

AFTER RECORDING MAIL TO:

Name: David C. Gorgas

Address: PO Box 1121

City, State, Zip Carson, Washington 98610-1121

Filed for Record at Request of: David C. Gorgas

QUIT CLAIM DEED

THE GRANTORS Gregory David Gorgas, Patrick Hagan Gorgas and

Heather Jeanne Wurts

for and in consideration of One Dollar to each afore-mentioned Grantor

convey and quit claim to David C. Gorgas

the following described real estate, situated in the County of Skamania, state of Washington, together with all after acquired title of the grantors therein:

Assessor's Property Tax Parcel/Account Number: 04752540040200 - A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7 1/2 East of the Willamette Meridian (See Exhibit 'A', attached hereto and incorporated herein)

Dated: JANUARY 15, 2013

Patrick Hagan Gorgas
Patrick Hagan Gorgas

Gregory David Gorgas
Gregory David Gorgas
Heather Jeanne Wurts
Heather Jeanne Wurts

STATE OF _____)

COUNTY OF _____)-ss

I certify that I know or have satisfactory evidence that Gregory David Gorgas

is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: REAL ESTATE EXCISE TAX

29899
JAN 16 2013
DND EXEMPT
Audrey Allen Deputy
SKAMANIA COUNTY TREASURER

Notary Public in and for the state of _____

My appointment expires: _____

STATE OF CALIFORNIA)
)
COUNTY OF SAN DIEGO)

On Nov. 21, 2012, before me, Kathleen Clinnin, a Notary Public, personally appeared Gregory David Gargas who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Kathleen Clinnin



Unofficial Copy

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

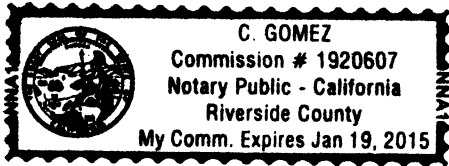
CIVIL CODE § 1189

State of California

County of Riverside }

On January 9, 2013 before me, C. Gomez, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Patrick Hagan Gargas
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: C. Gomez
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Quit Claim Deed

Document Date: N/A Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____

Individual Individual

Partner — Limited General Partner — Limited General

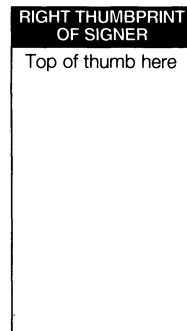
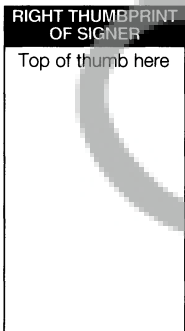
Attorney in Fact Attorney in Fact

Trustee Trustee

Guardian or Conservator Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____



CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of San Diego

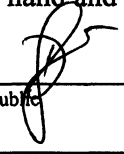
On Dec 24, 2012 before me, Dilen Ganatra, Notary public
(Here insert name and title of the officer)

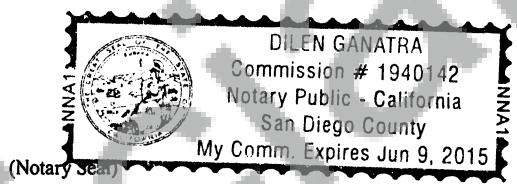
personally appeared Heather Jeanne Wurts

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Signature of Notary Public



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

DESCRIPTION OF THE ATTACHED DOCUMENT

quitclaim deed.
(Title or description of attached document)

A/c 04752540040200
(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~ - is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CAPACITY CLAIMED BY THE SIGNER

Individual (s)
 Corporate Officer

(Title)

Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

EXHIBIT 'A'

PARCEL I

A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7½ East of the Willamette Meridian in the County of Skamania and State of Washington, described as follows:

Lot 3 of the David and Bernadine Gorgas Short Plat, recorded in Book 3 of Short Plats, Page 258, Skamania County Records.

EXCEPT that portion conveyed to Philip W. Biesanz, et ux by, instrument, recorded in Book 164, Page 620.

ALSO EXCEPT that portion conveyed to Dennis R. Crow by instrument recorded in Book 246, Page 386.

PARCEL II

A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7½ East of the Willamette Meridian in the County of Skamania and State of Washington, described as follows:

Beginning at the Northwest corner of Lot 3 of the David and Bernadine Gorgas Short Plat, recorded in Book 3 of Short Plats, Page 258; thence Southerly along said West line 158 feet; thence West 60.5 feet, more or less, to the Easterly line of Cedar Creek Road; thence Northeasterly along said road to the Point of Beginning.

PARCEL III

A tract of land in the Southeast Quarter of Section 25, Township 4 North, Range 7½ East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Commencing at the Southeast corner of Lot 3 of the amended David and Bernadine Gorgas Short Plat which is recorded in Book 3 of Skamania County Short Plats at Page 291; thence along the East line of said Lot 3, North 1°11'10" East, a distance of 456.46 feet to a ½ inch diameter rebar capped with a yellow plastic survey cap marked "Bell Design 11873" and the True Point of Beginning; thence continuing along said East line, North 1°11'10" East, a distance of 62.72 feet to a ½ inch diameter rebar capped with yellow plastic survey cap marked "Bell Design 11873" which is the Northeast corner of said Lot 3 and bears South 1°11'11" West, a distance of 805.42 feet, more or less, from the Northeast corner of Lot 1 of said Short Plat; thence along the Northwesterly line of said Lot 3, South 55°11'34" West, a distance of 37.80 feet to a ½ inch diameter rebar capped with a yellow plastic survey cap marked "Bell Design 11873"; thence South 35°51'51" East, a distance of 50.75 feet to the True Point of Beginning.

Skamania County Assessor
Date 1-15-13 Parcel# 4-75-25-4-0-0402-00
4-75-25-4-0-0402-89
JM

DOC # 2007164810
Page 13 of 13

CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN PERMANENT BLACK INK.

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

STATE FILE NUMBER

526397 LD, TAG NO.

136-

TO BE COMPLETED BY FUNERAL FACILITY. 1. Legal Name: Ives Bernadine GORGAS. 2. Death Date: Nov. 7, 2009. 3. Sex: Female. 4a. Age: 73. 7. Birthdate: Aug. 15, 1936. 8a. Birthplace: Spencer, Indiana. 9. Decedent's Education: Bachelors Degree. 13. Residence: 262 Cedar Creek Rd., Skamania, WA. 14. City/Town: Carson, OR. 17. Zip Code: 98610. 18. Marital Status: Married. 20. Spouse's Name: David Copeland Gorgas. 21. Usual Occupation: Teacher. 23. Father's Name: Ives Welby Pedigo. 24. Mother's Name: Bernice Mae Hagan. 25. Informant's Name: David Gorgas. 26. Telephone Number: 509/427-7955. 27. Relation to Decedent: Husband. 28. Mailing Address: PO Box 1121, Carson, WA 98610. 29. Place of Death: Inpatient - Hospital. 30. Facility Name: Providence Hood River Memorial Hospital. 31. Location of Death: 811 13th St., Hood River, OR. 32. City/Town or Location of Death: Hood River, OR. 34. Zip Code: 97031. 35. Method of Disposition: Removal from state. 36. Place of Disposition: Columbia River Crematory, White Salmon, Washington. 38. Name and Complete Address of Funeral Facility: Gardner Funeral Home, 1270 N. Main Ave/PO Box 390, White Salmon, WA 98672. 39. Date of Disposition: Nov. 9, 2009. 42. Registrar's Signature: [Signature]. 43. Date Received: NOV 10 2009. 44. Local File Number: 48-2009.

TO BE COMPLETED BY MEDICAL CERTIFIER. 46. Was case referred to Medical Examiner? No. 47. Autopsy? No. 48. Were autopsy findings available to complete the cause of death? No. 49. Time of Death: 0425. 50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. IMMEDIATE CAUSE: PNEUMONIA. Due to (or as a consequence of) LUNG CANCER. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). 51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: 52. Manner of Death: Natural. 53. If Female: Not pregnant within past year. 54. Did tobacco use contribute to death? No. 55. Date of Injury: 56. Time of Injury: 57. Place of Injury: 58. Injury at Work? No. 59. Location of Injury: 60. Describe how injury occurred: 61. If transportation injury, specify: 62. Name and Address of Certifier: Ryan Peterson, 1151 May St., Hood River, OR 97031. 63. Name and Title of Attending Physician: 64. Title of Certifier: MD. 65. License Number: MD24586. 66. Date Signed: 11-10-2009. 67. Medical Certifier: [Signature]. 68. Medical Examiner: [Signature]. 69. Record Amendment: [Signature].

ORIGINAL - VITAL RECORDS COPY

45-2 (06/06)

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

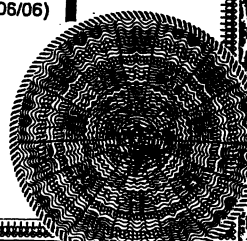
DATE ISSUED:

NOV 10 2009

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

Maria C. Santoyo

MARIA C. SANTOYO COUNTY REGISTRAR HOOD RIVER COUNTY, OREGON



LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY

Title Insurance Commitment No.: _____, County: _____

STATE OF WASHINGTON)

SS:

COUNTY OF SKAMANIA)

The undersigned, DAVID C. GORGAS, executes this affidavit relating to the estate of BERNADINE GORGAS (herein "Decedent"), who died on NOV 7, 2009, in the County of HOOD RIVER, State of OREGON, then being a resident of the City of CARSON, County of SKAMANIA, State of WASHINGTON.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- the lawful surviving spouse of the Decedent
- Surviving child of the Decedent
- Registered domestic partner of the Decedent
- One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington,
- other (identify): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. *all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death:*

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship: GREGORY DAVID GORGAS
 Address: 1156 VIA DI FELICITA, ENCINITAS, CA 92024
 Name & relationship: PATRICK HAGAN GORGAS
 Address: 2599 ROYAL TROON GLEN, ESCONDIDO, CA
 Name & relationship: HEATHER JEANNE WURTS
 Address: 712 RIVER ROCK RD, CHULA VISTA, CA 91914
 Name & relationship: _____
 Address: _____
 Name & relationship: _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- Community property
- Separate property
- Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - married to DAVID C. GORGAS
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - married to DAVID C. GORGAS
 - unmarried, not a registered domestic partner
 - unmarried, a registered domestic partner of _____
3. That the decedent left a Will, *a copy of which is attached hereto.*
 That the decedent left no Will.
 That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____. *(if unrecorded, attach a copy)*
4. That the decedent's estate is not being probated.
 That the decedent's estate is subject to probate proceedings in _____ County, State of _____, under Probate No. _____
5. That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
 That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
 That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. That the decedent has not received assistance from the State of Washington for medical care.
 That the decedent has received assistance from the State of Washington for medical care.
 That the State of Washington has been fully reimbursed for assistance for medical care.

(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 250,000.⁰⁰, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ _____, and including the value of Decedent's separate property, if any, of approximately \$ _____, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ _____.

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATE: JANUARY 15, 20 13
David Gorcas
(Signature)
DAVID C. GORCAS
(Print or type full name)
262 CEDAR CREEK RD, CARSON, WA 98610
(Full address and telephone number)
509-427-7999

LORI J ELLIOTT
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
DECEMBER 15, 2013

SUBSCRIBED and SWORN TO before me this 15 day of Jan, 20 13
Lori J Elliott
Notary Public in and for the State of
Washington, residing at Stevenson