

WHEN RECORDED RETURN TO:

**ERIC BORSTAD
PO Box 872
Stanfield OR 97875**

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32636
JUN 20 2017

PAID Exempt
Robert J. Waymire
SKAMANIA COUNTY TREASURER

PERSONAL REPRESENTATIVE'S DEED

**GRANTOR: ERIC BORSTAD, as personal representative of the
Estate of Clarence Borstad**

GRANTEE: ERIC BORSTAD

ABBREVIATED LEGAL: Lot 4 Swift Creek Estates Bk B/PG 72 9,800 SQ Ft

TAX PARCEL NO.: 07063522010400

ERIC BORSTAD, as Personal Representative of the Estate of Clarence Borstad, Deceased, in Probate Cause No. 15-4-00588-1 in the Clark County Superior Court of Washington, and not in his individual capacity, and as authorized by the Order entered in the above-entitled Court to settle and distribute the Estate of Clarence Borstad without the intervention of any Court, does hereby grant, transfer and quitclaim to Eric Borstad, as his sole and separate property, the following described real estate situated in Skamania County, Washington:

Lot 4 swift Creek Estates, according to the recorded plat thereof, recorded in Book B of plats, page 72 in the county of Skamania, State of Washington. Subject to the exceptions, rights, covenants, restrictions, reservations, easements and encumbrances of attached exhibit A.

Dated this 11th day of July, 2016.

Skamania County Assessor
Date 6-20-17 Parcel 763522104

Eric Borstad
ERIC BORSTAD
Personal Representative of the Estate of
Clarence Borstad

STATE OF Washington)
)ss.

County of Cowlitz)

On this 11th day of July, 2016, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Eric Borstad, to me known to be the individual described in and who executed the within and foregoing instrument as Personal Representative of the Estate of Clarence Borstad, and acknowledged that he signed the same as his free and voluntary act and deed of said Estate, for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute the said instrument on behalf of said Estate.

WITNESS my hand and official seal hereto affixed the day and year first above written.



Tina Clark
Notary Public in and for the
State of Washington
My commission expires: 6/15/2020

EXHIBIT A

The warranty deed is subject to the following exceptions:

1. Improvements, if any, located on the real property herein described, and any security interests related thereto including but not limited to Uniform Commercial Code Filings, Mortgages and Deeds of Trust and any Bills of Sale, or Quit Claim Deeds relating to the improvements.
2. Rights of others thereto entitled in and to the continued uninterrupted flow of the unnamed creek, and rights of upper and lower riparian owners in and to the use of the waters and the natural flow thereof.
3. Rights, if any, of the property owners, abutting the unnamed creek in and to the waters of the unnamed creek and in and to the bed thereof, also boating and fishing rights of property owners abutting the unnamed creek or the stream of water leading thereto or therefrom.
4. Any adverse claims based upon the assertion that the unnamed creek has moved.
5. Easement for Public Road including the terms and provisions thereof recorded February 3, 1934 in Book "X", Page 445, Skamania County Deed Records.
6. Easement for utilities including the terms and provisions thereof December 14, 1959 in Book 46, Page 462, Skamania County Deed Records.
7. Reservations and easements and terms and conditions therein contained, and the reservation of mineral rights to Burlington Northern Railroad including the terms and conditions thereof recorded September 17, 1985 in Book 85, Page 66, Skamania County Deed Records. Mineral rights were assigned by mesnes assignment the last of which was to the United States of America recorded in Book 125, Page 335, Skamania County Deed Records.
8. Easement for roads including the terms and provisions thereof recorded February 26, 1973 in Book 64, Page 972, Skamania County Deed Records.
9. Easement for telephone and telephone lines and provisions thereof accorded in Book R, page 138, Skamania County Deed Records.
10. Conditions, covenants and restrictions of Swift Creek Estates recorded February 2, 1993 in Book 133, Page 215 to 230 Skamania County Deed Records.

**COPY
ORIGINAL FILED**
JUL 11 2016

Scott G. Weber, Clerk, Clark Co.

**SUPERIOR COURT OF WASHINGTON
FOR CLARK COUNTY
In Probate**

Estate of:

No. 15-4-00588-1

CLARENCE BORSTAD,

**DECLARATION OF COMPLETION OF
PROBATE**

Deceased.

The undersigned Personal Representative of the Estate of Clarence Borstad, deceased, does hereby declare that the administration of the estate of the above-named decedent has been completed, and in further support of said declaration, states as follows:

I.

Clarence Borstad died a resident of Clark County, Washington, on November 29, 2014, leaving property in Skamania County. The decedent's Last Will and Testament is dated October 21, 2014, and on June 26, 2015, an Order of the above-entitled Court was entered admitting said Will to probate. ERIC BORSTAD was appointed Personal Representative on June 26, 2015, and qualified by filing his Oath. No bond was required.


II.

Each creditor's claim which was justly due and properly presented as required by law has been paid or otherwise disposed of by agreement. All debts of the decedent coming to the attention of the Personal Representative have been paid. The funeral expenses and expenses of last illness of the decedent have been paid. The amount of state inheritance tax and federal estate owing as a result of the decedent's death has been determined, settled and paid.

III.

The undersigned Personal Representative has completed the administration of the decedent's estate without Court intervention and the estate is ready to be closed and the assets distributed pursuant to the terms of the Last Will and Testament of Clarence Borstad.

Dated this 13th day of June, 2016.


ERIC BORSTAD
Personal Representative
PO Box 872
Stanfield OR 97875


WESLEY S. JOHNSON, WSB #16930
Attorney for Estate

COPY
Original Filed

AUG 23 2016

Scott G. Weber, Clerk, Clark Co.

SUPERIOR COURT OF WASHINGTON
FOR CLARK COUNTY

In Probate

Estate of:

CLARENCE BORSTAD,

Deceased.

No. 15-4-00588-1

**FINAL DISCHARGE OF PERSONAL
REPRESENTATIVE**

It appearing from the Declaration of Completion filed herein by ERIC BORSTAD, the personal representative of this estate, that all of the duties required under the Order Probating Will and Confirming Appointment of Personal Representative that was entered in the Court on June 26, 2015, have been performed;

NOW, THEREFORE, IT IS

ORDERED that ERIC BORSTAD is hereby discharged as personal representative of this estate and the estate is closed.

DONE IN OPEN COURT on August 23, 2016.

/s/ ROBERT A. LEWIS

SUPERIOR COURT JUDGE

WESLEY S. JOHNSON

Attorney at Law

1146 14th Avenue • Longview WA 98632

(360) 577-8700 • Fax (360) 577-8702

Email: wsjo@pacifier.com

COPY

1 Presented by:
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7 WESLEY S. JOHNSON, WSB #16930
8 Attorney for Personal Representative
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STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 3017		Washington State Certificate of Death		State File Number
1. Legal Name (include AKA's if any) First Middle LAST Clarence L Borstad			2. Death Date 11/29/2014	
3. Sex (M/F) M	4a. Age - Last Birthday 87	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. County of Death Clark
7. Birthdate September 19, 1927		8a. Birthplace (City, Town, or County) Daniels County	8b. (State or Foreign Country) Montana	9. Decedent's Education High School
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1712 E Fourth Plain Blvd #35			13b. City or Town Vancouver	
13c. Residence: County Clark		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98661
14. Estimated length of time at residence. 11 yrs	15. Marital Status at Time of Death Divorced		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Computer Programmer			18. Kind of Business/Industry (Do not use Company Name) Engineering	
19. Father's Name (First, Middle, Last, Suffix) Clarence Melvin Borstad			20. Mother's Name Before First Marriage (First, Middle, Last) Edna Marie Due	
21. Informant's Name Eric Borstad		22. Relationship to Decedent Son	23. Mailing Address: Number and Street or RFB No. City or Town, State, Zip 1712 E Fourth Plain Blvd #35 Vancouver WA 98661	
24. Place of Death, if Death Occurred in a Hospital: PeaceHealth Southwest Medical Center - Emergency Room				
25. Facility Name (If not a facility, give number & street or location) PeaceHealth SW MC 400 Mother Joseph Place Vancouver WA 98664				
26. City, Town, or Location of Death Vancouver		26a. State WA	27. Zip Code 98664	
28. Method of Disposition Cremation			29. Place of Final Disposition (Name of cemetery, crematory, other place) PFS Crematory	
30. Location-City/Town, and State Portland Oregon			31. Name and Complete Address of Funeral Facility Neptune Cremation Service 17819 NE Riverside Pkwy Portland OR 97230	
32. Date of Disposition 12/09/14			33. Funeral Director Signature <i>Kenyon</i>	
34. 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) → a. Gunshot Wound of the Head Due to (or as a consequence of): 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 b. Due to (or as a consequence of): Interval between Onset & Death: c. Due to (or as a consequence of): Interval between Onset & Death: d. Due to (or as a consequence of): Interval between Onset & Death:				
35. Other significant conditions contributing to death but not resulting in the underlying cause given above			36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			38. Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy) 11/29/2014		42. Hour of Injury (24hrs) 03:29	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Decedent's home	
44. Location of Injury: Number & Street: 1712 E Fourth Plain Blvd City or Town: Vancouver County: Clark State: WA Zip Code + 4: 98661			45. Describe how injury occurred Decedent shot self with handgun.	
46a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X			46b. 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. X	
47. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) D.J. Wickham, M.D. PO Box 5000, Vancouver, WA 98666			48. Name and Title of Attending Physician if other than Certifier (Type or Print)	
49. Title of Certifier Medical Examiner			50. License Number 2014-2287	
51. Registrar Signature <i>[Signature]</i>			52. Date Received (mm/dd/yyyy) DEC 04 2014	
53. Amendments				

DOH/CHS 003 Rev. 07/09/07

DOH 003 (1/14)