

REAL ESTATE EXCISE TAX

30344

OCT 24 2013

AFTER RECORDING MAIL TO:

Name: Shirley L. Bullock

Address: 24918 Dell Place

City, State, Zip: Ocean Park, Washington, 98640

PAID *exempt*
Shirley L. Bullock
SKAMANIA COUNTY TREASURER

Quitclaim Deed


IN WITNESS WHEREOF, Elma B. Christner, not married, of 24810 Ash Place, Ocean Park, WA 98640, (the "Grantor"), for and in consideration of \$10 and love and affection, conveys and quit claims to Shirley L. Bullock, married, of 24918 Dell Place, Ocean Park, WA 98640, (the "Grantee"), the following described real estate, situated in the county of Skamania, State of Washington, together with all after acquired title of the Grantor therein:

That portion of the northwest quarter of the section 28, township 2 north, range 5 east of the Willamette meridian, county of Skamania, state of Washington, described as follows:


commencing at the center of section 28, township 2 north, range 5 e.w.m.; thence north 292.63 feet, thence west 26.29 feet to a point on the west line of the county road, thence west 315 feet to a pipe and the point of beginning, thence north 90° 00' 00" west 623 feet, thence north 00° 00' 00" east 699.14 feet; thence north 89° 38' 10" east 623 feet, thence south 00° 00' 00" west 703.09 feet to the point of beginning, together with an easment for ingress and egress over an existing 60 foot road which starts at a point on the east line of the tract described above 405.25 feet north of the southeast corner of said tract and runs easterly to the La Barre County Road reserving to the seller to also use the 60 foot road which starts at point on the east line of the tract which is 405.25 feet north of the southeast corner of the tract and runs westerly across the tract.

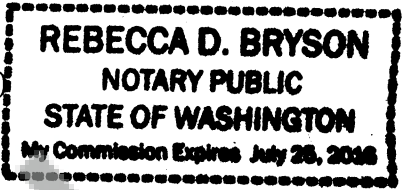
Skamania County Assessor
Date 10-21-13 Parcel 2-528-2-105
(P) 2-528-2-105-80

And the said Grantor, does attest for the Grantee and Grantee's heirs and assigns, that at and until the ensembling of these presents, the Grantor is well seized of the above described premises, as a good and indefeasible estate in fee simple, and has a good right to quit claim the same in the manner and forms above written.

Assessor's Property Tax Parcel/Account Number: 2-5-28-2-0-105-00 and 2-5-28-2-0-105-80 

Dated: October 15, 2013

 (SEAL)
Elma B. Christner



Signed, Sealed and Delivered
In the Presence of:


Witness


Witness

Unofficial Copy

Grantor Acknowledgement

STATE OF WASHINGTON

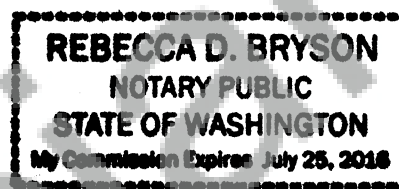
COUNTY OF Pacific

I certify that I know or have satisfactory evidence that Elma B. Christner, is the person who appeared before me, and said person acknowledged that they signed this instrument, on oath stated that he/she is authorized to execute the instrument and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 15th day of October, 2013

Rebecca D. Bryson

Notary Public in and for the State of Washington



My commission expires: JULY 25, 2016

Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (include honorifics) - First Middle Last Suffix LaVerne Nicholas CHRISTNER				2. Death Date Apr 5, 2010	
3. Sex (M/F) M	4a. Age - Last Birthday 73	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Pacific
7. Birthdate September 4, 1936	8a. Birthplace (City, Town, or County) Mt. Pleasant	8b. (State or Foreign Country) Iowa		9. Decedent's Education High School Graduate / GED	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) Caucasian		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 24801 Ash Place				13b. City or Town Ocean Park	
13c. Residence: County Pacific		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98640
14. Estimated length of time at residence. 15 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Elma B. Dobbs	
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) Paper mill	
19. Father's Name (First, Middle, Last, Suffix) Archie Christner				20. Mother's Name Before First Marriage (First, Middle, Last) Marie Hendrickson	
21. Informant's Name Elma B. Christner		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 24801 Ash Place Ocean Park WA 98640	
24. Place of Death, If Death Occurred in a Hospital: Inpatient				24. Place of Death, If Death Occurred Somewhere Other than a Hospital:	
25. Facility Name (If not a facility, give number & street or location) Ocean Beach Hospital				26a. City, Town, or Location of Death Ilwaco	26b. State WA
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Pacific Crematory		30. Location-City/Town, and State Long Beach, Washington	
31. Name and Complete Address of Funeral Facility Penttila's Chapel by The Sea 1515 S Pacific Ave POB 417 Long Beach, WA 98631				32. Date of Disposition April 8, 2010	
33. Funeral Director Signature [Signature] Daniel J. Hickey - WA Funeral Directors Lic #2104					
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. Respiratory Arrest Due to (or as a consequence of): b. Pulmonary Fibrosis Due to (or as a consequence of): c. Chronic Obstructive Pulmonary Disease Due to (or as a consequence of): d. Smoking					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Chronic Lymphocytic Leukemia, Recurrent Pneumonia, Diabetes				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 checked="" 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		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? 110 pack years <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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 type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Apt. No.				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 be used only if knowledge of death is based on the physician's personal knowledge of the decedent's condition and cause of death. Randy Enslinger MD 4-710	
48b. Medical Examiner/Coroner - On the basis of a reasonable medical investigation, in my opinion, death occurred on the date, at the place, and due to the cause(s) stated above. [Signature]				49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Randy Enslinger, M.D. 176 1st Avenue N Ilwaco, WA 98624	
50. Hour of Death (24hrs) 1850				51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY) April 7, 2010		53. Title of Certifier Certifying Physician		54. License Number MD23657	
55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Registrar Signature [Signature]	
58. Date Received (MM/DD/YYYY) 04/08/2010				59. Amendments	

