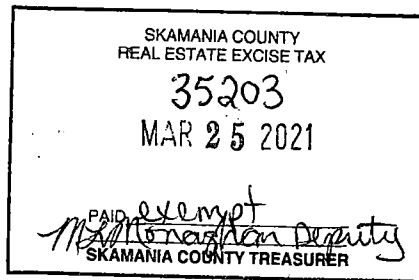




WHEN RECORDED RETURN TO:

Joner Law, PLLC
PO Box 928
Battle Ground, WA 98604



Quit Claim Deed

Grantor:

Robert S. Davidson, Trustee of The
Davidson Living Trust dated January 8,
2018

Grantee:

Robert S. Davidson, Trustee of The Judith
Davidson Irrevocable Family Trust dated
January 14, 2021

Abbreviated Legals:

LOT 1 HUTCHINSON-POSER SP BK
1/PG 17

Assessor's Tax Parcel No.

02053400050100

LM 3/15/21

Documentary transfer tax is none. No consideration.

THE GRANTOR, Robert S. Davidson, Trustee of The Davidson Living Trust dated January 8, 2018, hereby releases, quitclaims, grants and conveys to:

THE GRANTEE, Robert S. Davidson, Trustee of The Judith Davidson Irrevocable Family Trust dated January 14, 2021, the hereafter-described real estate situated in the County of Skamania, State of Washington, including any interest therein which Grantor's may hereafter acquire:

See attached Exhibit "A"

Subject to future real property taxes and/or assessments, covenants, conditions, restrictions, easements and reservations of record, if any.

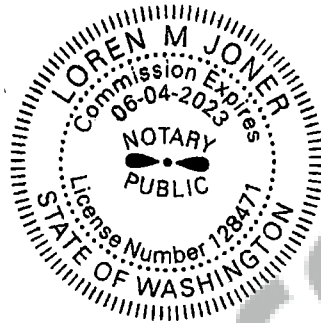
DATED this the 8th day of March, 2021.


Robert S. Davidson
Robert S. Davidson

STATE OF WASHINGTON)
)
) ss:
COUNTY OF CLARK)

I certify that I know or have satisfactory evidence that **Robert S. Davidson**, Trustee of The Davidson Living Trust dated January 8, 2018, is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

SWORN TO AND SUBSCRIBED before me, this the 8th day of March, 2021.




Loren Joner, Notary Public
My Commission Expires 10/4/23

BEGINNING at the Southeast corner of the North half of the South half of the Northeast quarter of the Southeast quarter (N 1/2 S 1/2 NE 1/4 SE 1/4) of Section 34, Township 2 North, Range 5 E.W.M.; thence North 89°29'03" West along the South line of said N 1/2 of the S 1/2 of the NE 1/4 of the SE 1/4 of Section 34, 261.82 feet; thence North 01°11'36" East parallel to the East line of the SE 1/4 of Section 34, 472 feet, more or less, to the center of Mabee Mines County Road; thence Northeasterly along said road to the said East line of the SE 1/4 of Section 34; thence South 01°11'36" West 918 feet, more or less, to the point of beginning.

SUBJECT TO an easement for a natural gas pipeline and rights of way for County Road No. 1112 designated as the Mabee Mines Road.

Skamania County Assessor

Date 3-15-21 Parcel# 02053400050100

7/11

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-044176

DATE ISSUED: 09/28/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JUDITH ANN
LAST NAME(S): DAVIDSON

COUNTY OF DEATH: CLARK
DATE OF DEATH: SEPTEMBER 20, 2020
HOUR OF DEATH: 07:30 AM
SEX: FEMALE AGE: 72 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MARCH 19, 1948
BIRTHPLACE: LACROSSE, WI

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: ROBERT S DAVIDSON

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ROBERT S DAVIDSON
RELATIONSHIP: SPOUSE
ADDRESS: 29308 NE STAUFFER ROAD CAMAS, WA 98607

CAUSE OF DEATH:
A: ESSENTIAL HYPERTENSION
INTERVAL: 2 YEARS
B: TOBACCO USER (SMOKING)
INTERVAL: 45 YEARS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, OBESITY, ATHEROSCLEROSIS OF AORTA, CORONARY
ARTERY CALCIFICATION, GUILLAIN BARRE SYNDROME

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: HOME
FACILITY OR ADDRESS: 29308 NE STAUFFER ROAD
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

RESIDENCE STREET: 29308 NE STAUFFER ROAD
CITY, STATE, ZIP: CAMAS, WA 98607
INSIDE CITY LIMITS: NO COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 45 YEARS

FATHER: LEONARD SIMPSON
MOTHER: LOUISE BUTTERFIELD

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: SEPTEMBER 25, 2020

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: RONALD A BROWN

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: YES
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: TRAVIS J. MORRISON-MCKELL, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 7101 NE 137TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98682
DATE SIGNED: SEPTEMBER 24, 2020

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

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND
DATE RECEIVED: SEPTEMBER 24, 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
-------------------	------------	----------	------	------------------

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: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 foregoing is true and correct

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

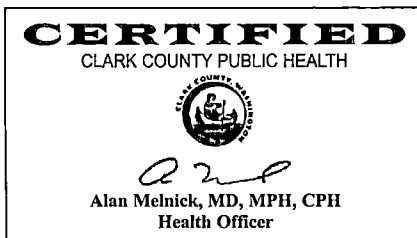
Death Certificates

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



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

0 3 7 3 3 9 0 9