

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

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

**REAL ESTATE EXCISE TAX**

29604

JUN 26 2012

PAID *except*  
*Vicky Chellam*  
SKAMANIA COUNTY TREASURER

**STATUTORY WARRANTY DEED**

**Grantor:** CHRISTINA BRITTAIN, Successor Trustee of the  
LAWRENCE W. QUINN LIVING TRUST dated  
September 10, 2003

**Grantee:** CHRISTINA BRITTAIN, Trustee of the LAWRENCE W.  
QUINN RESIDUARY TRUST

**Abbreviated Legal:** SW ¼ SE ¼ Sec. 3, T1N, R5EWM  
**Assessor's Tax Parcel #** 01-05-03-0-0-0900-00 and 01-05-03-0-0-0900-06  
**Other Reference No:** 2006161862

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

THE GRANTOR, CHRISTINA BRITTAIN, Successor Trustee of the LAWRENCE W.  
QUINN LIVING TRUST dated September 10, 2003,

hereby **CONVEYS AND WARRANTS TITLE** to

CHRISTINA BRITTAIN, Trustee of the LAWRENCE W. QUINN RESIDUARY  
TRUST,

the trust's fifty percent (50%) interest in the following-described real estate situated in the  
County of Skamania, State of Washington, including any interest therein which Grantor may  
hereafter acquire:

STATUTORY WARRANTY DEED - 1  
Quinn, Lawrence\D DEED

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

The Southwest quarter of the Southeast quarter (SW¼ SE¼) of Section 3, Township 1 North, Range 5 East of the Willamette Meridian.

EXCEPT County Roads.

EXCEPT ALSO that part of SW¼ SE¼ of Section 3, Township 1 North, Range 5 East, Willamette Meridian, Skamania County, Washington, described as beginning at a point which is N. 7°31'10" E., 281.77 feet from the south one quarter corner of Section 3. This corner is evidenced by a 1" Iron Pipe with Brass Cap. Thence N.87°39'50" E., 200.0 feet; thence S.2°20'10" S., 282.0 feet; thence S.88°40'40"W., 248.3 feet to the south one quarter corner of Section 3, thence north on the west line of the SW¼SE¼ of Section 3, to the southerly right-of-way line of Washington State Highway Route Number 140; thence northeasterly along the southerly right-of-way of said highway to a point that is N.2°20'10" W., 80 feet more or less from the point of beginning; thence S.2°20'10"E., 80 feet more or less to the point of beginning. Said land contains 1.59 acres more or less.

TOGETHER WITH AND SUBJECT TO covenants, restrictions, easements, conditions, and reservations of record, if any.

Real Estate Excise Tax No.: 26009.

Skamania County Assessor  
Date 6-26-12 Parcel# 1-5-3-900  
(SW) 1-5-3-900-06

Pursuant to **Exhibit "A"** attached hereto and incorporated herein by reference, CHRISTINA BRITTAIN is serving as the Successor Trustee and is authorized to act on behalf of the Trust which includes the full, complete, and sole authority to transfer, encumber or sell the Trust real property.

DATED this 25<sup>th</sup> day of May, 2012.

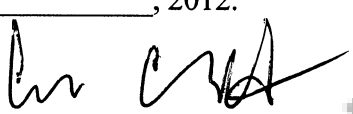
Christina Brittain Successor Trustee  
CHRISTINA BRITTAIN, Successor Trustee of  
the LAWRENCE W. QUINN LIVING TRUST  
dated September 10, 2003

STATUTORY WARRANTY DEED - 2  
Quinn, Lawrence\D DEED

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STATE OF WASHINGTON )  
County of Clark : ss.  
)

I certify that CHRISTINA BRITTAIN appeared personally before me and that I know or have satisfactory evidence that she signed this instrument as Successor Trustee of the Lawrence W. Quinn Living Trust and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 25 day of May, 2012.  


EDWARD CLINTON HALL  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
AUG. 5, 2014

NOTARY PUBLIC FOR WASHINGTON  
My Commission Expires: 8/5/2014

STATUTORY WARRANTY DEED - 3  
Quinn, Lawrence/D DEED

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Vancouver, Washington 98660  
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Unofficial Copy

CERTIFICATION OF TRUST

**Grantor (Trustor):** LAWRENCE W. QUINN

**Grantee (Trustee):** CHRISTINA BRITTAIN, Successor Trustee of the LAWRENCE W. QUINN LIVING TRUST dated September 10, 2003 and the LAWRENCE W. QUINN RESIDUARY TRUST

**Abbreviated Legal:** N/A

**Assessor's Tax Parcel #** N/A

**Other Reference Nos:** N/A

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I, KATHRYN E. HOLLAND, declare and state:

1. I am the attorney for CHRISTINA BRITTAIN, 812 Canyon Creek Road, Washougal, Washington 98671, in her capacity as Successor Trustee of the LAWRENCE W. QUINN LIVING TRUST dated September 10, 2003, and the LAWRENCE W. QUINN RESIDUARY TRUST, which is a subtrust of the Lawrence W. Quinn Living Trust. The LAWRENCE W. QUINN LIVING TRUST and the LAWRENCE W. QUINN RESIDUARY TRUST are irrevocable.
2. LAWRENCE W. QUINN died on April 27, 2012. A copy of his death certificate is attached hereto.
3. As a result of the death of LAWRENCE W. QUINN, the LAWRENCE W. QUINN LIVING TRUST was distributed to a subtrust titled "LAWRENCE W. QUINN RESIDUARY TRUST." There is not a separate trust agreement for the Lawrence W. Quinn Residuary Trust. It is a subtrust described in the Lawrence W. Quinn Living Trust. The effective date of the subtrust is April 27, 2012, which is the date of Lawrence's death and when it came into effect.
4. Pursuant to Article X, Paragraph A, CHRISTINA BRITTAIN is designated as Successor Trustee of the Trust. She has all powers and authority granted to Trustees under Washington law and the Washington Trust Act as stated in Article VIII, which includes the power to lease, buy, sell, convey, encumber, and otherwise manage real property.
5. To the best of my knowledge, I certify that this Certification of Trust is true and accurate, and that the Trust has not been revoked, modified, or amended in any manner that





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix Lawrence W. Quinn AKA Bud				2. Death Date 04/27/2012	
3. Sex (M/F) Male	4a. Age - Last Birthday 88	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number	6. County of Death Skamania
7. Birthdate 09/25/1923		8a. Birthplace (City, Town, or County) The Dalles		8b. (State or Foreign Country) Oregon	
9. Decedent's Education High School Graduate		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 5 <sup>th</sup> St.) (Include Apt. No.) 812 Canyon Creek Rd.				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671
14. Estimated length of time at residence. 30 Years		15. Marital Status at Time of Death Divorced		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). Superintendent of Operations				18. Kind of Business/Industry (Do not use Company Name) Paper Mill	
19. Father's Name (First, Middle, Last, Suffix) Alvis Quinn				20. Mother's Name Before First Marriage (First, Middle, Last) Bonolyn Leona Burt	
21. Informant's Name Christina Brittain		22. Relationship to Decedent Executor		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 812 Canyon Creek Rd. Washougal, WA 98671	
24. Place of Death, if Death Occurred in a Hospital: Decedent's Residence					
25. Facility Name (If not a facility, give number & street or location) 812 Canyon Creek Rd.				26a. City, Town, or Location of Death Washougal	26b. State WA
27. Zip Code 98671				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 Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607					
32. Date of Disposition 05/01/2012					
33. Funeral Director Signature X <i>C. M. Quinn</i>					
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>Idiopathic Pulmonary Fibrosis</i> Due to (or as a consequence of): Interval between Onset & Death: <i>years</i> 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. Due to (or as a consequence of): Interval between Onset & Death: c. Due to (or as a consequence of): Interval between Onset & Death: d. 35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Chronic obstructive pulmonary disease</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				40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:					
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. X <i>Virginia Sytsma</i>				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. X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <i>Virginia Sytsma 2708 NW 10th St Portland, OR</i>				50. Hour of Death (24hrs) 0700	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 04/30/2012	
53. Title of Certifier <i>MD</i>		54. License Number <i>MD00035140</i>		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>[Signature]</i>	
58. Date Received (MM/DD/YYYY) 05/01/2012				59. Amendments Page 3 of 3	