

<b>WHEN RECORDED RETURN TO:</b>
CHRIS DAVIS
34225 SE HURLBURT
CORBETT, OR
97019

<b>DOCUMENT TITLE(S)</b>	
QUIT CLAIM DEED	
<b>REFERENCE NUMBER(S)</b> of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page ____ of document.	
<b>GRANTOR(S):</b>	
MARY K MORBY, FORMERLY MARY BARSTOW PERSONAL REP FOR LEO R MOORE, JR	
<input type="checkbox"/> Additional names on page ____ of document.	
<b>GRANTEE(S):</b>	
MARY K MORBY	
<input type="checkbox"/> Additional names on page ____ of document.	
<b>LEGAL DESCRIPTION</b> (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	
REFER TO QUIT CLAIM DEED NE CORNER OF LOT 1 SEC. 36 T3N R7 1/2 EWM	
<input type="checkbox"/> Complete legal on page ____ of document.	
<b>TAX PARCEL NUMBER(S):</b>	
03753610020000 Jm 5/24/17	
<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.	
<b>I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.</b>	
Company Name: _____	
Signature/Title: _____ SKAMANIA COUNTY	

REAL ESTATE EXCISE TAX  
32590  
MAY 24 2017

PAID EXEMPT  
*Shirley Ann Dwyer*  
SKAMANIA COUNTY TREASURER

LPB 01-05

When recorded return to:

CHRIS DAVIS  
34225 SE HURLBURT  
CORBETT, OR 97019

### QUIT CLAIM DEED

THE GRANTOR(S)

MARY KMORBY, FORMERLY MARY BARSTOW  
PERSONAL REPRESENTATIVE OF R MOORE, JR

for and in consideration of

LOVE + AFFECTION

in hand paid, conveys and quit claims to

MARY KMORBY

the following described real estate, situated in the County of SKAMANIA, State of Washington

together with all after acquired title of the grantor(s) herein:

BEGINNING AT THE NORTHEAST CORNER OF GOVERNMENT LOT 1, THE SAME BEING THE QUARTER POST ON THE NORTH LINE OF SECTION 36, TOWNSHIP 3 NORTH, RANGE 7 1/2 E.W.M.; THENCE ALONG THE NORTH LINE OF THE SAID LOT 1 WEST 34 RODS; THENCE SOUTH TO INTERSECTION WITH CENTER OF NELSON CREEK; THENCE SOUTHEASTERLY ALONG THE CENTER OF NELSON CREEK TO INTERSECTION WITH CENTER LINE RUNNING NORTH AND SOUTH THROUGH THE SAID SECTION 36; THENCE NORTH ALONG THE SAID CENTER LINE TO THE POINT OF BEGINNING, ALSO, THE WESTERLY 36 RODS OF THE NORTHERLY 67 RODS OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER (NW 1/4 NE 1/4) OF THE SAID SECTION 36, EXCEPT THAT PORTION THEREOF LYING SOUTHERLY OF THE COUNTY ROAD KNOWN AS THE LOR ROAD CONVEYED TO MAMIE I. WHITLOCK, A WIDOW, BY DEED DATED APRIL 24, 1951.

Tax Parcel Number(s): 037536100 20000

Skamania County Assessor  
Date 5-24-17 Parcel# 03-75-36-10-0200-00

Jm

LPB 12-05(i) rev 12/2006  
Page 1 of 2

Dated: 5/18/17

Mary K Morby Formerly Mary K Barstow  
MARY K MORBY MARY K BARSTOW

STATE OF OREGON  
COUNTY OF CLATSOP

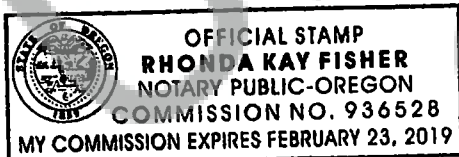
ss.

I certify that I know or have satisfactory evidence that Mary K. Morby, formerly Mary K. Barstow  
(is/are) the person(s) who appeared  
before me, and said person(s) acknowledged that she signed this instrument and acknowledged it to be  
her free and voluntary act for the uses and purposes mentioned in this instrument..

Dated: 05-18-17

Rhonda K Fisher - Rhonda K Fisher  
Notary name printed or typed:  
Notary Public in and for the State of OREGON  
Residing at Clatsop, OR  
My appointment expires:

February 23, 2019





# CERTIFICATION OF VITAL RECORD

 402  
 ID TAG NO.

**06229**

Local File Number

 OREGON DEPARTMENT OF HUMAN RESOURCES  
 HEALTH DIVISION  
 CENTER FOR HEALTH STATISTICS  
 CERTIFICATE OF DEATH

138

State File Number

1. DECEDENT'S NAME First: <u>Leo</u> Middle: <u>Roy</u> Last: <u>MOORE, Jr.</u>		2. SEX <u>M</u>	3. DATE OF DEATH (Month, Day, Year) <u>Nov. 22, 1998</u>
4. SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	5a. AGE-Last Birthday (Years) <u>78</u>	5b. Under 1 Year Mon. <u>  </u> Days <u>  </u> Hours <u>  </u> Mins. <u>  </u>	5c. Under 1 Day Mins. <u>  </u>
6. BIRTHPLACE (City and State or Foreign Country) <u>Stevenson, Wash.</u>		7. DATE OF BIRTH (Month, Day, Year) <u>May 27, 1920</u>	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) <u>  </u>			
9b. FACILITY NAME (If not institution, give street and number) <u>Legacy Good Samaritan Hospital</u>		9c. CITY, TOWN, OR LOCATION OF DEATH <u>Portland, Oregon</u>	
9d. COUNTY OF DEATH <u>Multnomah</u>			
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Hydraulic Lab Super.</u>		10b. KIND OF BUSINESS/INDUSTRY <u>Army Corps of Engin.</u>	
11. MARITAL STATUS: <u>Married</u> Never Married, Widowed, Divorced (Specify)		12. SPOUSE (If Married, Widowed, Divorced (Specify)) <u>Orla Jean Moore</u>	
13a. RESIDENCE - STATE <u>Washington</u>		13b. COUNTY <u>Klickitat</u>	
13c. CITY, TOWN OR LOCATION <u>White Salmon</u>		13d. STREET AND NUMBER <u>13 Bates Road</u>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <u>98672</u>	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify <u>  </u>		15. RACE American Indian, Black, White, etc. (Specify) <u>White</u>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>  </u> College (13 or 4) <u>  </u>			
17. FATHER - NAME - first middle last <u>Leo Roy Moore</u>		18. MOTHER - NAME - first middle maiden <u>Ruby - Foster</u>	
19. INFORMANT - NAME and relationship to decedent <u>Jean Moore - Wife</u>			
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <u>  </u>		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Win-quatt Crematory</u>	
21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		21b. OREGON LICENSE NO. (if known) <u>1961</u>	
22. NAME, ADDRESS AND ZIP OF FACILITY <u>Gardner Funeral Home</u> <u>POB 390 White Salmon, WA 98672</u>			
23. DATE FILED (Month, Day, Year) <u>DEC 01 1998</u>		24. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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TO BE COMPLETED BY CERTIFYING PHYSICIAN	
27. TIME OF DEATH <u>01:00</u> <u>M</u>	28. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
29. To the best of my knowledge, death occurred on the date, time, place and cause(s) and manner stated. (Signature) <u>[Signature]</u>	
30. DATE SIGNED (Month, Day, Year) <u>11/25/98</u>	31. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) <u>  </u> <u>  </u> <u>  </u> <u>  </u>
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <u>[Signature]</u>	
33. DATE SIGNED (Month, Day, Year) <u>  </u> <u>  </u> <u>  </u> COUNTY <u>  </u>	

34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) <u>Richard Parker, M.D., 1130 NW 22nd Ave., Suite 540 Portland, OR 97210</u>	
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <u>  </u>	

36. PART I - UNDERLYING CAUSE OF DEATH		Interval between onset and death
(a) <u>Acute myocardial infarction</u>		<u>5 days</u>
(b) <u>Pericardial myocardi infarct</u>		Interval between onset and death
(c) <u>Radical cystectomy for transitional cell carcinoma bladder</u>		<u>70 days</u>
PART II - OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in PART I: <u>Sepsis syndrome</u>		
37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
40. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other	41a. DATE OF INJURY (Month, Day, Year) <u>  </u> <u>  </u> <u>  </u>	41b. TIME OF INJURY <u>  </u> <u>  </u> <u>  </u> <u>  </u>
41c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) <u>  </u>	41d. DESCRIBE HOW INJURY OCCURRED: <u>  </u>	
41e. LOCATION (Street and Number or Rural Route Number; City or Town, State) <u>  </u>		

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## ORIGINAL VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

 DATE ISSUED DEC 01 1998

 HILDA CHASKI ADAMS, MPH  
 COUNTY REGISTRAR  
 MULTNOMAH COUNTY, OREGON

**COPY**  
ORIGINAL FILED  
MAR 16 1999  
**SUPERIOR COURT**  
CLATSOP COUNTY, WA.

1  
2  
3  
4  
5  
6 **IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON**  
7 **IN AND FOR SKAMANIA COUNTY**

8 In Re the Estate of

9 LEO ROY MOORE, JR.,

10 Deceased.

NO. 99 4 00011 3

LETTERS TESTAMENTARY

11  
12 WHEREAS, the last Will of Leo R. Moore, Jr., deceased,  
13 was on the 24<sup>th</sup> day of February, 1999, duly exhibited,  
14 proven, and recorded in our said Superior Court, and whereas  
15 it appears in and by the said Will that Mary K. Barstow is  
16 appointed Personal Representative, and has duly qualified:

17 NOW, THEREFORE, Know all men by these presents, that we  
18 do hereby authorize Mary K. Barstow to execute the Will  
19 according to law.  
20  
21  
22  
23

24 Letters Testimenatory  
25 Page 1  
26

KIELPINSKI & WOODRICH  
ATTORNEYS AT LAW  
40 Cascade Avenue, Suite 110 \* P.O. Box 510  
Stevenson, Washington 98648  
Telephone: (509) 427-5665  
Fax: (509) 427-7618

WITNESS my hand and the seal of said Court this 16<sup>th</sup>  
day of March, 1999.

Sandra Olson

Clerk of said Superior Court

Mary Jo Hanson  
Clerk/Deputy Clerk

STATE OF WASHINGTON )  
 ) ss.  
County of Klickitat )

I, County Clerk/Deputy Clerk and Clerk of the above-entitled Court, do hereby certify that the foregoing Letters Testamentary have been by me duly recorded as required by law, and that the above LETTERS TESTAMENTARY is a true and correct copy of the original on file and recorded in this office, AND THAT THE SAME ARE STILL OF FULL FORCE AND EFFECT.

IN WITNESS WHEREOF, I have hereunto set by hand and official Seal of the above-entitled Court this \_\_\_\_\_ day of \_\_\_\_\_, 1999.

The foregoing instrument has been compared and is a true and correct transcript of the original thereof on file in the records of my office.

Dated this 16 day of March 1999

Sandra Olson  
County Clerk of the Superior Court of the State of Washington in and for the County of Klickitat

Mary Jo Hanson  
Clerk/Deputy Clerk

By Mary Jo Hanson County Clerk  
Letters Testamentary  
Page 2

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