

**WHEN RECORDED RETURN TO:**

Philip B. Janney, Attorney  
Landerholm, P.S.  
P.O. Box 1086  
Vancouver, WA 98666

**DOCUMENT TITLE(S)**

Deed of Personal Representative

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_\_ of document.

**GRANTOR(S):** John Morrison Wright Jr., as personal  
Representative of the estate of Kathryn S.  
Wright, Deceased.

☐ Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):** Catherine Ann Wright as her separate  
property - as to an undivided 25% interest

☒ Additional names on page 2 of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Lot 4 of Mel dan Acres according to the official  
plat thereof on file and of record in the office of the  
Auditor of Skamania County,  
Washington

☐ Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

03073644180000

Skamania County Assessor

Date 5-24-18 Parcel# 03073644180000

☐ Additional parcel numbers on page \_\_\_\_\_ of document.

5-7-18

ym

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.

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

33416  
APR ~~24~~ 2018 May 7, 2018 ad

PAID EXEMPT  
Chitney Kemi Smith  
SKAMANIA COUNTY TREASURER

LPB 01-05

After recording, return to:

Philip B. Janney, Attorney  
LANDERHOLM, P.S.  
PO Box 1086  
Vancouver, WA 98666-1086

Parcel # 03073644180000

Space Above for Recording Information Only

### DEED OF PERSONAL REPRESENTATIVE

GRANTOR: JOHN MORRISON WRIGHT, JR., as Personal Representative of the Estate of KATHRYN S. WRIGHT, Deceased.

GRANTEES: CATHERINE ANN WRIGHT as her separate property -- as to an undivided 25% interest;

ROSEANNE MARIE MALMSTROM as her separate property -- as to an undivided 25% interest;

JOHN MORRISON WRIGHT, JR. as his separate property -- as to an undivided 25% interest; and

MARY LOUISE TRAN as her separate property -- as to an undivided 25% interest.

RECITALS:

Skamania County Assessor  
Date 5-7-18 Parcel# 03 073 644180000  
ym

1. KATHRYN S. WRIGHT, a single woman, owned real estate situated in Skamania County, Washington, legally described as follows:

Lot 1 of MELDAN ACRES according to the official plat thereof on file and of record in the office of the Auditor of Skamania County, Washington.

2. KATHRYN S. WRIGHT died testate on November 11, 2016. JOHN MORRISON WRIGHT, JR is the duly qualified and acting Personal Representative of her estate under Clark County Superior Court Probate Cause No. 17 4 00216 1. An Order Granting Nonintervention Powers was entered in the above-referenced court on March 14, 2017.

**NOW, THEREFORE**, the above-named Grantor, by way of distribution, hereby conveys and warrants to the above-named Grantees as tenants in common, the real property legally described above and incorporated herein by reference, together with any interest in such real estate that the Grantors may hereafter acquire.

The liability and obligations of the Grantor to the Grantees and Grantees' successors under the warranties contained herein shall be limited to the amount, nature, and terms of any title insurance coverage available to the Grantor under any title insurance policy. The Grantor shall have no liability or obligation except to the extent that reimbursement for such liability or obligation is available to the Grantor under any title insurance policy.

The warranties in this Deed bind the Estate of KATHRYN S. WRIGHT but do not bind John Morrison Wright, Jr. personally.

DATED this 28<sup>th</sup> day of March, 2018.

John M. Wright Jr.  
John Morrison Wright, Jr, as  
Personal Representative of the Estate  
of Kathryn S. Wright, Deceased

STATE OF WASHINGTON )  
 ) ss.  
County of Clark )

I certify that I know or have satisfactory evidence that John Morrison Wright, Jr. is the person who appeared before me and said person acknowledged that he signed this instrument for himself personally, on oath stated that he was authorized to execute the instrument and acknowledged it as the Personal Representative of the Estate of Kathryn S. Wright, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED: March 28, 2018



Suzette M. Nichols  
Notary Public in and for the State of Washington  
Residing at Clark County  
My appointment expires: 3-1-22

# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-045800

DATE ISSUED: 11/14/2016

FEE NUMBER: 0002031197

GIVEN NAMES: KATHRYN SUSAN  
LAST NAME: WRIGHT

COUNTY OF DEATH: SKAMANIA  
DATE OF DEATH: NOVEMBER 11, 2016  
HOUR OF DEATH: 02:17 P.M.  
SEX: FEMALE  
AGE: 95 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: AUGUST 13, 1921  
BIRTHPLACE: CHICAGO, ILLINOIS

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: TREASURER  
INDUSTRY: COUNTY GOVERNMENT  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: JOHN WRIGHT  
RELATIONSHIP: SON  
ADDRESS: PO BOX 9 STEVENSON, WA 98648

PLACE OF DEATH: HOME  
FACILITY OR ADDRESS: 191 VANCOUVER AVE.  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 191 VANCOUVER AVE.  
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648  
INSIDE CITY LIMITS? YES  
COUNTY: SKAMANIA  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 57 YEARS

FATHER/PARENT: JACOB ADAMS  
MOTHER/PARENT: ROSE SCHONS

METHOD OF DISPOSITION: BURIAL  
PLACE OF DISPOSITION: STEVENSON CEMETERY  
CITY, STATE: STEVENSON, WA  
DISPOSITION DATE: NOVEMBER 16, 2016

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. CONGESTIVE HEART FAILURE  
INTERVAL: 11 DAYS

B.  
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? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: CONNIE STROM, PAC  
TITLE: PHYSICIAN'S ASSISTANT  
CERTIFIER  
ADDRESS: 212 SKYLINE DRIVE  
CITY, STATE, ZIP: WHITE SALMON WA 98672  
DATE SIGNED: NOVEMBER 14, 2016

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

LOCAL DEPUTY REGISTRAR:  
AMANDA HERTEL  
DATE RECEIVED: NOVEMBER 14, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



DOH 01-003 (10/15)