

David R. Kenney, Elizabeth A. Kenney, and
Thula M. Trullinger (Deceased), D/B/A
North Fork Limited, Grantor
14900 NE Lawn View Circle
Aurora, OR 97002

Daniel P. Trullinger, trustee of the Thula M.
Trullinger Trust u/i/d 12/10/92, Grantor
15705 SW Alderbrook Circle
Tigard, OR 97224

David R. Kenney and Elizabeth A. Kenney,
Trustees of the Kenney Trust u/i/d August 15, 2012, Grantee
14900 NE Lawn View Circle
Aurora, OR 97002

After Recording, return to: Law Office of Jerold W. Hilary, LLC
9250 S.W. Tigard St.
Tigard, Oregon 97223

REAL ESTATE EXCISE TAX

29724

SEP 19 2012

Until requested otherwise, send all tax statements to:

David R. Kenney
Elizabeth A. Kenney
14900 NE Lawn View Circle
Aurora, OR 97002

PAID 9/19/12
Vickie Chelland, Deputy
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

David R. Kenney, Elizabeth A. Kenney, Thula M. Trullinger (deceased, copy of death certificate attached as Exhibit A), D/B/A North Fork Limited, and Daniel P. Trullinger, trustee of the Thula M. Trullinger Trust u/i/d 12/10/92 (Certificate of Trust attached as Exhibit B), hereinafter called Grantors, quitclaim to David R. Kenney and Elizabeth A. Kenney, Trustees of the Kenney Trust u/i/d August 15, 2012, herein called Grantee, the following real property situated in Skamania County, Washington, described as follows, to-wit:

Lot 3 in the West Fork Estates No. 1, Section 20, Township 2 North, Range 5 East of the
Willamette Meridian, County of Skamania, State of Washington. BK 2 pg. 163 6.5

Skamania County Assessor

Tax Account Number: 02052000020600 HP

Date 9/19/12 Parcel# 2-5-20-206-00

The true and actual consideration paid for this conveyance is \$0.00.

DATED Sept. 17, 2012.

Elizabeth A. Kenney
Elizabeth A. Kenney, Grantor

DATED 9/17, 2012.

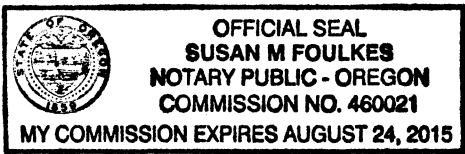
David R. Kenney
David R. Kenney, Grantor

DATED September 17, 2012.

Daniel P. Trullinger Trust
Daniel P. Trullinger, Trustee, Grantor

STATE OF OREGON)
)ss.
County of Washington)

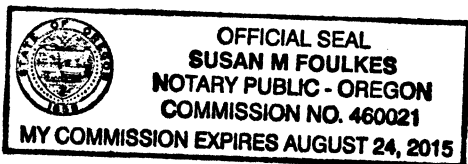
This instrument was acknowledged before me on September 17, 2012 by Elizabeth A. Kenney and David R. Kenney.



Susan M. Foulkes
NOTARY PUBLIC FOR OREGON
My Commission Expires: 08/24/2015

STATE OF OREGON)
)ss.
County of Washington)

This instrument was acknowledged before me on September 17, 2012 by Daniel P. Trullinger, trustee of the Thula M. Trullinger Trust u/i/d 12/10/92.



Susan M. Foulkes
NOTARY PUBLIC FOR OREGON
My Commission Expires: 08/24/2015

CERTIFICATION OF VITAL RECORD

TYPE OR
PRINT IN
PERMANENT
BLACK INK.

535699
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

EXHIBIT "A"

STATE FILE NUMBER

1. Legal Name (Include AKAs, if any)		First		Middle		Last		Suffix		2. Death Date (MM/DD/YYYY)	
Thula		May		Trullinger						October 25, 2011	
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number		6. County of Death					
Female	94					Washington					
7. Birthdate (MM/DD/YYYY)		8a. Birthplace (City/Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education					
Feb. 9, 1917		South St. Paul		Minnesota		Bachelor's Degree					
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify.)		11. Decedent's Race(s)		12. Was Decedent Ever in U.S. Armed Forces?							
No		White		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
13. Residence: Number and Street (e.g., 624 SE 5th Street, Apt. No. 8)						14. City/Town					
15705 SW Alderbrook Circle						Tigard					
15. Residence County		16. State or Foreign Country		17. Zip Code + 4		18. Inside City Limits?					
Washington		Oregon		97224		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. Marital Status at Time of Death		20. Spouse's Name (If married or widowed, give name prior to first marriage.)									
Widowed		Daniel Perry Trullinger									
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED.")						22. Kind of Business/Industry (DO NOT USE COMPANY NAME.)					
Registered Nurse						Medical					
23. Father's Name (First, Middle, Last, Suffix)				24. Mother's Name Prior to First Marriage (First, Middle, Last)							
Ernest Ramsey				Thula Beetle							
25. Informant's Name		26. Telephone Number		27. Relation to Decedent		28. Mailing Address (Number & Street, City/Town, State, Zip + 4)					
Dan Trullinger		Unavailable		Son		15705 SW Alderbrook Cr., Tigard, OR 97224					
29. Place of Death		30. Facility Name									
Decedent's Residence - Hospice											
31. Location of Death (Give address.)				32. City/Town or Location of Death		33. State		34. Zip Code + 4			
15705 SW Alderbrook Circle				Tigard		OR		97224			
35. Method of Disposition		36. Place of Disposition (Name of cemetery, crematory, or other place)		37. Location							
Cremation		Springer and Son Aloha Crematory		Aloha, Oregon							
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4)											
Wherity Family Funerals & Cremations 8265 SW Seneca Street, Tualatin, Oregon 97062											
39. Date of Disposition (MM/DD/YYYY)		40. Funeral Director's Signature		41. OR License Number							
TBD				CO-3686							
42. Registrar's Signature				43. Date Received (MM/DD/YYYY)		44. Local File Number					
Julia L. Clarke				DEC 09 2011		11-0725					
45. Record Amendment											
46. Was case referred to Medical Examiner?		47. Autopsy?		48. Were autopsy findings available to complete the cause of death?		49. Time of Death					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		0508					
CAUSE OF DEATH (See instructions and examples.)											
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.										Approximate Interval: Onset to Death	
Final disease or condition resulting in death → IMMEDIATE CAUSE ↓ Congestive Heart Failure											
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).											
Due to (or as a consequence of) ↓											
Due to (or as a consequence of) ↓											
Due to (or as a consequence of) ↓											
Due to (or as a consequence of) ↓											
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:											
52. Manner of Death		53. If Female		54. Did tobacco use contribute to 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		<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		<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, 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, City/Town, State, Zip + 4)											
1250 SW 65th St. #10 Tualatin, OR 97062											
63. Name and Title of Attending Physician if Other than Certifier											
64. Title of Certifier				65. License Number		66. Date Certified (MM/DD/YYYY)					
MD				13593		12/5/2011					
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.											
Julia L. Clarke MD											
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. Record Amendment											

ORIGINAL - VITAL RECORDS COPY

45-2 (01/06)



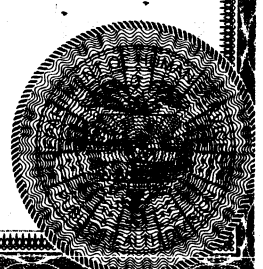
I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DEC 09 2011

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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



SEP-18-2012 16:25

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P.02

CERTIFICATION OF TRUST

EXHIBIT "B"

We, Daniel P. Trullinger, Elizabeth A. Kenney, Thula S. Edwards, and Janet M. Trullinger, Co-Trustees of the Thula M. Trullinger Trust, make this certification pursuant to ORS 130.860.

- Trust.** The trust is presently in existence. It was executed on December 10, 1992.
- Settlor and Trustee.** The settlor was Thula M. Trullinger. Thula M. Trullinger died on October 25, 2011. The current co-trustees of the trust are Daniel P. Trullinger, Elizabeth A. Kenney, Thula S. Edwards, and Janet M. Trullinger.
- Trust Powers.** Under the terms of the trust agreement, the trustee is given powers granted a trustee under the Oregon Uniform Trust Code set forth in Chapter 130 of the Oregon Revised Statutes; including the right to sell, exchange, assign, lease, encumber or otherwise alienate all or any part of the trust estate on such terms as the trustee shall determine.
- Co-Trustees' Mailing Addresses.** The mailing addresses of the current acting co-trustees are:

Daniel P. Trullinger
15705 SW Alderbrook Circle
Tigard, OR 97224

Thula S. Edwards
4224 Albert Circle
Lake Oswego, OR 97035

Elizabeth A. Kenney
14900 NE Lawn View Circle
Aurora, OR 97002

Janet M. Trullinger
0843 SW Palatine Hill Rd.
Portland, OR 97219

- Irrevocable Trust.** The trust agreement is irrevocable.
- Trustee Powers.** Each trustee has the authority to exercise trust powers alone.
- Taxpayer Identification Number.** The trust taxpayer identification number is 45-6608552.
- Title To Trust Property.** Trust property may be titled as follows:

Daniel P. Trullinger, Elizabeth A. Kenney, Thula S. Edwards, and Janet M. Trullinger, Co-Trustees
U/I/D December 10, 1992.

- Jurisdiction.** The governing law of the trust is the state of Oregon.
- No Change In Trust.** The trust has not been revoked, modified or amended in any manner that would cause the representations contained in this certification to be incorrect.

DATED: December 8, 2011 Dan P. Trullinger
Daniel P. Trullinger, CO-TRUSTEE

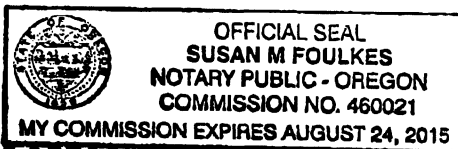
DATED: December 08, 2011 Elizabeth A. Kenney
Elizabeth A. Kenney, CO-TRUSTEE

DATED: Dec. 08, 2011 Thula S. Edwards
Thula S. Edwards, CO-TRUSTEE

DATED: March 9, 2012 Janet M. Trullinger
Janet M. Trullinger, CO-TRUSTEE

STATE OF OREGON)
) ss.
County of Washington)

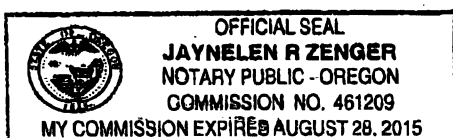
This instrument was acknowledged before me on December 8, 2011, by Daniel P. Trullinger, Elizabeth A. Kenney, and Thula S. Edwards as acting co-trustees.



Susan M Foulkes
NOTARY PUBLIC FOR OREGON
My Commission Expires: 8/24/2015

STATE OF OREGON)
) ss.
County of Clackamas)

This instrument was acknowledged before me on March 9, 2012, by Janet M. Trullinger as acting co-trustee.



Jaynele R Zenger
NOTARY PUBLIC FOR OREGON
My Commission Expires: Aug. 28, 2015