

AFTER RECORDING MAIL TO:

DANIEL MIU AND CHRISTINA MIU
10117 SE SUNNYSIDE RD #F-323
CLACKAMAS, OR 97015-7708

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**

N/A
FEB 26 2015

PAID N/A
Walter Clelland, Treasurer
SKAMANIA COUNTY TREASURER

Easement for Ingress and Egress and Utilities

THE GRANTOR, RACHEL MARIE RAND, owner of Lot 1 of the Robert Rand Short Plat, recorded under Auditor File No. 126939 & BLA recorded in Book 1995, Page 470, Tax Parcel 02053300250700, hereby conveys to the GRANTEE, DANIEL MIU AND CHRISTINA MIU, Husband and Wife, owners of Lot 1 of Amendment to Daniel Miu Short Plat, recorded under Auditor File No. 139573, Tax Parcel 02053300250800, their successors and assignees, a non-exclusive easement over and across the following described real property for the purpose of ingress and egress and utilities, said easement more particularly described as follows:

See Exhibit A

Tax Parcels 02053300250700, 02053300250800

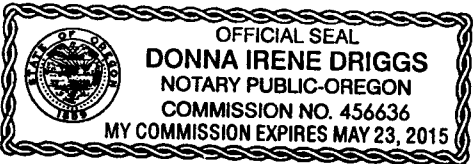
Skamania County Assessor
Date 2-26-15 Parcel # 2-5-33-2507
2-5-33-2508

Dated this 15 day of May, 2014.
Rachel Marie Rand *POA Dawn Rand*
RACHEL MARIE RAND

STATE OF ~~WASHINGTON~~ Oregon } ss
County of ~~Skamania~~ Hood River

On this 15 day of May, 2014, before me, personally appeared RACHEL MARIE RAND, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that he/she executed it as a free and voluntary act for the uses and purposes therein mentioned.

Dawn Rand
POA



Donna Irene Driggs
Notary Public in and for the State of ~~Washington~~ Oregon
Residing at Hood River Oregon

My appointment expires: May 23, 2015

Dated this _____ day of _____, 2014.

DANIEL MIU

STATE OF WASHINGTON }
County of Skamania } ss

On this _____ day of _____, 2014, before me, personally appeared DANIEL MIU, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that he/she executed it as a free and voluntary act for the uses and purposes therein mentioned.

Notary Public in and for the State of Washington,
Residing at _____

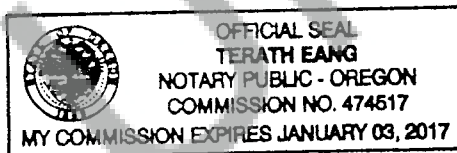
My appointment expires: _____

Dated this 2 day of January, ~~2014~~ 2015

Christina MIU
CHRISTINA MIU

Oregon
STATE OF ~~WASHINGTON~~ }
Clackamas } ss
County of ~~Skamania~~

On this 2 day of January, ~~2014~~ 2015, before me, personally appeared CHRISTINA MIU, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument, and acknowledged that he/she executed it as a free and voluntary act for the uses and purposes therein mentioned.



[Signature]

Notary Public in and for the State of Washington,
Residing at _____

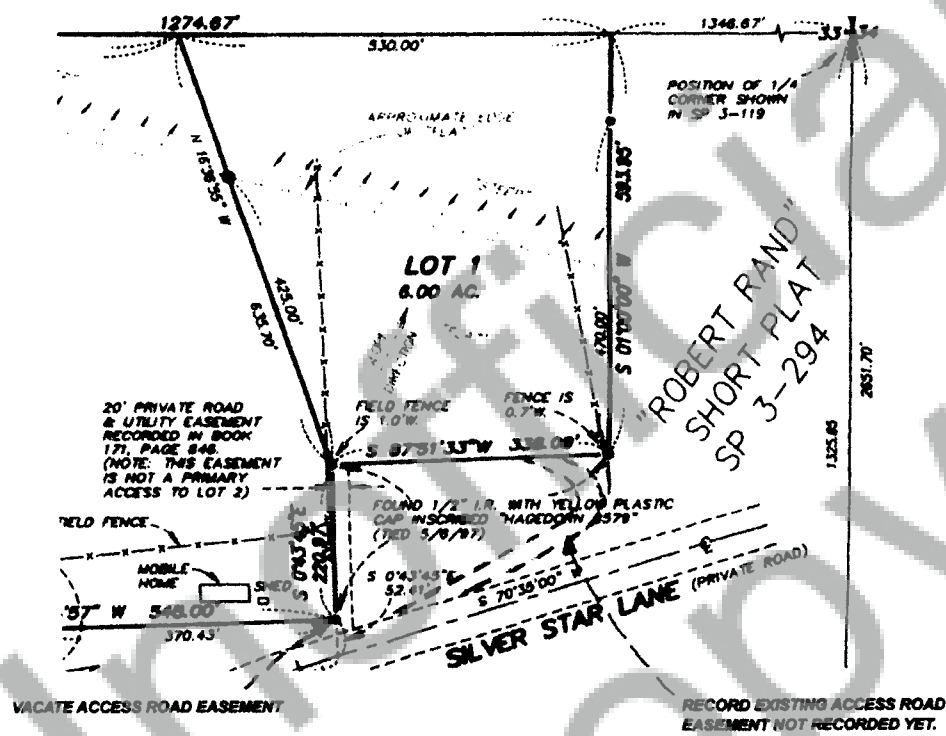
My appointment expires: 01/03/2017

Exhibit A

20' Access Easement in the Northwest ¼ of the Southeast ¼ of Section 33, T2N, R5E, W.M., Skamania County, WA further described as below;

A 20' access easement over the existing driveway that leaves Silver Star Lane and travels Northeasterly towards the Northeast corner of Lot 1 of the Robert Rand Short Plat as recorded in Auditor's File Number 126939 and enters Lot 1 of The Daniel Miu Short Plat as recorded in Auditor's File Number 139573 at the Southeast Corner of said Lot 1 of the Daniel Miu Short Plat, the West edge of said road access being 20' West of said Southeast Corner.

AND this document vacates the 20' Private Road easement granted in Book 171, Page 646 and shown on the said Daniel Miu Short Plat, but retains the 20' Utility Easement granted in said Book 171, Page 646.



STATE OF WASHINGTON
DEPARTMENT OF HEALTHLocal File Number 2

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Daniel Miu				2. Death Date December 31, 2014	
3. Sex (M/F) Male	4a. Age - Last Birthday 54	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 Clark
7. Birthdate December 8, 1960	8a. Birthplace (City, Town, or County) Bucharest	8b. (State or Foreign Country) Romania		9. Decedent's Education Bachelor's Degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 151 Silver Star Lane				13b. City or Town Washougal	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98671
14. Estimated length of time at residence. 5 Months		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Cristina Cotor	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Architect				18. Kind of Business/Industry (Do not use Company Name) Design	
19. Father's Name (First, Middle, Last, Suffix) Ion Bidila				20. Mother's Name Before First Marriage (First, Middle, Last) Ioana Miu	
21. Informant's Name Cristina Miu		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 151 Silver Star Lane, Washougal, Washington 98671	
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient				25. Facility Name (If not a facility, give number & street or location) Southwest PeaceHealth Hospital	
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664	
28. Method of Disposition Removal From State		29. Place of Final Disposition (Name of cemetery, crematory, other place) Beavercreek Memorial Cemetery		30. Location-City/Town, and State Beavercreek, Oregon	
31. Name and Complete Address of Funeral Facility Family Memorial Mortuary 1304 East Powell Boulevard, Gresham, Oregon 97030				32. Date of Disposition January 6, 2015	
33. Funeral Director Signature X Suzy O'Connor					
Cause of Death (See instructions and examples) 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) → cardiac arrest 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 Acute respiratory failure Interval between Onset & Death					
Aspiration pneumonia Interval between Onset & Death					
Other significant conditions contributing to death but not resulting in the underlying cause given above Sepsis, Mycobacterium growth					
34. 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 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"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <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. Location of Injury: Number & Street: City or Town: County: State: Zip Code + 4:		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
46. Describe how injury occurred					
48. 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.					
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) REBIKA BTJUKCHIC 400 NE Mother Joseph Pl					
50. Hour of Death (24hrs) 0939					
51. Name and Title of Attending Physician if other than Certifier (Type or Print) WANC WA 98664					
52. Date Signed (MM/DD/YYYY) 12/31/2014		53. Title of Certifier M.D.			
54. License Number 60147871		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) JAN 02 2015	
59. Amendments					

DOH/CHS 003 March 2012

DOH 01-003 (1/14)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL