

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

AFTER RECORDING MAIL TO:

Gerald a. Matosich, Attorney
10 Appleton Rd
Lyle, WA 98635

31534
NOV - 2 2015
PAID 1931.27
a. de p. w. y.
SKAMANIA COUNTY TREASURER

DEED OF PERSONAL REPRESENTATIVE

THE GRANTOR, A. FAYE SWEITZER, in her capacity as Personal Representative of the Estate of FLOYD J. BATTEY and ETHEL M. BATTEY, husband and wife, deceased, in settling said estate, does hereby convey and warrant to EDUARDO MOLINA and AMBER M. MOLINA, husband and wife, as their separate estate, the following described real property situated in Skamania County, State of Washington, to wit:

Lot 8, of ROSENBACH'S CORNERS, according to the official Plat, recorded in Book B of Plats, Page 40, in the County of Skamania, State of Washington.

Assessor's Property Tax Parcel/Account Number(s) 03-08-21-2-0-2908-00
Skamania County Assessor Date 11/2/15 Parcel # 3-8-21-2-2908-00
6.5.

FLOYD J. BATTEY died on March 18, 2015 and ETHEL M. BATTEY died on July 29, 2015 and A. FAYE SWEITZER was confirmed as Personal Representative of their estate on August 21, 2015 and ever since has been and is now the duly appointed, qualified and acting Personal Representative thereof. This Deed is made pursuant to an Order Confirming Nonintervention Powers to Executrix-Personal Representative entered

DEED OF PERSONAL REPRESENTATIVE - 1

in the matter of the Estate of FLOYD J. BATTEY and ETHEL M. BATTEY, husband and wife, deceased, under Probate Cause No. 15-4-00012-7 in the Superior Court of Skamania County, Washington, on August 21, 2015.

DATED this 29 day of October 2015.

A. Faye Sweitzer Ex
A. FAYE SWEITZER, Executrix-Personal Representative
of the Estate of FLOYD J. BATTEY and ETHEL M. BATTEY,
husband and wife, deceased.

NOTARY ACKNOWLEDGEMENT

STATE OF WASHINGTON)
)ss.
County of Skamania)

I, Julie A Andersen, Notary Public in and for the State of Washington do hereby certify that on this 29 day of October 2015 personally appeared before me A. Faye Sweitzer, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

Signed and sworn to before me this 29 day of October 2015.



Julie A Andersen
Notary Public in and for the
State of Washington residing at
Carson, Washington

My appointment expires: June 17, 2018

DEED OF PERSONAL REPRESENTATIVE - 2.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-008494

LOCAL FILE NUMBER: 15-120

DATE ISSUED: 04/13/2015

FEE NUMBER: 0002023439

GIVEN NAMES: FLOYD JOSEPH
LAST NAME: BATTEVCOUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 18, 2015
HOUR OF DEATH: 07:00 A.M.
SEX: MALE
AGE: 87 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: JUNE 28, 1927
BIRTHPLACE: FARIDAY, LOUISIANAMARITAL STATUS: MARRIED
SPOUSE: ETHEL MAY JONESOCCUPATION: MILLWORKER
INDUSTRY: TIMBER MILL
EDUCATION: 6 YEARS
US ARMED FORCES? YESINFORMANT: ETHEL BATTEV
RELATIONSHIP: WIFE
ADDRESS: PO BOX 916 CARSON, WA 98610PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 31 ROSENBAUGH LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610RESIDENCE STREET: 31 ROSENBAUGH LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 33 YEARSFATHER: CALVIN BATTEV
MOTHER: MARY TRUITYMETHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WIND RIVER MEMORIAL CEMETERY
CITY, STATE: CARSON, WA
DISPOSITION DATE: MARCH 26, 2015FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

A. PNEUMONIA

INTERVAL: 10 DAYS

B. CEREBRAL VASCULAR EPISODE

INTERVAL: 1 MONTH

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? NO

PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CONNIE STROM PAC

TITLE: PHYSICIAN'S ASSISTANT

CERTIFIER

ADDRESS: 875 ROCK CREEK DRIVE SW

CITY, STATE, ZIP: STEVENSON WA 98648

DATE SIGNED: MARCH 25, 2015

STATUS 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 APPLICABLEATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:

LORI KOCH

DATE RECEIVED: MARCH 26, 2015

DOH 01-003 (6/14)

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-021431

LOCAL FILE NUMBER: 15-151

DATE ISSUED: 08/05/2015

FEE NUMBER: 0002025057

GIVEN NAMES: ETHEL MAY
LAST NAME: BATTEV

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: July 29, 2015
HOUR OF DEATH: 07:00 P.M.
SEX: FEMALE
AGE: 83 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: NOVEMBER 15, 1931
BIRTHPLACE: EUREKA, CALIFORNIA

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? NO

INFORMANT: WALLACE MOORE
RELATIONSHIP: SON
ADDRESS: 20130 SW 65TH AVE. TUALATIN, OR 97062

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 31 ROSENBACK LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 31 ROSENBACK LANE
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS? NO

COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 34 YEARS

FATHER: ERIC EMANUEL JONES
MOTHER: MABEL MARTHA HISSARD

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: WIND RIVER MEMORIAL CEMETERY
CITY, STATE: CARSON, WA
DISPOSITION DATE: AUGUST 07, 2015

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:
A. CEREBROVASCULAR ACCIDENT
INTERVAL: MINUTES

B. HYPERTENSION
INTERVAL: YEARS

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
NORMAL PRESSURE HYDROCEPHALUS

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? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: MICHAEL HARRIS MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1304 MONTELLO AVE
CITY, STATE, ZIP: HOOD RIVER OR 97031
DATE SIGNED: AUGUST 03, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
LORI KOCH
DATE RECEIVED: AUGUST 05, 2015

DOH 01-003 (6/14)