

AFTER RECORDING MAIL TO:

Woodrich & Archer LLP
P.O. Box 510
Stevenson WA 98648
(509) 427-5665

Document Title(s) or transactions contained therein:

1. Statutory Warranty Deed—Fulfillment Deed
2. Alaska Death Certificate for Palma E. Goesch

REAL ESTATE EXCISE TAX

N/A

DEC -1 2011

PAID *del. excise # 14997 DTD 0601-1992*
Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

Grantor(s): [Last name first, then first name and initials]

1. Courtney L. Goesch and Palma E. Goesch (estate of)

☐ Additional names on page ____ of document

Grantee(s): [Last name first, then first name and initials]

1. James Phillips
- 2.

☐ Additional names on page ____ of document

Abbreviated Legal Description: [i.e., lot/block/plat or sec/twp/range/¼/¼]

SW ¼ of NW ¼ of Section 23 Township 2 North, Range 6 East of the Willamette Meridian.

☐ Complete legal description is on page 1 of document

Reference Number(s) of Documents Assigned or Released: [Bk/Pg/Aud#]

Real Estate Contract dated May 27, 1992 Recorded at Book 129 Page 53 Records of Skamania County AF#113657

☐ Additional numbers on page ____ of document

Assessor's Property Tax Parcel/Account Number(s):

2-6-23-2-111

6/5. 0206232001100

☐ Property Tax Parcel ID is not yet assigned

AFTER RECORDING MAIL TO:

Name: Katy J. Archer
Attorney at Law

Address: PO Box 510

City/State: Stevenson, Washington 98648-0510

STATUTORY WARRANTY DEED
Fulfillment Deed

THE GRANTORS Courtney L. Goesch and Palma E. Goesch, husband and wife,

For and in consideration of Forty Seven Thousand and no/100 dollars (\$47,000.00) in hand paid, conveys and warrants to James Phillips, a single person, the following described real estate, situated in the County of Skamania, State of Washington:

A portion of tract No. 8 of COLUMBIA RIVER ESTATES, as more particularly shown on a survey thereof, recorded at page 364 of Book "J" of miscellaneous records, under Auditor's File No. 75656, records of Skamania County, Washington being designated as parcel 8-H and more particularly described as follows:

A tract of land located in the Southwest Quarter of the Northwest Quarter of section 23, Township 2 North, Range 6 East of the Willamette Meridian, which is bounded on the East by Road "C" as shown on said survey; bounded on the North and West by Road "B" as shown on said survey; and bounded on the South by the South line of the Southwest Quarter of the Northwest Quarter of said Section 23.

EXCEPT that portion conveyed to Skamania County by Quitclaim Deed dated December 13, 1979, and recorded December 14, 1979, as page 693 of Book 77 of Deeds, under Auditor's File No. 90076, Records of Skamania County, Washington.

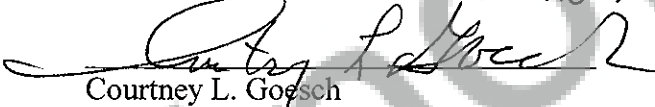
Together with 1965 58x12 Marlet Mobile Home, ID# K12260CKE50601; and, together with any after acquired title thereto.

Assessor's Tax Parcel #26-23-2-111

This Deed is given in fulfillment of that certain real estate contract between the parties hereto dated May 27, 1992, 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 Excise Tax was paid on this sale or stamped exempt on June 1, 1992, Rec. No. 14997.

Dated this 17th day of November,

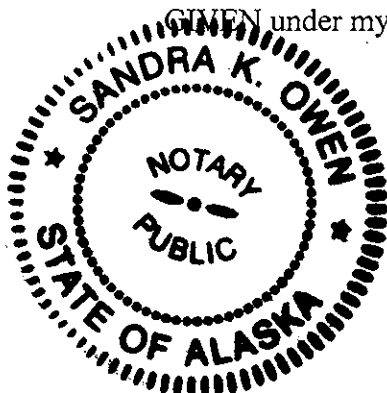

Courtney L. Goesch

(Deceased)
Palma E. Goesch

STATE OF Alaska)
) ss.
COUNTY OF Kenai Peninsula Borough

On this day of personally appeared before me Courtney L. Goesch, widower of Palma E. Goesch known to me to be the individual 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 17th day of November, 20 11.




Notary Public in and for the State of ~~Washington~~ Alaska

My Commission expires: 11-23-2014

CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

CERTIFICATE OF DEATH

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES
BUREAU OF VITAL STATISTICS - 3441 COMMERCIAL BLVD.P.O. BOX 110675
JUNEAU, AK 99811-0675150 06002809
STATE FILE NUMBERDATE RECEIVED
DEC 05 2006TYPE/PRINT
IN
PERMANENT
BLACK INK

BIRTH CERTIFICATE NUMBER		1 DECEASED'S NAME (First, Middle, Last) Palma Elizabeth Goesch		1a MAIDEN NAME Rude		2 SEX F		3 DATE OF DEATH (Month, Day, Year) 11/22/2006	
4 SOCIAL SECURITY NUMBER		5a AGE - Last Birthday (Years) 87		5b UNDER 1 YEAR Months Days Hours Minutes		6 DATE OF BIRTH (Month, Day, Year) 11-14-1919		7 BIRTHPLACE (State or Foreign Country) North Dakota	
8 STATE OF DEATH ALASKA		9a. PLACE OF DEATH (Check only one, see instructions on attached sheet) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) 72600 Esther Rd.		9c. CITY, TOWN, OR LOCATION OF DEATH Anchor Point							
10 MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN		11 SURVIVING SPOUSE (If wife, give maiden name) Courtney Goesch							
12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Cook		12b. KIND OF BUSINESS/INDUSTRY Restaurant		13 WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
14a. RESIDENCE - STATE Alaska		14b. CITY, TOWN, OR LOCATION Anchor Point		14c. STREET AND NUMBER 72600 Esther St.		15 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
14d. INSIDE CITY LIMITS OR SETTLED COMMUNITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		14e. ZIP CODE 99556		16 RACE - Filipino, Black, Alaska Native, White, etc. Specify: White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 16) 12			
18. FATHER'S NAME (First, Middle, Last) Carl Rude		19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Borgerson							
20a. INFORMANT'S NAME (First, Middle, Last) Courtney Goesch		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 1883 Anchor Point, Alaska 99556				20c. RELATIONSHIP TO DECEASED Husband			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Peninsula Crematory				21c. LOCATION: City, Town, State Kenai, Alaska			
22a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		22b. NAME AND ADDRESS OF FACILITY Homer Funeral Home 5839 Kenai Spur Hwy, Kenai, Alaska 99611							
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title		23b. DATE SIGNED (Month, Day, Year) 11/22/2006							
24 TIME OF DEATH 3:24 M		25. DATE PRONOUNCED DEAD (Month, Day, Year) 11/22/2006		26. WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Complications of Diabetes Mellitus		28. APPROXIMATE INTERVAL BETWEEN ONSET & DEATH							
27. PART II. Enter the underlying cause of death. Enter UNDERLYING CAUSE LAST (disease or injury that initiated events resulting in death). DUE TO (OR AS A CONSEQUENCE OF):		28. APPROXIMATE INTERVAL BETWEEN ONSET & DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I Arteriosclerotic Vascular Disease		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
28b. WERE AUTOPSY FINDINGS CONSIDERED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another official has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> 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 as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER OF CAUSE OF DEATH <i>Fallico, M.D.</i>		29c. DATE SIGNED (Month, Day, Year) 11-24-06							
29d. NAME AND ADDRESS OF CERTIFIER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/print name of certifier) Franc G. Fallico, M.D. Chief Medical Examiner 4500 South Boudin Parkway, Anchorage AK 99507		29e. LICENSE NUMBER 1349							
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		31d. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
31e. PLACE OF INJURY - At home, street, cemetery, office, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							

FORM VS-101
REV. 3-06

1192780

ORIGINAL - STATE COPY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DEC 05 2006

DATE ISSUED

Phillip L. Mitchell
STATE REGISTRAR