

AFTER RECORDING MAIL TO:

Mark Rynearson
1803 Central Ave
McKinleyville, CA 95519

REAL ESTATE EXCISE TAX
30794
AUG 14 2014
PAID *Exempt*
Vicente Chellera, Deputy
SKAMANIA COUNTY TREASURER

WARRANTY DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is \$.00, CITY TAX \$.00

FOR LOVE AND AFFECTION OR OTHER VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

James Mark Rynearson and Gary C. Rynearson Successor Co-Trustees of The 1986 RYNEARSON FAMILY REVOCABLE TRUST,

hereby GRANT(s) to


James Mark Rynearson as to a ½ undivided interest and Gary C. Rynearson as to a ½ undivided interest in the property situated in Skamania County, State of Washington known as;

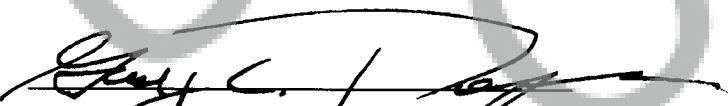
Lot Number 5 of the HOT SPRINGS SUBDIVISION, according to the Plat thereof on file and or record at Page 64 in Volume "B" of PLATS, records of Skamania County, Washington, Subject to all restrictions and covenants of record.

Parcel Number - 03082130250500

Skamania County Assessor
Date 8-14-14 Parcel# 3-8-21-3-0-2505
211

1986 Rynearson Family Revocable Trust


James Mark Rynearson, Successor Trustee


Gary C. Rynearson, Successor Trustee

MAIL TAX STATEMENTS AS DIRECTED ABOVE

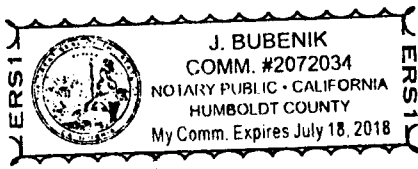
CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

State of California

County of Humboldt

On August 11, 2014 before me, J. Bubenik, a Notary Public
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"
personally appeared James Mark Rynearson and Gary C. Rynearson
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 acknowledge 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
J. Bubenik
SIGNATURE OF NOTARY

OPTIONAL

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

CAPACITY CLAIMED BY SIGNED	DESCRIPTION OF ATTACHED DOCUMENT
<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> CORPORATE OFFICER	<u>TITLE OR TYPE OF DOCUMENT</u>
<u>TITLE(S)</u>	
<input type="checkbox"/> LIMITED PARTNER(S)	
<input type="checkbox"/> GENERAL PARTNER(S)	<u>NUMBER OF PAGES</u>
<input type="checkbox"/> ATTORNEY-IN-FACT	
<input type="checkbox"/> TRUSTEE(S)	
<input type="checkbox"/> GUARDIAN/CONSERVATOR	<u>DATE OF DOCUMENT</u>
<input type="checkbox"/> OTHER: <u></u>	
<u></u>	
<u></u>	<u>SIGNER(S) OTHER THAN NAMED ABOVE</u>
<u></u>	<u>SIGNER IS REPRESENTING:</u>
<u></u>	<u>NAME OF PERSON(S) OR ENTITY(IES)</u>

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF HUMBOLDT
Eureka, California 95501

COPY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
3200512000323			
<p>1. NAME OF DECEDENT - FIRST (Last, first, middle initial)</p> <p>JAMES ALBERT RYNEARSON</p>			
<p>2. DATE OF BIRTH (month, day, year)</p> <p>01/14/1923</p>			
<p>3. AGE (years, months, days)</p> <p>82</p>			
<p>4. SEX</p> <p>M</p>			
<p>5. BIRTH STATE/FOREIGN COUNTRY</p> <p>WA</p>			
<p>6. SOCIAL SECURITY NUMBER</p> <p>534-12-9569</p>			
<p>7. DATE OF DEATH (month, day, year)</p> <p>04/05/2005</p>			
<p>8. HOUR (24 Hours)</p> <p>1700</p>			
<p>9. EDUCATION - Highest Level Completed (see instructions on back)</p> <p>Bachelor's</p>			
<p>10. DECEASED'S RACE - (see instructions on back)</p> <p>White</p>			
<p>11. USUAL OCCUPATION - Type of work for most of life. DO NOT USE "RETIRED"</p> <p>Logger</p>			
<p>12. YEARS IN OCCUPATION</p> <p>55</p>			
<p>13. DECEASED'S RESIDENCE (Street and number or location)</p> <p>901 Vista Drive</p>			
<p>14. CITY</p> <p>McKinleyville</p>			
<p>15. COUNTY</p> <p>Humboldt</p>			
<p>16. ZIP CODE</p> <p>95519</p>			
<p>17. YEARS IN COUNTY</p> <p>56</p>			
<p>18. STATE/FOREIGN COUNTRY</p> <p>CA</p>			
<p>19. INFORMANT'S NAME, RELATIONSHIP</p> <p>Mark Rynearson - Son</p>			
<p>20. INFORMANT'S ADDRESS (Street and number or rural route number, city or town, state, ZIP)</p> <p>1803 Central Avenue, McKinleyville, CA 95519</p>			
<p>21. NAME OF SURVIVING SPOUSE - FIRST</p> <p>Dixie</p>			
<p>22. LAST (Maiden)</p> <p>Goodrich</p>			
<p>23. NAME OF FATHER - FIRST</p> <p>Ione</p>			
<p>24. LAST</p> <p>Rynearson</p>			
<p>25. NAME OF MOTHER - FIRST</p> <p>Bess</p>			
<p>26. LAST</p> <p>Romney</p>			
<p>27. BIRTH STATE</p> <p>UT</p>			
<p>28. BIRTH STATE</p> <p>WA</p>			
<p>29. DISPOSITION DATE (month, day, year)</p> <p>04/12/2005</p>			
<p>30. PLACE OF FINAL DISPOSITION</p> <p>Res: Dixie Rynearson, 901 Vista Drive, McKinleyville, CA 95519</p>			
<p>31. TYPE OF DISPOSITION</p> <p>Res</p>			
<p>32. SIGNATURE OF EMBALMER</p> <p>Not Embalmed</p>			
<p>33. LICENSE NUMBER</p> <p>FD-689</p>			
<p>34. NAME OF FUNERAL ESTABLISHMENT</p> <p>Paul's Chapel</p>			
<p>35. LICENSE NUMBER</p> <p>04/11/2005</p>			
<p>36. PLACE OF DEATH</p> <p>St. Joseph Hospital</p>			
<p>37. COUNTY</p> <p>Humboldt</p>			
<p>38. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)</p> <p>2700 Dolbeer Street</p>			
<p>39. CITY</p> <p>Eureka</p>			
<p>40. CAUSE OF DEATH</p> <p>Septic Shock</p>			
<p>41. CHOLANTITIS</p> <p>Cholantitis</p>			
<p>42. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107</p> <p>None</p>			
<p>43. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, specify operation and date)</p> <p>No</p>			
<p>44. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED</p> <p>04/05/2005</p>			
<p>45. SIGNATURE AND TITLE OF PHYSICIAN</p> <p>Melvin Selinger MD</p>			
<p>46. LICENSE NUMBER</p> <p>C042042</p>			
<p>47. DATE</p> <p>04/11/2005</p>			
<p>48. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED</p> <p>04/05/2005</p>			
<p>49. MANNER OF DEATH</p> <p>Natural</p>			
<p>50. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)</p> <p></p>			
<p>51. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)</p> <p></p>			
<p>52. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)</p> <p></p>			
<p>53. SIGNATURE OF CORONER / DEPUTY CORONER</p> <p></p>			
<p>54. TYPE NAME / TITLE OF CORONER / DEPUTY CORONER</p> <p></p>			
<p>55. STATE REGISTRAR</p> <p></p>			
<p>56. FAX AUTH. #</p> <p></p>			
<p>57. CENSUS TRACT</p> <p></p>			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Local Registrar.

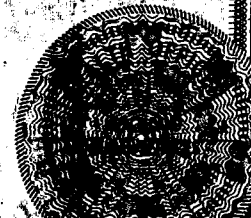


000009181

ANN LINDSAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
HUMBOLDT COUNTY, CALIFORNIA

04/11/2005

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF HUMBOLDT

Eureka, California 95501

COPY

3052013082618

CERTIFICATE OF DEATH

3201312000425

STATE FILE NUMBER		STATE OF CALIFORNIA <small>USE BLACK INK ONLY / NO ENGRAVED, REPRODUCED OR ALTERNATIVE</small>		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) DIXIE		2. MIDDLE IONE		3. LAST (Family) RYNEARSON	
4. DATE OF BIRTH mm/dd/yyyy 03/05/1922 5. AGE Yrs 91 6. SEX F					
7. DATE OF DEATH mm/dd/yyyy 04/21/2013 8. HOUR (24 Hours) 2105					
9. BIRTH STATE/FOREIGN COUNTRY NE 10. SOCIAL SECURITY NUMBER 538-16-4424 11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS/SPR at Time of Death WIDOWED					
13. EDUCATION - Highest Level (Degree) SOME COLLEGE 14/15. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE					
17. USUAL OCCUPATION - Type of work for most of life, (DO NOT USE RETIRED) OWNER 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RETAIL STORE 19. YEARS IN OCCUPATION 17					
20. DECEDENT'S RESIDENCE (Street and number, or location) 1803 CENTRAL AVE					
21. CITY MCKINLEYVILLE		22. COUNTY/PROVINCE HUMBOLDT		23. ZIP CODE 95519	
24. YEARS IN COUNTY 42		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARK RYNEARSON, SON					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1803 CENTRAL AVE, MCKINLEYVILLE, CA 95519					
28. NAME OF SURVIVING SPOUSE/BROD - FIRST RICHARD		29. MIDDLE C		30. LAST (BIRTH NAME) GOODRICH	
31. NAME OF FATHER/PARENT - FIRST LILLIAN		32. MIDDLE B		33. LAST (BIRTH NAME) LINES	
34. BIRTH STATE UNK		35. BIRTH STATE UNK			
36. DISPOSITION DATE mm/dd/yyyy 04/27/2013 37. PLACE OF FINAL DISPOSITION RES: MARK RYNEARSON 1803 CENTRAL AVE, MCKINLEYVILLE, CA 95519					
38. TYPE OF DISPOSITION CR/RES 39. SIGNATURE OF LOCAL REGISTRAR DONALD BAIRD, MD 40. LICENSE NUMBER 60899 41. DATE mm/dd/yyyy 04/26/2013					
42. NAME OF FUNERAL ESTABLISHMENT PAUL'S CHAPEL 43. SIGNATURE OF FUNERAL HOME DONALD BAIRD, MD 44. DATE mm/dd/yyyy 04/26/2013					
45. PLACE OF DEATH TIMBER RIDGE-RENNAISSANCE 46. CITY MCKINLEYVILLE					
47. COUNTY HUMBOLDT 48. FACILITY ADDRESS (Street and number, or location) 1400 NURSERY V					
49. CAUSE OF DEATH Enter the chain of events, i.e., sequence of events, that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory arrest unless they are the underlying cause. DO NOT abbreviate. ASPIRATION PNEUMONIA GERIATRIC FRAILTY					
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DECAUSAL IN THE UNDERLYING CAUSE GIVEN IN 49 CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
51. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 108? (If yes, list type of operation and date.) NO					
52. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
53. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: 04/12/2013 Decedent Last Seen Alive: 04/19/2013		54. SIGNATURE AND TITLE OF CERTIFIER JOHN CHRISTOPHER NELSON M.D.		55. LICENSE NUMBER G74722 56. DATE 04/26/2013	
57. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Investigation <input type="checkbox"/> Coroner's Jurisdiction <input type="checkbox"/> Other		58. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		59. INJURY DATE mm/dd/yyyy 60. HOUR (24 Hours)	
61. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
62. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
63. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
64. SIGNATURE OF CORONER / DEPUTY CORONER					
65. DATE mm/dd/yyyy 66. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
67. STATE REGISTRAR A 68. FAX AUTH# 69. CENSUS TRACT					

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Donald I. Baird, M.D.

APR 29 2013

DONALD I. BAIRD, M.D.
HEALTH OFFICER AND LOCAL REGISTRAR
HUMBOLDT COUNTY, CALIFORNIA

DATE ISSUED



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

