AFN #2012180534 Recorded 04/26/2012 at 07:56 AM DocType: DEED Filed by: LARRY OSTLER Page: 1 of 4 Auditor Timothy O. Todd Skamania County, WA

PREPARED BY:
Larry Ostler
PO Box 727 /281 Clearview Lane
Stevenson, WA 98648

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:
Larry Ostler
PO Box 727 /281 Clearview Lane
Stevenson, WA 98648

MAIL TAX STATEMENTS TO:
Larry Ostler
PO Box 727
Stevenson, WA 98648

REAL ESTATE EXCISE TAX

29506
APR 26 2012
PAID $327.32
SKAMANIA COUNTY TREASURER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on the 8th day of March, 2012, between Robert L. Ostler, whose address is 15732 Palatime Ave, Seattle, Washington 98133 ("Grantor"), and Larry S. Ostler, whose address is PO Box 727 /281 Clearview Lane, Stevenson, Washington 98648, and ~~Jean~~ Joanne D. Dire, whose address is 2750 Northlake, Longview, Washington 98636 ("Grantees").
To Renove LIFE ESTATE FOR Margarethe Evelyn Ostler.

FOR FULL CONSIDERATION, in the amount of $20,000, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby Remises, Releases, AND FOREVER Quitclaims to Grantees, as Tenants in Common, the property located at 246 NW Roosevelt, Stevenson, WA. 98648 , Tax Parcel 03-07-36-34-0600-00 in Skamania County, Washington, described as:

Lots one (1), two (2), and three (3) of Block two (2) of UPPER CASCADES ADDITION TO THE TOWN OF STEVENSON, according to the official plat thereof on file and of record at page 69 of Book A of Plats, Records of Skamania County, Washington.

Dated 03/08/2012

Skamania County Assessor
Date 4-26-12 Parcel# 3-7-36-3-4-600

Tax Parcel Number 03-07-36-34-0600-00

MAP U-R1

Prior instrument reference: Quitclaim Deed, Volume/Book 201, Page 536, Document No. 138808, of the Recorder of Skamania County, Washington, recorded 09/09/2000.

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Grantor grants all of the Grantor's rights, title and interest in and to all of the above described property and premises to the Grantees, and to the Grantees' heirs and assigns forever in fee simple, so that neither Grantor nor Grantor's heirs legal representatives or assigns shall have, claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax/Parcel ID Number: 03073634060000

IN WITNESS WHEREOF the Grantor has executed this deed on the 16th day of March, 2017.

3/16/17
Date

Robert Ostler
Robert Ostler, Grantor

State of WA
County of King

I certify that I know or have satisfactory evidence that Robert Ostler is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 3/16/17

Signature of Notary Public

Title: Assistant Manager BOFA

My appointment expires: 2/5/14

(Seal or Stamp)

IN WITNESS WHEREOF the Grantees have executed this deed on the 22nd day of MARCH, 2012.

3/22/12
Date

Larry Ostler, Grantee

3/22/12
Date

Jean Dire, Grantee

State of WASHINGTON
County of CLARK

I certify that I know or have satisfactory evidence that LARRY OSTLER, JEAN DIRE is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 3/22/12

Signature of Notary Public

Title: Notary / CSM

My appointment expires: 6/10/12

(Seal or Stamp)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number D2 26

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First: Margarette Middle: Evelyn LAST: OSTLER Suffix:
2. Death Date: July 16, 2007
3. Sex (M/F): F
4a. Age – Last Birthday: 85
4b. Under 1 Year Months Days:
4c. Under 1 Day Hours Minutes:
5. Social Security Number: [redacted]
6. County of Death: Skamania
7. Birthdate: Feb 20, 1922
8a. Birthplace (City, Town, or County): Lester
8b. (State or Foreign Country): Washington
9. Decedent's Education: HS Graduate or GED
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? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): 281 Clear View Lane
13b. City or Town: Stevenson
13c. Residence: County: Skamania
13d. Tribal Reservation Name (If applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98648-
13g. Inside City Limits? ☐ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 2 Y
15. Marital Status at Time of Death: Widowed
16. Surviving Spouse'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): Supervisor
18. Kind of Business/Industry (Do not use Company Name): US Forest Service
19. Father's Name (First, Middle, Last, Suffix): Herbert G. Saunders
20. Mother's Name Before First Marriage (First, Middle, Last): Margaret E. Chalmers
21. Informant's Name: Larry Ostler
22. Relationship to Decedent: Son
23. Mailing Address: Number and Street or RFD No., City or Town, State, Zip: 281 Clear View Lane Stevenson WA 98648-
24. Place of Death, if Death Occurred in a Hospital:
Place of Death, If Death Occurred Somewhere Other than a Hospital: Decedent's Residence
25. Facility Name (If not a facility, give number & street or location): 281 Clear View Lane
26a. City, Town, or Location of Death: Stevenson
26b. State: WA
27. Zip Code: 98648-
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Columbia River Crematory
30. Location – City, Town, and State: White Salmon, Washington
31. Name and Complete Address of Funeral Facility: Gardner Funeral Home PO Box 390 White Salmon, WA 98672-
32. Date of Disposition:
33. Funeral Director Signature X: [signature]

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. Corpulmonale — Interval between Onset & Death: Years

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

Due to (or as a consequence of): b. COPD, Atrial Fibrillation — Interval between Onset & Death: Years

Due to (or as a consequence of): c. — Interval between Onset & Death:

Due to (or as a consequence of): d. — Interval between Onset & Death:

35. Other significant conditions contributing to death but not resulting in the underlying cause given above:
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)

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. X [signature]

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 Other Than Physician: Dr. Orlando Acosta, M.D. 849 Pacific Ave. Hood River, OR 97031
50. Hour of Death (24hrs): 0725
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (mm/dd/yyyy): 7/18/2007
53. Title of Certifier: MD
54. License Number: OR 19503
55. Certifier File Number:
56. Was case referred to ME/Coroner? ☐ Yes ☐ No
57. Registrar Signature: X [signature]
58. Date Received (mm/dd/yyyy): 7/30/07
59. Amendments:

STATE OF WASHINGTON

DSHS 301-003 (5/99)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.