

<b>WHEN RECORDED RETURN TO:</b>  Gerald Barnes 62 Desolation Road Stevenson, WA 98648
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<b>DOCUMENT TITLE(S)</b>  Death Certificate (Last Will & Testament)
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:  <input type="checkbox"/> Additional numbers on page _____ of document.
<b>GRANTOR(S):</b>  PHILIP HOWARD BARNES
<input type="checkbox"/> Additional names on page _____ of document.
<b>GRANTEE(S):</b>  THE PUBLIC
<input type="checkbox"/> Additional names on page _____ of document.
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):  <input type="checkbox"/> Complete legal on page _____ of document.
<b>TAX PARCEL NUMBER(S):</b>  <input type="checkbox"/> Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

*Last Will and Testament*

I, the undersigned,

Phillip Howard Barnes

232 Vine Maple Loop.....

Carson, Wa. 98610

I hereby declare this to be my Will. I hereby revoke all previous wills or testamentary writings made by me.

I nominate Gerald Allen Barnes Executor of my estate

62 Desolation Rd

Stevenson, WA 98648

He is to see that my wishes are carried out as I have expressed them to him. As well as he understands them

Page 1 Signed by TESTATOR: *Phillip Barnes*

WITNESS 1. *Gerald Barnes* WITNESS 2. *Audi Bonfuer*

I direct that my estate shall devolve as follows:

Special Bequests:

My one quarter share of Wind Mountain LLC is to be divided equally in all ways between the other three partners.

My share of the property in Duncan, Az. Known as 384768 North Hwy. 75 and all appurtenances there to including, my 4 wheeler, travel trailer and tools to maintain the travel trailer, excluding heavy tools is to go to Gloria Jean Stephenson. The heavy tools are to go to Gerald Allen Barnes.

My 2010 Dodge truck and any encumbrances are to go to Gerald Allen Barnes. If he wishes to accept them.

My hunting is to go to Samuel David Stephenson.

My fishing gear is to go to Michele Marie Stange.

Any intellectual property rights stored in my computer are to go to Ethan Edward Bambauer.

Any benefits derived from this intellectual property is to be maintained by Ethan Edward Bambauer with input from Samuel David Stephenson and used for the benefit of the "Barnes Family" and descendants of Heidi Ann Bambauer and Edward Alan Bambauer.

My rock cutting equipment goes to Gerald Allen Barnes.

After my special bequests I bequeath the residue of my Estate to:

Any monies left after my final expenses is to be used by Gerald at his discussion in consultation with other family members of the family.

In witness whereof I have signed this will in (place) Klickitat County  
Skyline Hospital White Salmon, WA 98672  
on the 09 (day) of JUNE (month) 2015 (year) in the presence  
of the undersigned witnesses who in my presence and in the presence of each other  
have signed this will as witnesses.

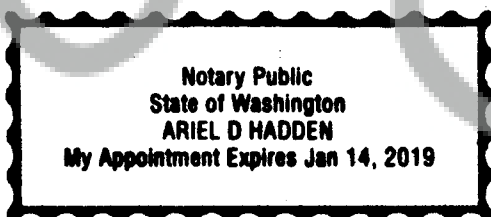
TESTATOR Signature: X Philip Barnes Date: .....

WITNESS 1. Name: GERALD A BARNES

WITNESS 1. Signature: Gerald A Barnes ID Number: WA DL BARNEGAS 62RW  
EXP: 12-16-2017

WITNESS 2. Name: Heidi Bambauer

WITNESS 2. Signature: Heidi Barnes ID Number: AZ DL A14611775  
EXP: 5-31-2030



June 9th 2015  
Ariel Hadden  
Ariel Hadden  
Commission Expires  
01-14-2019

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-017361

DATE ISSUED: 06/29/2015

FEE NUMBER: 0000000001

GIVEN NAMES: PHILIP HOWARD  
LAST NAME: BARNESCOUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: JUNE 18, 2015  
HOUR OF DEATH: 09:30 A.M.  
SEX: MALE  
AGE: 71 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITEBIRTHDATE: AUGUST 26, 1943  
BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGONMARITAL STATUS: DIVORCED  
SPOUSE:OCCUPATION: MANAGER  
INDUSTRY: WASTE WATER TREATMENT FACILITY  
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE  
US ARMED FORCES? YESINFORMANT: GERALD BARNES  
RELATIONSHIP: BROTHER  
ADDRESS: 62 DESOLATION ROAD, STEVENSON, WASHINGTON 98610PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 232 VINE MAPLE LOOP  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610RESIDENCE STREET: 232 VINE MAPLE LOOP  
CITY, STATE, ZIP: CARSON, WASHINGTON 98610  
INSIDE CITY LIMITS? NO  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 4 MONTHSFATHER: ALBERT HOWARD BARNES  
MOTHER: THELMA ADELE WALLERMETHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: CASCADE CREMATION CENTER  
CITY, STATE: TUALATIN, OR  
DISPOSITION DATE: JUNE 25, 2015FUNERAL FACILITY: CROWN MEMORIAL CENTER - PORTLAND  
ADDRESS: 832 NE BROADWAY  
CITY, STATE, ZIP: PORTLAND OR 97232  
FUNERAL DIRECTOR: SARA E. HARWOOD-KARLIKCAUSE OF DEATH:  
A. METASTATIC SQUAMOUS CELL CARCINOMA OF LUNGS  
INTERVAL: 6 MONTHSB.  
INTERVAL:C.  
INTERVAL:D.  
INTERVAL:

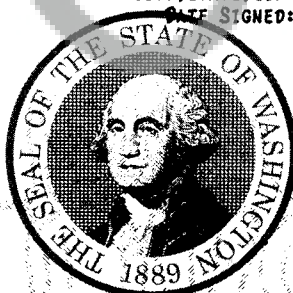
OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:  
HOUR OF INJURY:  
INJURY AT WORK?  
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:  
DESCRIBE HOW INJURY OCCURRED:MANNER OF DEATH: NATURAL  
AUTOPSY: NO  
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? YES  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLECERTIFIER NAME: R. ALLEN LABERGE, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: JUNE 23, 2015STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONECASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLELOCAL DEPUTY REGISTRAR:  
LADONNA BAEHLER  
DATE RECEIVED: JUNE 23, 2015

DOH 01-003 (6/10)