

After recording, return to:

Thomas J. Foley, P.C.  
Attorney at Law  
1419 Broadway Street  
Vancouver, WA 98660  
(360) 696-8990

**SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**

31022  
DEC 31 2014

PAID EXEMPT  
*Sudney Kimberty*  
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE: QUIT CLAIM DEED

GRANTOR: JIMMIE S. CALDWELL, Deceased.  
KATHRYN CALDWELL, Surviving Spouse

GRANTEE: KATHRYN RHEA CALDWEELL, TRUSTEE OF  
THE KATHRYN RHEA CALDWELL REVOCABLE TRUST  
DATED DECEMBER 18, 2014

LEGAL: LOT 4 HEAVEY SP/BK 3 PG 164  
Complete Legal on Page 3

Skamania County Assessor  
Date 12-31-14 Parcel 3-75-36-4-1803

PARCEL NO: 03753640180300 *(SW)*

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**QUIT CLAIM DEED**

THE GRANTOR, KATHRYN CALDWELL, Surviving Spouse of JIMMIE S. CALDWELL, Deceased, for no consideration other than for a mere change in identity, hereby conveys and quitclaims to Kathryn Rhea Caldwell, Trustee of the Kathryn Rhea Caldwell Revocable Trust dated December 18, 2014, all right, title and interest in the following described real property situated in the County of

QUIT CLAIM DEED - 1

Skamania, State of Washington, together with all after-acquired title of the Grantor therein, to wit:

See Exhibit A attached hereto.

DATED this 18<sup>th</sup> day of December, 2014.

Kathryn Caldwell  
Kathryn Caldwell

STATE OF WASHINGTON     )  
  : ss.  
County of Clark            )

I certify that KATHRYN CALDWELL, personally appeared before on this date and signed this instrument and acknowledged it as her voluntary act and deed for the uses and purposes mentioned in the instrument.

DATED this 18<sup>th</sup> day of December, 2014.

Print name

Jenni Trujillo  
JENNI TRUJILLO

Notary Public

My appointment expires 9-15-15



QUIT CLAIM DEED - 2

EXHIBIT "A"

A Tract of land in the Southeast Quarter of Section 36, Township 3 North, Range 7 1/2 East of the Willamette Meridian, in the County of Skamania and State of Washington, described as follows:

Lot 4 of the HEAVEY SHORT PLAT recorded in Book 3 of Plats, page 164, Skamania County Records.

EXCEPT a Plat of ground being 35 feet by 35 feet being a private Cemetery of the Samantha E. Bevans family.

SUBJECT TO:

1. Taxes for the year 1993: \$809.41 balance of \$404.70.  
(Acct. No. 03-75-36-4-0-1803-00)
2. Easement for Pipeline, including the terms and provisions thereof, recorded October 30, 1909 in Book M, Page 77, Skamania County Deed Records.
3. Rights of others thereto entitled in and to the continued uninterrupted flow of Nelson Creek, and rights of upper and lower riparian owners in and to the use of the waters and the natural flow thereof.
4. Any adverse claims based upon the assertion that Nelson Creek, has moved.
5. Flowage Easement to the United States, including the terms and provisions thereof, recorded in Book 2, Page 456, Skamania County Deed Records.
6. Flowage Easement to the United States, including the terms and provisions thereof, recorded December 13, 1973 in Book 65, Page 961, Skamania County Deed Records.
7. Private Road Agreement, including the terms and provisions thereof, recorded July 5, 1990 in Book 119, Page 637, Skamania County Deed Records.
8. Easement as shown on the recorded Plat.
9. Deed of Trust, including the terms and provisions thereof, executed by David Earl Harris, as grantor, to Benevest Services, Inc., a Washington Corporation, as trustee for Beneficial Washington Inc., d/b/a/ Beneficial Mortgage Co., as Beneficiary, dated July 27, 1992, recorded July 28, 1992, in Book 129, Page 937, in Auditor's File No. 114073, Skamania County Mortgage Records, given to secure the payment of \$85,000.00.

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SKAMANIAName of deceased JIMMIE S. CALDWELLI, (survivor's name) KATHRYN RHEA CALDWELL affirm  
that I am the sole and rightful heir to the property described as:Parcel number(s) 03753640180300

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 30<sup>th</sup> day of DECEMBER, 2014 at STEVENSON, WA  
(month) (year) (city) (state)

Kathryn Rhea Caldwell  
(Signature of surviving spouse or registered domestic partner)

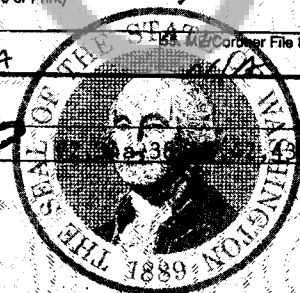
KATHRYN RHEA CALDWELL  
(Printed name of surviving spouse or registered domestic partner)

PO Box 437 STEVENSON WA 98648  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

**Note:** See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any): First Middle LAST		2. Death Date		2010 69100			
Jimmie S. Caldwell		2-28-2010					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
M	55	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
4-13-1954	Beach Grove,	Indiana		4 years college (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				Caucasian		No	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)				13b. City or Town			
45332 State Route 14				Stevenson			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98648	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse or Domestic Partner's Name (Give name prior to first marriage)			
5 years		Married		Kathryn R. Christie			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). 18. Kind of Business/Industry (Do not use Company Name)							
Self Employed Design Consultant Design							
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Jimmie Caldwell				Oliver Gayhart			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Kathryn R. Caldwell		Wife		PO Box 437 Stevenson WA 98648			
24. Place of Death, if Death Occurred in a Hospital:				25. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
Unknown				Unknown			
25. Facility Name (if not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
Not Applicable				Unknown		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location - City/Town, and State			
N/A		N/A		N/A			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
N/A				N/A			
33. Funeral Director Signature X							
N/A							
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.							
Cause of Death (See instructions and examples)							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Drowned							
Interval between Onset & Death: Unknown							
Due to (or as a consequence of):							
Interval between Onset & Death:							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
Interval between Onset & Death:							
Interval between Onset & Death:							
Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
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		39. If female		40. Did tobacco use contribute to death?			
<input type="checkbox"/> Natural <input type="checkbox"/> Homicide <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 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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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?	
2/28/2010		Unknown		Columbia River near Stevenson, WA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:		City or Town:		State:		Zip Code + 4:	
N/A		N/A		N/A		N/A	
46. Describe how injury occurred		47. If transportation injury, specify:					
Kayaking		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - 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.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Peter S. Banks, 240 NW Vancouver Ave, Stevenson, WA 98648				unknown			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				9/14/2010			
53. Title of Certifier		54. License Number		55. Recorder File Number		56. Was case referred to ME/Coroner?	
Coroner		N/A		N/A		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
X				9/16/2010			
59. Amendments				60. Date Received (mm/dd/yyyy)			
A 2				9/16/2010			
61. Date Received (mm/dd/yyyy)							
9/16/2010							
62. Date Received (mm/dd/yyyy)							
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63. Date Received (mm/dd/yyyy)							
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64. Date Received (mm/dd/yyyy)							
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67. Date Received (mm/dd/yyyy)							
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68. Date Received (mm/dd/yyyy)							
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97. Date Received (mm/dd/yyyy)							
9/16/2010							
98. Date Received (mm/dd/yyyy)							
9/16/2010							
99. Date Received (mm/dd/yyyy)							
9/16/2010							
100. Date Received (mm/dd/yyyy)							
9/16/2010							



DOHCHS 003 Rev 07/08/07

DOH 01-003 (1/14)