

**RECORDING REQUESTED BY
AND WHEN RECORDED RETURN TO:**

KATHRYN E. HOLLAND, Attorney
900 Washington Street, Suite 820
Vancouver, WA 98660

REAL ESTATE EXCISE TAX

29305

NOV 14 2011

PAID

EXEMPT

Audrey Fabian Desjardis
SKAMANIA COUNTY TREASURER

STATUTORY WARRANTY DEED

Grantor: JANICE R. HOLCOMBE, Sole Trustee of the Bradley B. and
Janice R. Holcombe Management Trust dated April 1, 1997

Grantee: JANICE R. HOLCOMBE, Trustee of the Bradley B. Holcombe
Decedent's Trust

Abbreviated Legal: LOT 4 EL DESCANSO AL RIO (.31 AC)
Assessor's Tax Parcel # 04-07-15-3-0-0400-00
Other Reference No: 2004155554

Documentary transfer tax is none. No consideration – transfer to trust.

THE GRANTOR, JANICE R. HOLCOMBE, Sole Trustee of the Bradley B. and Janice R.
Holcombe Management Trust dated April 1, 1997,

hereby **CONVEYS AND WARRANTS TITLE** to

JANICE R. HOLCOMBE, Trustee of the Bradley B. Holcombe Decedent's Trust,

the following-described real estate situated in the County of Skamania, State of Washington,
including any interest therein which Grantor may hereafter acquire:

Lot 4 of the EL DESCANSO AL RIO TRACTS, according
to the recorded Plat thereof, recorded in Book "A" of Plats,
Page 90, in the County of Skamania, State of Washington.

Skamania County Assessor

Date 11/14/11 Parcel# 4-7-15-3-0-400

STATUTORY WARRANTY DEED - 1

HOLCOMBED DEED – Skamania Co .31 ac parcel to Decedent's Trust

PABST HOLLAND & REYNOLDS, PLLC
ATTORNEYS AT LAW
900 Washington Street, Suite 820
Vancouver, Washington 98660
(360) 693-1910 • (503) 222-9201

CERTIFICATION OF TRUST

Grantors (Trustors): BRADLEY B. HOLCOMBE and JANICE R. HOLCOMBE

Grantee (Trustee): JANICE R. HOLCOMBE, Sole Trustee of the
BRADLEY B. AND JANICE R. HOLCOMBE MANAGEMENT
TRUST DATED APRIL 1, 1997

Abbreviated Legal: N/A

Assessor's Tax Parcel # N/A

Other Reference Nos: N/A

I, KATHRYN E. HOLLAND, declare and state:

1. I am the attorney for JANICE R. HOLCOMBE surviving Trustor of the Bradley B. and Janice R. Holcombe Management Trust dated April 1, 1997 and restated March 12, 2001. JANICE R. HOLCOMBE is presently the sole trustee.

2. BRADLEY B. HOLCOMBE died on June 18, 2011. A copy of his death certificate is attached hereto.

3. As a result of the death of BRADLEY B. HOLCOMBE, the BRADLEY B. AND JANICE R. HOLCOMBE MANAGEMENT TRUST is being divided into two subtrusts titled as follows:

A. BRADLEY B. HOLCOMBE DECEDENT'S TRUST
Janice R. Holcombe, Trustee

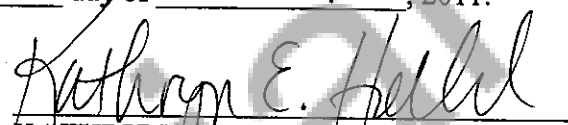
B. BRADLEY B. AND JANICE R. HOLCOMBE MANAGEMENT TRUST
dated April 1, 1997 as restated March 12, 2001 (the Survivor's Trust)
Janice R. Holcombe, Trustee

4. Pursuant to Article XIII, Paragraph A, JANICE R. HOLCOMBE is designated as the Trustee of both the Bradley B. Holcombe Decedent's Trust and the Bradley B. and Janice R. Holcombe Management Trust, also known as the Survivor's Trust. She has all powers and authority granted to Trustees under Washington law and the Washington Trust Act as stated in Article IX which includes the power to lease, buy, sell, convey, encumber, and otherwise manage real property.

5. The Trust pages which are not included with this declaration are of a personal nature and set forth the distribution of the Trustors' estate, and in no way modify or affect the powers of the Trustee.

6. To the best of my knowledge, I certify that this Certification of Trust is true and accurate, and that the Trust has not been terminated or revoked, and is in full force and effect. The photocopy provided is a true copy of the original.

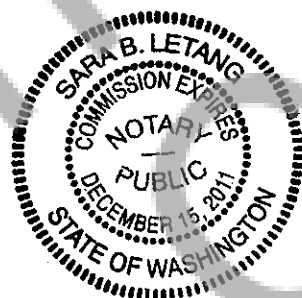
Executed at Clark County, Washington, this 17 day of October, 2011.


KATHRYN E. HOLLAND
Attorney for Janice R. Holcombe

STATE OF WASHINGTON)
: ss.
County of Clark)

I certify that KATHRYN E. HOLLAND appeared personally before me and that I know or have satisfactory evidence that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 17 day of October, 2011.




NOTARY PUBLIC FOR WASHINGTON
My Commission Expires: 12-15-2011

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH597788
LD TAG NO.

STATE FILE NUMBER

1. Legal Name First: Bradley Middle: Browning Last: Holcombe Suffix:		2. Death Date June 18, 2011	
3. Sex Male	4. Age 71 years	5. Social Security Number	
6. County of Death Multnomah	7. Birthdate January 18, 1940		
8. Birthplace Long Beach, California		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 55 Palos Verdes	
14. City/Town White Salmon		15. Residence County Klickitat	
16. State or Foreign Country Washington		17. Zip Code + 4 98672	
18. Inside City Limits? No		19. Marital Status at Time of Death Married	
20. Spouse's Name Prior to First Marriage Janice Roberta Friddle		21. Usual Occupation Geophysicist	
22. Kind of Business/Industry Oil Exploration		23. Father's Name Charles Mortimer Holcombe	
24. Mother's Name Prior to First Marriage Margaret Ely Bradley		25. Informant's Name Janice Roberta Holcombe	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 55 Palos Verdes, White Salmon, WA 98672		29. Place of Death Hospital-Inpatient	
30. Facility Name Legacy Good Samaritan Hospital and Medical Center		31. Location of Death 1015 NW 22nd Avenue	
32. City/Town or Location of Death Portland		33. State Oregon	
34. Zip Code + 4 97210		35. Method of Disposition Cremation	
36. Place of Disposition Portland Cremation Center, LLC		37. Location Portland, Oregon	
38. Name and Complete Address of Funeral Facility Rose City Funeral Home		39. Date of Disposition TBD	
40. Funeral Director's Signature Scott J. Cabeceiras		41. OR License Number CO-3850	
42. Registrar's Signature Lila Wickham		43. Date Received JUN 29 2011	
44. Local File Number 002992		45. Amendment	
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" 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 5:17 PM	
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.			
Final disease or condition resulting in death → Sequentially list conditions, if any, leading to this cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		IMMEDIATE CAUSE a. Ventricular Fibrillation due to Cardiomyopathy Due to (or as a consequence of) ↓ b. Non-ischemic dilated Cardiomyopathy Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: Cerebral edema due to anoxia during cardiac arrest 11/16/11			
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 43 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 checked="" type="checkbox"/> No <input 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 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) R Allen LaBerge 212 Skylark Dr White Salmon WA 98672			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier MD		65. License Number 00033033	
66. Date Signed (MM/DD/YYYY) 6-23-2011		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	

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

JUN 29 2011

DATE ISSUED:

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

Exhibit A
Page 3 of 3Lila Wickham RN MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON