



WHEN RECORDED RETURN TO:

Chris Hollings
Po Box 190
La Center, WA, 98629

DOCUMENT TITLE(S)

Quit claim Deed

REFERENCE NUMBER(S) of Documents assigned or released:

Sect 32, T4N, R5E
ORMC 173380

☐ Additional numbers on page ____ of document.

GRANTOR(S): Anthony Loveall, Kevin Ford, CHRIS Hollings

☐ Additional names on page ____ of document.

GRANTEE(S):

Anthony Loveall, Eugene Labonte, Chris Hollings

☐ Additional names on page ____ of document.

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

Placer mining claim named Lucky land 2 Located
In SE 1/4 of SE 1/4 and NE 1/2 of NE 1/4 of SE 1/4 of Sect 32

☐ Complete legal on page ____ of document. Township 4N Range 5E of the Willamette
meridian

TAX PARCEL NUMBER(S):

☐ Additional parcel numbers on page ____ of document.

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.

After recording, return to (Name, Address, Zip):

Chris Hollins
Po Box 190
La Center, WA 98629

QUITCLAIM DEED (Statutory Form)

Grantor(s): Anthony Loveall, Chris Hollins, Kevin Ford
Grantee(s):
Abbreviated Legal Description: Sect 32, T4N, R5E
Assessor's Property Tax Parcel or Account No: 61MC173308
Reference No(s) of Documents Assigned or Released:

Anthony Loveall (owner) Chris Hollins, Kevin Ford
_____, Grantor,
for and in consideration of Name Removal

conveys and quitclaims to Anthony Loveall, Eugene Labonte, Chris Hollins
_____, Grantee,
all right, title and interest in the following described real estate, situated in Skamania
County, State of Washington, together with all after acquired title of the Grantor therein:

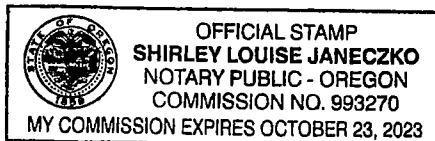
Placer mining claim, Named Lucky I & II Located in SE 1/4 of
SE 1/4 and W 1/4 of NE 1/4 of Section 32 Township 4N, Range
5E of the Willamette meridian

DATED 8-27-2021

STATE OF ~~WASHINGTON~~ ^{Oregon}, County of ~~Washington~~ _____) ss.

I certify that I know or have satisfactory evidence that Anthony Loveall
_____ is/are the individual(s) who appeared before me, and who
acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act
for the uses and purposes mentioned in the instrument.

DATED August 27, 2021



Spencer
Notary Public for ~~Washington~~ ^{Oregon}
My appointment expires 10-23-2023

PUBLISHER'S NOTE: If a corporate grantor, complete and attach Form No. 68, Corporate Acknowledgment.



Form No. P289 - Quitclaim Deed (Statutory Form) ES
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Furl print
Sent from my iPhone

Begin forwarded message:

From: Chris <cholling@tds.net>
Date: August 19, 2021 at 2:51:48 PM PDT
To: tbs-bw@eprintitservice.com
Subject: Fwd: from Ann leach to Chris

Sent from my iPhone

Begin forwarded message:

From: ann leach <jackannleach@hotmail.com>
Date: August 19, 2021 at 12:53:17 PM PDT
To: cholling@tds.net

Sent from Mail for Windows

August 19, 2021

To Whom It May Concern/ BLM

I am writing this letter as I am the sole survivor to Kevin Ford's interest in this mining claim and I relinquish my/his control to:

Chris Holling and Anthony Loveall

Sincerely,
Ann S Ford-Leach

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-044954

LOCAL FILE NUMBER: 00925

DATE ISSUED: 10/01/2020
FEE NUMBER: 08WFH0108

FIRST AND MIDDLE NAME(S): KEVIN GENE
LAST NAME(S): FORD

COUNTY OF DEATH: COWLITZ
DATE OF DEATH: SEPTEMBER 25, 2020
HOUR OF DEATH: 12:01 AM
SEX: MALE AGE: 59 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: MAY 29, 1961
BIRTHPLACE: BAKERSFIELD, CA

MARITAL STATUS: SINGLE, NEVER MARRIED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: TRUCK DRIVER
INDUSTRY: COMMERCIAL TRUCKING
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ANN LEACH
RELATIONSHIP: MOTHER
ADDRESS: 7456 ASH PEAK DRIVE, SPARKS, NEVADA, 89436,

CAUSE OF DEATH:

A: PNEUMONIA
INTERVAL: DAYS
B: SARCOMA
INTERVAL: WEEKS
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 1090 A ST UNIT 54
CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674

RESIDENCE STREET: 1090 A ST 54
CITY, STATE, ZIP: WOODLAND, WA 98674
INSIDE CITY LIMITS: YES COUNTY: COWLITZ
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: GENE A FORD
MOTHER: ANN S SCHWEITZER

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORY

CITY, STATE: LONGVIEW, WASHINGTON
DISPOSITION DATE: OCTOBER 02, 2020

FUNERAL FACILITY: WOODLAND FUNERAL HOME

ADDRESS: 660-A GOERIG STREET
CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674
FUNERAL DIRECTOR: ROBERT D. PAINTER

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: MARK C. JOHANSEN, DO
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 14406 NE 20TH AVE
CITY, STATE, ZIP: VANCOUVER, WA 98686
DATE SIGNED: SEPTEMBER 30, 2020

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JESSICA BISCHOFF
DATE RECEIVED: SEPTEMBER 30, 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: | | 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 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: | | City | State | Zip |
| PO Box or Street Address | | | | |
| 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 currently shows: | The true fact is: |
| 8. | 9. |
| 10. | 11. |
| 12. | 13. |

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

| | | | |
|-----------------|-------|---|-------|
| 14a. Signature: | | 14b. Signature of 2 nd parent (if required): | |
| Printed name: | Date: | Printed name: | Date: |

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

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

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

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

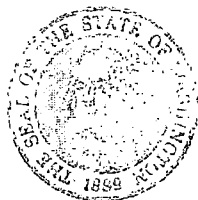
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

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



CERTIFIED

Steven Krager

Steven Krager, MD, MPH
Deputy Health Officer/Registrar
Cowlitz County Health Department
Longview, WA



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