					13b. City or Town Camas		
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98607	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. 50 Years		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's or Domestic Partner'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)) Purchasing Agent				18. Kind of Business/Industry (Do not use Company Name) Sporting Goods			
19. Father's Name (First, Middle, Last, Suffix) Carl Buhman				20. Mother's Name Before First Marriage (First, Middle, Last) Frances Butler			
21. Informant's Name Brad Buhman		22. Relationship to Decedent Son		23. Mailing Address: Number and Street or RFD No. City or Town: State Zip 26621 A SE 15th St. Camas, WA 98607			
24. Place of Death, if Death Occurred in a Hospital: Assisted Living				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location). 2647 NW 10th St.				26a. City, Town, or Location of Death Camas		26b. State WA	27. Zip Code 98607
28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Camas Cemetery		30. Location-City/Town, and State Camas, Washington			
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, Washington 98607						32. Date of Disposition Aug. 20, 2009	
33. Funeral Director Signature X <i>Carl Butler</i>							
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. <i>congestive heart failure</i>				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. <i>atherosclerotic coronary heart disease</i>				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 <i>Hypertension, mitral valve disorder</i>						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 type="checkbox"/> No							
38. 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		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:				Apt. No.			
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - 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.			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Frances Chen 700 NE 87th Ave. Vancouver, WA 98664				50. Hour of Death (24hrs) 0130			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 8/14/09			
53. Title of Certifier MD	54. License Number MD 27404	55. Medical Examiner/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature X				58. Date Received (MM/DD/YYYY) AUG 17 2009			
59. Amendments							

DOH 01-003 (5/99)



Affidavit for Correction

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number			
Use the section below for requesting any changes on the record.							
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution							
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)			
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)					
The Record is Incorrect or Incomplete as follows:							
6. The Record now shows:		7. The True fact is:					
8.		9.					
10.		11.					
12.		13.					
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:			
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.							
15. Signature:		16. Date:		17. Address:			
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p>All changes must be established by documentary proof submitted with the affidavit</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Examples of documentary proof:</td> <td style="width: 33%;"> Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records </td> <td style="width: 33%;"> Medical Record Military Record (DD-214) Birth Record Passport School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back) </td> </tr> </table>					Examples of documentary proof:	Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates: 1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate. 2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe. 3. Proof must be five (or more) years old or have been established within five years of birth. 4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change. - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two. - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof. 5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday). 6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)							
Death Certificates: 1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner. 3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.							
Marriage/Dissolution (Divorce) Certificates: 1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.							

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

AUG 17 2009

Alan Melnick
 Health Officer
 Clark County Public Health

RR00588922