AFN #2011178712 Recorded 07/26/2011 at 03:05 PM DocType: BOS Filed by: EDWARD M. WISWALL Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Edward M. Wiswall
2110 SE. 105th Ct
Vancouver, WA 98664

DOCUMENT TITLE(S)

Bill of Sale

REAL ESTATE EXCISE TAX
29148
JUL 26 2011
PAID exempt
Vickie Clelland Deputy
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) *of Documents assigned or released:*

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Margaret Wiswall though her personal representative Ken Voss

[ ] Additional names on page _____ of document.

GRANTEE(S):

Robert E. Wiswall

[ ] Additional names on page _____ of document.

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

Cabin #105 Interlaken Resort Skamania County WA.

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

620711005 10500 AUP

[ ] 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.

BILL OF SALE

KNOWN ALL MEN BY THESE PRESENTS:

That Kenneth L. Voss, personal representative for the estate of Margaret Wiswall, in accordance with probate # 94-4-00614-3, does by these presents grant, bargain, assign and convey unto Robert E. Wiswall, as his sole and separate property, the following described property: 62071100510500

#105 (RW)

Cabin and improvement located at Interlaken Resort, Skamania County, Washington

Skamania County Assessor
Date 7/26/11 Parcel# 62071100510500 AW

The undersigned herein covenant and agree to warrant and defend the gift of said property, goods and chattels hereby made, against all and every person or persons whomever lawfully claiming the same or any part thereof.

EFFECTIVE, the 8th day of November 2001

Kenneth L. Voss,

Personal Representative for Margaret M. Wiswall

SUBSCRIBED & SWORN to before me this 25 JULY, 2011

SUSAN L PEAKE COMMISSION EXPIRES NOTARY PUBLIC 8-4-2013 STATE OF WASHINGTON

Print Name Susan L Peake

Notary Public in and for the State of Washington

My appointment expires: 8-4-2013

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

1285 — LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 — STATE FILE NUMBER: 30822

1. DISTRICT: M-1
2. COPIES: 7
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)
MARGARET	M.	WISWALL	Female	OCT 3, 1994

4. AGE LAST BIRTH. DAY (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			NOV 7, 1907	Kirkland, WA	No	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—☒ 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)
Vancouver	Southwest Washington Medical 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]	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)
Property Manager	Property Management	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
4820 N.W. Cherry Street	Vancouver	Yes	Clark	64 yrs	WA	98663

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Edward A. Miller	Olive M. Parrish

DISPOSITION

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Robert Wiswall (son)	Post Office Box 228,	Vancouver,	Washington	98666

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo. Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	OCT 4, 1994	Park Hill Crematory	Vancouver, Washington

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X David R Fuller	Hamilton-Mylan Funeral Home, Inc.	302 West 11th Street, Vancouver, Washington 98660

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 John L. Soelling, M.D.

40. DATE SIGNED (Mo., Day, Yr)	41. HOUR OF DEATH (24 Hrs.)
October 3, 1994	0500 HRS

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) (Hudson Bay Clinic)
John L. Soelling, M.D., 2102 E. McLoughlin Blvd., Vancouver, WA 98661

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.	HEART FAILURE, CONGESTIVE	7
DUE TO, OR AS A CONSEQUENCE OF: B.	ACUTE MI	
DUE TO, OR AS A CONSEQUENCE OF: C.	-	
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

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.)
					OCT 4 - 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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THE SEAL OF THE STATE OF WASHINGTON 1889

DOH 01-003 (5/99)