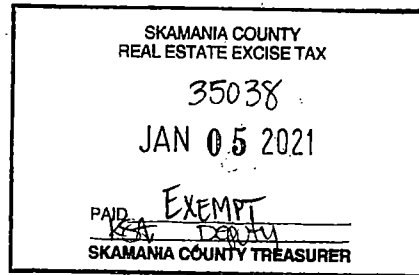




After Recording Return To:
Ruben D. Cleaveland
VanKoten & Cleaveland LLC
417 Sherman Avenue, Suite 7
Hood River, OR 97031



Assessor's Tax Parcel No.: 03-08-29-1-1-2200-00

Abbreviated Legal: Lots 8&9, Blk. 2 Estabrook's Addition, Bk. A, Pg. 31, SCPR

Consideration: The consideration stated in terms of dollars is \$0.00. This is a distribution from trust.

TRUST TRANSFER DEED

LORENA E. HOLLIS, Successor Trustee of The Misner Living Trust, dated March 19, 1993, Grantor, of Carson, Washington, bargains, sells, conveys, and transfers to **GLEN E. CREWS**, Grantee, for and in consideration as distribution of trust property, the real property located in Skamania County, Washington and described as follows:

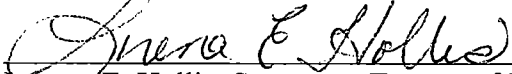
Lots 8 and 9, Block 2, Estabrook's Addition to the Town of Carson, according to the plat thereof, recorded in Book A of Plats, Page 31, in the County of Skamania, State of Washington.

DATED this 29th day of December, 2020.

Skamania County Assessor

GRANTOR:

Date 1-5-21 Parcel# 3-8-29-1-1-2200


Lorena E. Hollis, Successor Trustee of The
Misner Living Trust, dated March 19, 1993

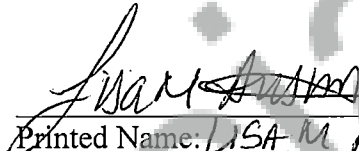
(NOTARIAL CERTIFICATE FOLLOWS ON PAGE 2)

STATE OF WASHINGTON)
County of SKAMIA)^{ss.}

I certify that I know or have satisfactory evidence that **LORENA E. HOLLIS**, Successor Trustee of The Misner Living Trust, dated March 19, 1993, is the person who appeared before me, and she 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: DECEMBER 29, 2020.

NOTARY PUBLIC
STATE OF WASHINGTON
LISA M. AUSTIN
MY COMMISSION EXPIRES
FEBRUARY 15, 2023
COMMISSION # 151815


Printed Name: LISA M. AUSTIN
Notary Public for WASHINGTON
Residing at: STEVENSON
My Commission Expires: 2/15/2023


CERTIFICATION OF TRUST
(The Misner Living Trust, dated March 19, 1993)

Pursuant to RCW 11.98.075, the Successor Trustee of the Misner Living Trust, dated March 19, 1993, hereby certifies, represents, warrants, and declares as follows:

1. The Misner Living Trust was established under laws of the State of Washington by agreement dated March 19, 1993 (the "Trust"). Amendments to the Trust were executed and effective on April 6, 1995 (First Amendment); November 15, 2004 (Second Amendment); February 10, 2006 (Third Amendment); and May 20, 2008 (Fourth Amendment).
2. The Trustors of the Trust are Richard G. Misner and Marilyn Misner-Titchenal (both deceased).
3. The currently acting Trustee of the Trust is Lorena E. Hollis, serving as Successor Trustee, whose mailing address is 492 Szydlo Rd., Carson, WA 98610.
4. The trust powers include all those trust powers as authorized by the State of Washington under the Revised Code of Washington Annotated.
5. The Trust was revocable by either Trustor while living; however both Trustor's are deceased; therefore, it is irrevocable.
6. Under the terms of the Trust, the Successor Trustee is authorized to act independently on behalf of the Trust without the consent of any other Trustee, Co-Trustee, or person.
7. The name of the Trust is The Misner Living Trust, with real property assets titled in the name of Marilyn Misner (or Marilyn Misner-Titchenal), Trustee of the Misner Living Trust, dated March 19, 1993.
8. The Trust has not been revoked, modified, or amended in any manner that would cause the representations contained in this Certification of Trust to be incorrect.

By signing below, the Successor Trustee declares under penalty of perjury under the laws of the State of Washington that the statements made in this Certification of Trust are true and correct, and it is executed at the place and on the date indicated below.

SIGNED this 29th day of December, 2020 at Carson, Washington.



Lorena E. Hollis, Successor Trustee

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-030083

DATE ISSUED: 07/06/2020

FEE NUMBER: 37902

FIRST AND MIDDLE NAME(S): MARILYN M

LAST NAME(S): TITCHENAL

COUNTY OF DEATH: SKAMANIA

DATE OF DEATH: JUNE 28, 2020

HOUR OF DEATH: 11:45 PM

SEX: FEMALE

AGE: 86 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 08, 1933

BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TIMBER APPRAISER

INDUSTRY: FOREST SERVICE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: LORENA HOLLIS

RELATIONSHIP: DAUGHTER

ADDRESS: 492 SZYDLO ROAD, CARSON, WA 98610

CAUSE OF DEATH:

A: DEMENTIA, END STAGE

INTERVAL: 4 YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: DIABETES MELLITUS TYPE 2.
AORTIC VALVE STENOSIS. ESSENTIAL HYPERTENSION. HYPERLIPIDEMIA

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY

FACILITY OR ADDRESS: ROCK COVE ASSISTED LIVING

CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648

RESIDENCE STREET: 986 ROCK CREEK DRIVE 201

CITY, STATE, ZIP: STEVENSON, WA 98648

INSIDE CITY LIMITS: YES

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER: HOWARD WILLIAM MOSTERT

MOTHER: MARY ELIZABETH KERKES

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: WIND RIVER MEMORIAL CEMETERY

CITY, STATE: CARSON, WASHINGTON

DISPOSITION DATE: JULY 11, 2020

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JENCINA M. BUTLER, DO

TITLE: DO

CERTIFIER ADDRESS: 19500 SE STARK STREET

CITY, STATE, ZIP: PORTLAND, OR 97233

DATE SIGNED: JUNE 29, 2020

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL

DATE RECEIVED: JULY 06, 2020



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record				
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
	1. Name on Record:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)			5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
First Middle Last/Maiden			First Middle Last/Maiden		
6. Name of Person Requesting Correction:					Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital
					Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)

7. Return Mailing Address:

PO Box or Street Address City State Zip

Telephone Number: () Email Address:

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Date:
Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

DOH 422-034 January 2015



CERTIFIED

JUL 0-6 2020

Amy Person, M.D.
Klickitat County Health Department

Amy Person



0 3 7 5 6 5 3 4