

When recorded return to:

GARY A. NELSON
6670 S.W. QUEEN LANE
BEAVERTON, OREGON
97008

BILL OF SALE

For and in consideration of love and affection, B. Carolyn Nelson, Personal Representative of the Matter of the Estate of James Alvin Nelson, Deceased delivers to:

B. Carolyn Nelson (~~23%~~), Gary A. Nelson, Jeffrey A. Nelson, Gregory D. Nelson, James A. Nelson, Jr. , Gail E. Mosley, and Anne Wageman, all of Seller's right, title and interest in and to all items of personal property. EQUALLY

Said personal property is currently located at: Cabin 28 Wauna Lake Club Rd., Stevenson, WA 98648

() See Exhibit B attached hereto and made a part hereof.

() Street address as follows:

REAL ESTATE EXCISE TAX

29950

() On the following described real property:

FEB 28, 2013

PAID Exempt
Audrey Farni Deputy
SKAMANIA COUNTY TREASURER

Abbreviated Legal: Cabin 28 of Wauna Lake Club, Section 10, Township 2, Range 7, E.W.M.

Tax Parcel Number(s): 32071000152800

Skamania County Assessor
Date 2-28-13 Parcel# 32-07-10-0-0-1528
YM

Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

This Bill of Sale is intended to pass title to the Personal Property from Seller to Buyer irrespective of whether any of said Personal Property is correctly characterized as a fixture as a matter of law.

Dated: 6-22-12

B. Carolyn Nelson Personal Representative

STATE OF OREGON
COUNTY OF MULTNOMAH

I certify that I know or have satisfactory evidence that B. CAROLYN NELSON
(is/are) the person(s) who appeared
before me, and said person(s) acknowledged that SHE signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 6-22-12

Eileen Newkirk
Notary name printed or typed: Eileen Newkirk
Notary Public in and for the State of OREGON
Residing at PORTLAND OR
My appointment expires: 1-3-2014



James A. Nelson willed equal shares of the vacation cabin to:

B.Carolyn Nelson	1/7 th Ownership
Jeffrey A. Nelson	1/7 th Ownership
Gary A. Nelson	1/7 th Ownership
Gregory D. Nelson	1/7 th Ownership
James A. Nelson, Jr.	1/7 th Ownership
Gail E. Mosley	1/7 th Ownership
Anne Wageman	1/7 th Ownership

Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: 2-2-13
Gail E. Mosley

STATE OF OREGON
COUNTY OF WASHINGTON

I certify that I know or have satisfactory evidence that Gail Ellen Mosley (is/are) the person(s) who appeared before me, and said person(s) acknowledged that 1 signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 2/2/2013

Morgan Renee McClure
Notary name printed or typed: MORGAN RENEE MCCLURE
Notary Public in and for the State of WASHINGTON, OREGON
Residing at 13485 NW Cornett Rd. Portland, OR 97229
My appointment expires: October 21, 2016



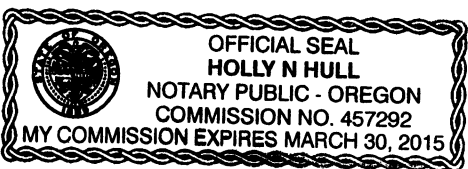
Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: 12/13/12
Gary A. Nelson

STATE OF Oregon
COUNTY OF Washington ss.
I certify that I know or have satisfactory evidence that Gary Nelson
is/are the person(s) who appeared
before me, and said person(s) acknowledged that signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 12/13/2012
Holly N. Hull
Notary name printed or typed: Holly N. Hull
Notary Public in and for the State of Oregon
Residing at Wells Fargo
My appointment expires: march 30 2015



Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: *July 5th 2012*
Anne Wageman

STATE OF *Oregon* ss.
COUNTY OF *Washington*

I certify that I know or have satisfactory evidence that *Anne Wageman* *(is)* are) the person(s) who appeared before me, and said person(s) acknowledged that *she* signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: *7-5-12*

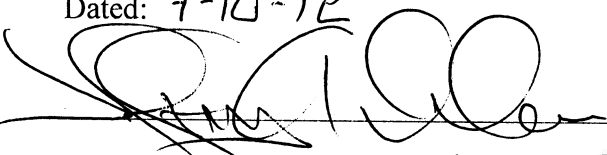
Jean Brault
Notary name printed or typed: *Jean Brault*
Notary Public in and for the State of *Oregon*
Residing at *Portland*
My appointment expires: *Sept 02, 2012*



Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: 7-10-12



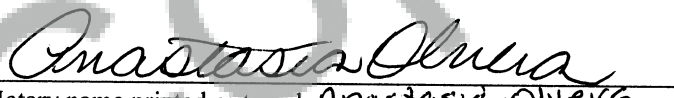
 Jeffrey A. Nelson

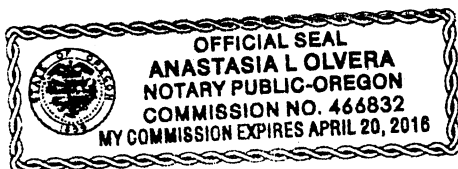
STATE OF Oregon
 COUNTY OF Multnomah ss.

I certify that I know or have satisfactory evidence that

Jeffrey A. Nelson (is/are) the person(s) who appeared
 before me, and said person(s) acknowledged that he signed this instrument and acknowledged it to be
a free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: July 10, 2012

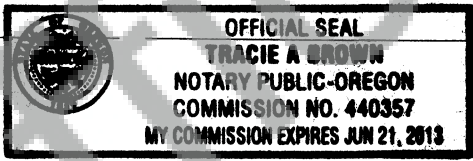

 Notary name printed or typed: Anastasia Olvera
 Notary Public in and for the State of Oregon
 Residing at 300 NE Villalobos Fairview
 My appointment expires: 4-20-16



Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: 11-23-12
James A Nelson Jr.



STATE OF Oregon
COUNTY OF Clackamas

I certify that I know or have satisfactory evidence that James Nelson Jr (is/are) the person(s) who appeared before me, and said person(s) acknowledged that He signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 11/23/12
[Signature]
Notary name printed or typed: Tracie Brown
Notary Public in and for the State of Oregon
Residing at Happy Valley, OR
My appointment expires: June 21 2013

Seller warrants to Buyer that Seller has good title to the Personal Property; that Seller has the right and authority to sell, assign, transfer and deliver the Personal Property to Buyer; and that any interest of Seller in the Personal Property is free and clear of liens, security interests, encumbrances and adverse claims. Said Personal Property is otherwise transferred to Buyer herein in its "as-is-where-is" condition, and without any other representation or warranty of Seller, expressed or implied.

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Dated: 12-07-2012 NA
NA

STATE OF Hawaii
City & COUNTY OF Honolulu ss.

I certify that I know or have satisfactory evidence that
Gregory D. Nelson (is/are) the person(s) who appeared
before me, and said person(s) 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: 12/7/2012



Dawn Nishiyama
Notary name printed or typed: **DAWN NISHIYAMA**
Notary Public in and for the State of Hawaii
Residing at Honolulu, First Judicial Circuit
My appointment expires: 11/13/2015

NOTARY PUBLIC CERTIFICATION
Dawn Nishiyama First Judicial Circuit
Doc. Description: Bill of Sale dr
No. of Pages: 2 Date of Doc. 12/7/12
Dawn Nishiyama 12/7/2012
Notary Signature Date



04/19/2012 10:05

5036269149

POSTALANNEX

PAGE 05/14

CERTIFICATION OF VITAL RECORD

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

136-

State File Number

PRINT IN
PERMANENT
BLACK INK

C-9470

I.D. TAG NO.

06061

Local File Number

1. DECEDENT'S NAME First Middle Last James Alvin NELSON		2. SEX Male	3. DATE OF DEATH (Month, Day, Year) November 23, 1999
4. SOCIAL SECURITY NUMBER 542-14-8069		5a. AGE Last Birthday (Years) 79	5b. Under 1 Year Mths. Days Hours Mins. 0 0 0 0
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. BIRTHPLACE (City and State or Foreign Country) Spokane WA	
7. DATE OF BIRTH (Month, Day, Year) August 17, 1920		9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) Good Samaritan Hospital	
10. FACILITY NAME (If not institution, give street and number) Good Samaritan Hospital		11. COUNTY OF DEATH Multnomah	
12a. DECEDENT'S USUAL OCCUPATION (Give street of work done during most of working life. Do not use retired.) Attorney		12b. KIND OF BUSINESS/INDUSTRY Law	
13a. RESIDENCE - STATE Oregon		13b. CITY, TOWN OR LOCATION Portland	
13c. STREET AND NUMBER 2565 NE 28th		14. MARITAL STATUS - Marital (Specify only highest grade completed) Married	
15. SPOUSE (If Married, Widowed) B. Carolyn Nelson		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4 or 5+) 5+	
17. FATHER'S NAME First Middle Last Frank A. Nelson		18. MOTHER'S NAME First Middle Last Helene Konowski	
19. INFORMANT - Name and relationship to decedent B. Carolyn Nelson - Wife		20. LOCATION - City or Town, State Portland Oregon	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Autopsy <input type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Other (Specify) Willamette National Cemetery		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Willamette National Cemetery	
22. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON AS SHOWN ON LICENSE <i>[Signature]</i>		23. OREGON LICENSE NO. 3579	
24. DATE FILED (Month, Day, Year) DEC 07 1999		25. REGISTAR'S SIGNATURE <i>[Signature]</i>	
26. TO BE COMPLETED BY CERTIFYING PHYSICIAN			
27. TIME OF DEATH 7:29 PM		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29. To the best of my knowledge, death occurred at the time, place, and due to the cause(s) stated. <i>[Signature]</i>		30. DATE SIGNED (Month, Day, Year) 11/24/99	
31. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER Todd Engstrom MD 12 NE Broadway Portland OR 97213		32. NAME OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER 1259	
33. IMMEDIATE CAUSE (If not, give cause of death in Part 1 and Part 2) HEART CVA		34. INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
35. DUE TO, OR AS A CONSEQUENCE OF 1259		36. INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
37. DUE TO, OR AS A CONSEQUENCE OF 1259		38. INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
39. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. chronic atrial fibrillation, peripheral vascular dz		40. Did tobacco use contribute to this death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. If YES, were findings confirmed in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
43. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		44. DATE OF INJURY (Month, Day, Year) 11/23/99	
45. TIME OF INJURY 0 0 0 0		46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
47. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		48. LOCATION (Street and Number or Rural Route Number, City or Town, State) Portland Oregon	

ORIGINAL-VITAL STATISTICS COPY

45-2-Rev (8/99)

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

DEC 07 1999

DATE ISSUED:

THIS COPY NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

Lila Wickham RNMS
LILA WICKHAM RN, MS
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON

STATE OF OREGON
County of Multnomah**LETTERS TESTAMENTARY**

Case Number: 991292319

THIS CERTIFIES that the Will of JAMES ALVIN NELSON, deceased,
has been proved and B. CAROLYNE NELSON has/have been appointed, and is/are
at the date hereof the duly appointed, qualified and acting Executor (s) {or
Administrator of the Will Annexed} of the Will and estate of the decedent.

LIMITATIONS: NONE

IN WITNESS WHEREOF, I, as Clerk of the Circuit Court of the State of
Oregon for the County of Multnomah, in which proceedings for administration for the
estate are pending, do hereby subscribe my name and affixed the seal of the Court on
JAN 05 2000

(SEAL)



Douglas M. Bray, Clerk of the Court

By: *B. Carolyn Nelson*

Deputy