AFN #2015000311 Recorded 02/26/2015 at 09:02 AM DocType: DEED Filed by: WILLIAM S. SNOW Page: 1 of 3 Auditor Robert J. Waymire Skamania County, WA

SKAMANIA COUNTY REAL ESTATE EXCISE TAX 9/040 FEB **2 6** 2015

PAID NEMOTO TREASURER

| Recording requested by: | Space above reserved for use by Recorder's Office |
|--|--|
| When recorded, mail to: | Document prepared by: |
| Name: WilliAM S. SNOW | Name |
| Address: 322 Deville Rd | Address |
| City/State/Zip: Stampnia WA 98648 | City/State/Zip |
| Property Tax Parcel/Account Number: 0206 3 | (200020500 (P) |
| | |
| Quitclai | m Deed |
| Quitciai | in Deen |
| | |
| This Quitclaim Deed is made on April 3 | |
| Roger S. SNOW, Granto | |
| , City ofSKAMANIA | , State of WAShing TON, |
| and William S+ Cheral R. Froman-SnowGra | ntee of 322 Deville RoAd |
| , City of SKAMANIA | State of WASHINGTON. |
| | |
| For valuable consideration, the Grantor hereby quitcle | |
| the Grantor in the following described real estate and | |
| and assigns, to have and hold forever, located at | |
| | _, State of WASHINGTON : |
| A TRACT of LAND IN the Northea | st guarter of the Northeast Quarter |
| | th, RANGE 6 EAST of the WillAmette |
| Maridian in the country of skam | IAN A STATE OF MASHINGTON |
| dos it a a Gill - Lot 1 of SHORT | PLATS Accorded in Apple "3" of the |
| MATSubject to all essements rights of way protective any | PANIA, STATE OF WASHINGTON, PLATS, Accorded in BOOK "3" of SHOrt ords of Skamwia county washington renants, and mineral reservations of record, if any. |
| Taxes for the tax year of 2012 shall be prorate | d between the Grenter and Grentes as a falsa data of |
| | |
| | County Assessor Parcell 2-6-32-205 ★NOVA Quitclaim Deed Pg.1 (07-09) |
| | A CONTRACTOR OF THE CONTRACTOR |
| | |

| Dated: $\frac{1}{2} - 28 - 12$ | |
|---|--|
| h | |
| Signature of Grantor | |
| Roger 5 Snow Name of Grantor | 9) |
| | stewart |
| Signature of Witness #1 Printed Name of Witness # | in-ton |
| Signature of Witness #2 Printed Name of Witness # | #7 |
| State of WA County of Klick 1 at On April 28th 2012, the Grantor, ROGER | 5 Snow, |
| personally came before me and, being duly sworn, did state and prove that he/she is | s the person described |
| in the above document and that he/she signed the above document in my presence. | AND STATE OF THE PARTY OF THE P |
| Notary Signature | PUBLIC - |
| Notary Public, In and for the County of KILCLUST State of WA | OF WASHING |
| My commission expires: 8 18 14 | Seal |
| Send all tax statements to Grantee | |

NOVA Quitclaim Deed Pg.2 (07-09)

AFN #2015000311 Page: 3 of 3

| | | Annual Control | NT OF HEAL | | | | |
|--|--|--|--|---|--|--|---|
| File Number 30 5 101 1. Legal Name (include AKA's if any) Fil | | State Certifi | icate of Death / 2. Deá | State File Numb th Date | er T | in the mark | |
| Ro | ger Stanton | Snow | Jul | у 22, 2013 | | | |
| 3. Sex (M/F) (a. Age La Male 72 | st Birthday, 4b. Under 1 Year Months Days | 4c. Under 1 [| Day 5. Social Security | y Number | 6. County o | | in the second second |
| 7. Birthdate March 26, 1941 | Birthplace (City, Town, or County) Minneapolis | 8b. (State or Foreig | gn Country) 9. Deceden | nt's Education | 13 3 | itat / | |
| 10. Was Decedent of Hispanic Orig | gin? (Yes or No) If yes, specify. | 11. Deced | lent's Race(s) | n School Gra | - S - C - C - C | 12. Was Decedent | ever in U.S. |
| | et (e.g., 624 SE 5 th St.) (include Apt. No.) | <u> </u> | White has a second seco | 13b. City o | r Town | Armed Forces? | No |
| 3c. Residence: County Klickitat | 13d. Tribal Reservation Name (i | if applicable) 13e. | State or Foreign Country | 13f. Zip Code | e Salm | on 13 g. Inside City I | Limits? |
| | dence. 15. Marital Status at Time | of Death 16. S | Washington Surviving Spouse's or Domestic | 98672 Partner's Name (Give | name prior to | Yes TNo | Unk |
| 7. Usual Occupation (Indicate type of | Divorced of work done during most of working life. | 1 | | | 4 1 3 | | <u> </u> |
| 9. Father's Name (First, Middle, Last | t, Suffix) | | Timber 20. Mother's Name Before F | | | The state of | |
| Vernon Stanton Sn. | | edent 23 Maii | Eva Mae Roger | S 1900 1900 | | | |
| Cliff Creighton 4. Place of Death, if Death Occurred in | Brother | | 35 NE Poynter St. | Hillsboro | OR | 97124 | |
| 5. Facility Name (If not a facility, give | | | Decedent's R | Residence | | | |
| 10 Oak Leaf Lane | | garding in | White Sal | | 26b. State WA | 27. Zip Code 98672 | |
| 8. Method of Disposition Cremation | 29. Place of Final Dispositi Columbia Riv | ion (Name of ceme er Cremat | etery, crematory, other place) | 30. Location-C White | | d State Washing | ton |
| 1. Name and Complete Address of | | | | | | | |
| Gardner Funeral Ho | f Funeral Facility ome 1270 N. Main | Ave./POB | | | 32. Date of I | Disposition | N. 33 |
| Gardner Funeral Ho 3. Funeral Director Signature X 4. Enter the <u>chain of events</u> – diseasontricular fibrillation without showing | ome 1270 N. Main | ause of Death (See that directly cause IATE. Add addition | 390 White Salmon instructions and examples) sed the death. DO NOT enter te | minal events such as | July | 27, 2013 | set & Death |
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