AFN #2019000094 Recorded Jan 23, 2019 09:42 AM DocType: DEED Filed by: Karen Bagnall Page: 1 of 4 File Fee: $102.00 Auditor Robert J. Waymire Skamania County, WA

When Recorded Return to:
Karen Bagnall
602 Stewart Road
Stevenson, WA 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
336059
JAN 23 2019
PAID EXEMPT
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

Grantor:	Harold E. Bagnall, Trustee and Karen K. Bagnall, Trustee
Grantee:	Karen Bagnall
Abbreviated Legal Description:	LOT 3 CHRISTENSEN-LEICK SP BK 2/PG 138
Assessor's Tax Parcel ID #:	#03072520010700

THE GRANTORS, Harold E. Bagnall and Karen K. Bagnall, as Trustees of the Bagnall Living Trust U/T/A dated January 25, 1999, in and for valuable consideration pursuant to a Dissolution of Marriage in Skamania County Cause No. 17-3-00047-30, conveys and quit claims to KAREN BAGNALL, all right, title and interest in and to the following described real property situated in the County of Skamania, State of Washington, together with all after acquired title of the grantor therein, and more particularly described as:

A parcel of land located in the northwest quarter of Section 25, Township 3 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as:

KB
Lots ~~1~~, 2, 3 and 4 of the Christensen & Leick Short Plat No. 1 as recorded in Book 2 of short plats on page 138, Skamania County Records.

Also Lot 4 of the Christensen & Leick Short Plat No. 2 as recorded in Book 2 of Short plats on page 139, Skamania County Records. ALSO SEE ATTACHED

Tax Account No.: ~~3-7-25-107, 108, 109, 110, 105~~ 03072500070200
03072520010700, 03072520010800, 03072520010900

Dated: _____

HAROLD E. BAGNALL, TRUSTEE

Dated: 1-23-2019

Karen K Bagnall Trustee
KAREN K. BAGNALL, TRUSTEE

STATE OF WASHINGTON)
SKAMANIA : ss
County of ~~Clark~~)

Skamania County Assessor

KAREN K BAGNALL Date 1-23-19 Parcel #03072520010700 tm 108

On this day personally appeared before me, ~~HAROLD E. BAGNALL~~, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that he signed the same as his free and voluntary act and deed for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23 day of JAN, 2019.

LISA M. AUSTIN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
FEBRUARY 15, 2019

Lisa M Austin
NOTARY PUBLIC for STEVENSON
My comm. expires 2/15/2019

03-07-24-0-0-0702-00

106911

BOOK 113 PAGE 687

SK-15139/ES-738
03-07-24-0-0-0702-00

QUIT CLAIM DEED

THE GRANTORS, **GEORGE F. CHRISTENSEN, JR.** and **ANN CHRISTENSEN**, husband and wife, for and in consideration of One Dollar ($1.00), do hereby convey and quitclaim to **HAROLD BAGNALL** and **KAREN BAGNALL** husband and wife, all of Grantors interest in and to the following described real estate situated in the County of Skamania, State of Washington, including any interest therein which Grantors may hereafter acquire:

A portion of the North half of the Northwest Quarter of the Northwest Quarter of Section 25, Township 3 North, Range 7 East, Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING AT A POINT on the South line of said North half of the Northwest Quarter of the Northwest Quarter, South 88 deg. 45 min. 54 sec. East, 754.00 feet from the Southwest corner thereof; thence South 88 deg. 45 min. 54 sec. East along said South line, 74.00 feet; thence North 01 deg. 14 min. 06 sec. East at right angles to said South line, 64.00 feet; thence North 88 deg. 45 min. 54 sec. West, 74.00 feet; thence South 01 deg. 14 min. 06 sec. West, 64.00 feet to the POINT OF BEGINNING, containing 0.11 acres, more or less.

SUBJECT to all easements, reservations and restrictions of record; and

TOGETHER WITH all water rights and easements attendant thereto.

FILED FOR RECORD
SKAMANIA CO. WASH.
BY SKAMANIA CO. TITLE
APR 25 5 04 PM '89
AUDITOR
ARLYN M. OLSON

12661 EXCISE

DATED the 25th day of April, 1989.

GEORGE F. CHRISTENSEN, JR.

Ann Christensen
ANN CHRISTENSEN

STATE OF WASHINGTON)
) ss:
County of SKAMANIA)

I certify that I know or have satisfactory evidence that GEORGE F. CHRISTENSEN, JR. and ANN CHRISTENSEN signed this instrument and acknowledged it to be their free and voluntary act and deed for the uses and purposes mentioned herein.

GIVEN under my hand and official seal this 25th day of April, 1989.

Peggy B. Lowry
Notary Public in and for the State of Washington, residing at ~~Stevenson~~ Carson
My commission expires 2/23/91

Glenda J. Kimmel, Skamania County Assessor
By: [illegible] Parcel # 3-7-24-702

Skamania County Assessor
Date 1/23/19 Parcel# 03072400070200

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILE DATE: JANUARY 10, 2019
STATE FILE NUMBER: 2019000660

FACT OF DEATH

1. DECEDENT'S NAME First	Middle	Last	2. SOCIAL SECURITY NUMBER	3. DATE PRONOUNCED DEAD
HAROLD	EUGENE	BAGNALL JR	[redacted]	JANUARY 08, 2019

4. TIME PRONOUNCED DEAD (24hr)	5. AGE	6. DATE OF BIRTH	7. SEX	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH	9. COUNTY OF DEATH
14:23	83 YEARS	APRIL 04, 1935	MALE	TOMAH (CITY)	MONROE

10. PLACE OF DEATH	11. FACILITY NAME AND ADDRESS OF DEATH
HOSPITAL-INPATIENT	TOMAH VA MEDICAL CENTER, 500 E VETERANS ST

12. RESIDENCE ADDRESS	13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP	14. RESIDENCE COUNTY	15. RESIDENCE STATE
22330 BLUEBIRD AVE	LINCOLN (TOWN)	MONROE	WISCONSIN

16. MARITAL STATUS	17. WI DOMESTIC PARTNERSHIP	18. SURVIVING SPOUSE'S BIRTH NAME	19. STATE OF BIRTH	20. DECEDENT'S BIRTH LAST NAME
DIVORCED	NO		WISCONSIN	BAGNALL

21. FATHER'S BIRTH NAME	22. MOTHER'S BIRTH NAME
HAROLD E BAGNALL	MADELINE HEINZ

23. INFORMANT'S NAME	24. INFORMANT'S MAILING ADDRESS
ANNE M ORGAN	22330 BLUEBIRD AVE, WARRENS, WI 54666

25. NAME AND ADDRESS OF FUNERAL FACILITY	26. FUNERAL DIRECTOR'S NAME	27. DATE SIGNED
SONNENBURG FAMILY FUNERAL HOME INC, 801 E MONOWAU ST, TOMAH, WI 54660	HEIDERSCHEIT, JAMES	JANUARY 09, 2019

28. TYPE OF MEDICAL CERTIFIER	29. MEDICAL CERTIFIER'S NAME AND TITLE	30. DATE SIGNED
PHYSICIAN	KANDAVAR GOPAL, MD	JANUARY 09, 2019

31. DATE OF DEATH	32. TIME OF DEATH (24hr)	33. MEDICAL CERTIFIER'S MAILING ADDRESS
JANUARY 08, 2019	14:23	500 E VETERANS ST, TOMAH, WI 54660

EXTENDED FACT OF DEATH

34. USUAL OCCUPATION	35. KIND OF BUSINESS/INDUSTRY	36. EVER IN US ARMED FORCES	37. DECEDENT TRIBAL MEMBER TRIBE NAME(S):
CAPTAIN	AIRLINES	YES	NO

38. MANNER OF DEATH	39. METHOD OF DISPOSITION	40. PLACE AND LOCATION OF DISPOSITION
NATURAL	CREMATION	7 RIVERS CREMATORY, ONALASKA, WISCONSIN

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

		Interval Between Onset and Death
Immediate Cause: (a)	CARDIOPULMONARY ARREST	MINUTES
Due to or as a consequence of: (b)	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE	YEARS
Due to or as a consequence of: (c)	HODGKIN'S LYMPHOMA	YEARS
Due to or as a consequence of: (d)	CAD	YEARS

41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

42. AUTOPSY PERFORMED	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
NO				

47. LOCATION OF INJURY	48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

2762622

SEE REVERSE SIDE FOR AMENDMENTS

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 69.24(1)

LOCAL REGISTRAR WISCONSIN

Deb Brandt
DEB BRANDT
MONROE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office. JANUARY 16, 2019

19743586 Date Issued:

STATE OF WISCONSIN

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
AMENDMENT BY THE STATE REGISTRAR

DATE OF AMENDMENT
JANUARY 16, 2019

End of Amendments:

STATE FILE DATE: JANUARY 10, 2019
STATE FILE NUMBER: 2019000660

AMENDMENT AUTHORITY
FUNERAL DIRECTOR

ITEM AMENDED
Father's Birth Suffix

OLD INFORMATION
JR