



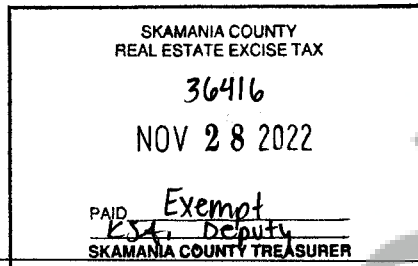
00014765202200022740080087

AFTER RECORDING MAIL TO:

Name: Gail Melinda Thompson Living Trust

Address: 38 McCarthy Road, White Salmon, WA 98672

Filed for Record at Request of: Gail Thompson



Quitclaim Deed

IN WITNESS WHEREOF, Gail Thompson as trustee of Exemption Trust of the Emory L & Lois S Thompson Family Trust, dated April 1, 1994, (the "Grantor"), for and in consideration of \$ 0, conveys, as well as quitclaim, unto Gail Thompson as trustee of Gail Melinda Thompson Living Trust, dated December 5, 2013, (the "Grantee") as the sole tenant, the following described real estate, situated in the county of Skamania, State of Washington, together with all after acquired title of the Grantor therein:

A PARCEL OF LAND LOCATED IN THE SOUTH HALF OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH, RANGE 10 EAST, WILLAMETTE MERIDIAN, COUNTY OF SKAMANIA, STATE OF WASHINGTON (see Exhibit A)

And the said Grantor, does attest for the Grantee and Grantee's heirs and assigns, that at and until the unsealing of these presents, the Grantor is well seized of the above described premises, as a good and indefeasible estate in fee simple, and has a good right to convey the same in the manner and forms above written.

Assessor's Property Tax Parcel/Account Number: 03102000080500 *jm 11/28/22*

Dated: Nov. 14, 2022

Signed in the presence of: Gabriela Maturo I. Name

Signature Gail Thompson, TTEE

Exemption Trust of the Emory L & Lois S Thompson Family Trust  
Trustee: Gail Thompson

### Grantor Acknowledgement

STATE OF WASHINGTON

Klickitat

COUNTY OF ~~Skamania~~, I certify that I know or have satisfactory evidence that Gail Thompson of Exemption Trust of the Emory L & Lois S Thompson Family Trust, is the person who appeared before me, and said person acknowledged that they signed this instrument, on oath stated that he/she is authorized to execute the instrument and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 14<sup>th</sup> day of November, 2022

Gabriela Medrano I.

Notary Public in and for the State of Washington

My commission expires: <sup>④</sup> Nov. Dec 22, 2024

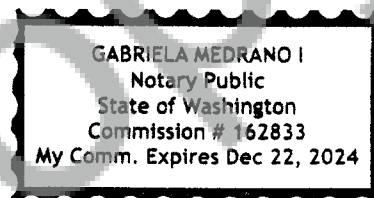


exhibit A

When recorded return to:

Gail Thompson  
2275 Evergreen St  
San Diego, CA 92106

33392  
SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

Order No.: 240631AM

JUL 30 2018

PAID 13,086.50  
SKAMANIA COUNTY TREASURER

### STATUTORY WARRANTY DEED

THE GRANTOR(S) **R. Clark Ziegler and Margie K. Ziegler, Co-Trustees of Clark Ziegler Revocable Living Trust dated November 16, 2004**

for and in consideration of PURSUANT TO AN IRC 1031 TAX DEFERRED EXCHANGE ON BEHALF OF GRANTEE.

in hand paid, conveys, and warrants to **Gail Thompson, Successor Trustee of The Exemption Trust of the Emory L. and Lois S. Thompson Family Trust of 1994**

the following described real estate, situated in the County of Skamania, State of Washington:

**A PARCEL OF LAND LOCATED IN THE SOUTH HALF OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP 3 NORTH, RANGE 10 EAST, WILLAMETTE MERIDIAN, COUNTY OF SKAMANIA, STATE OF WASHINGTON, MORE FULLY DESCRIBED AS FOLLOWS: COMMENCING AT A POINT SOUTH 88°49'56" EAST, A DISTANCE OF 1101.67 FEET FROM THE SOUTHWEST CORNER OF SAID SECTION 20, SAID POINT IS ON THE SOUTH LINE OF SAID SECTION 20 AND IS THE TRUE POINT OF BEGINNING; THENCE CONTINUING ALONG SAID SOUTH LINE SOUTH 88°49'56" EAST, A DISTANCE OF 271.20 FEET; THENCE NORTH 1°10'04" EAST, A DISTANCE OF 211.99 FEET TO A BELL DESIGN CO. YELLOW PLASTIC SURVEY CAP SET ON #5 REBAR; THENCE NORTH 87°53'13" WEST, A DISTANCE OF 271.23 FEET TO ANOTHER BELL DESIGN CO. YELLOW PLASTIC SURVEY CAP SET ON A #5 REBAR; THENCE SOUTH 1°10'04" WEST, A DISTANCE OF 216.46 FEET, MORE OR LESS, TO THE TRUE POINT OF BEGINNING. SUBJECT TO THAT CERTAIN "DEDICATION DEED" TO SKAMANIA COUNTY FOR COUNTY ROAD RIGHT OF WAY KNOWN AND DESIGNATED AS COOK-UNDERWOOD ROAD, RECORDED UNDER AUDITOR'S FILE NO. 80757.**

Subject to: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

Tax Parcel Number(s): 03 10 20 00 0805 00

Skamania County Assessor  
Date 7-30-18 Parcel 3-10-20-805  
11/28/22 03102000080500  
fm

Dated: July 25, 2018

The Clark Ziegler Revocable Trust dated November 16, 2004

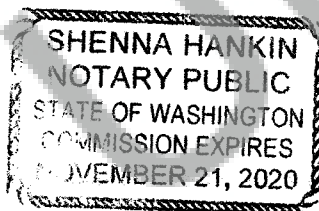
By: R. Clark Ziegler  
R. Clark Ziegler, Co-Trustees

By: Margie K. Ziegler  
Margie K. Ziegler, Co-Trustees

STATE OF WASHINGTON  
COUNTY OF KLIKITAT

I certify that I know or have satisfactory evidence that R. Clark Ziegler and Margie K. Ziegler are the persons who appeared before me, and said person acknowledged that they signed this instrument, on oath stated that they are authorized to execute the instrument and acknowledged it as the Co- Trustees of The Clark Ziegler Revocable Living Trust dated November 16, 2004 to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Given under my hand and official seal this 25 day of July, 2018.



[Signature]  
Notary Signature  
Notary Printed Name: Shenna Hankin  
Notary Public in and for the state of Washington  
Residing at: Shennan  
My appointment expires: Nov 21, 2020

## CERTIFICATION OF TRUST

(RCW 11.98.075)

Gail Thompson, Trustee of the Exemption Trust of Emory L. and Lois S. Thompson Family Trust of 1994 hereby certify, represent, warrant and declare as follows:

### Trust Information

- 1) Trust name: Exemption Trust of Emory L. and Lois S. Thompson Family Trust of 1994
- 2) Names of all grantors, settlors, trustors or other creator of Trust: Lois S. Thompson
- 3) Date Trust document was executed: 4/1/1994
- 4) Dates of any amendment to the Trust document: First Amendment to Declaration of Trust: 2/2/2007 and Trust Asset Allocation Agreement: 9/23/2007
- 5) Taxpayer identification number of Trust: 26-6128528, EIN issued by the Internal Revenue Service
- 6) Type of Trust: Irrevocable
- 7) The Trust is located in: California

### Trustee Information

- 8) Name of initial Trustees: Emory L. Thompson and Lois S. Thompson
- 9) Name and address of each currently acting Trustee: Gail Thompson, 2275 Evergreen Street, San Diego, CA 92106.
- 10) Names of each successor Trustee, in order of appointment: Gail Thompson
- 11) The currently acting Trustee named above is the currently acting Trustee and is duly qualified under applicable law to act as Trustee: Gail Thompson
- 12) Under the terms of the Trust document each Trustee is authorized to act independently on behalf of the Trust and without the consent of any other Trustee or person.

- 13) The Trustee is authorized to do the following: Borrow money, with no limitations. Sell, convey, pledge, mortgage, lease, encumber or transfer title to any trust asset with no limitations.
- 14) The Trustee is not subject to any restrictions in dealing with the assets of the Trust.

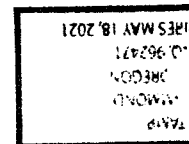
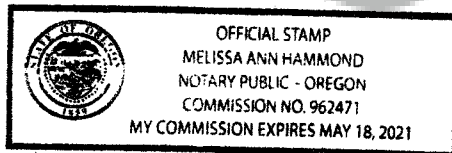
### Miscellaneous Information

- 15) To the best of Trustee's knowledge, there is no claim, litigation, cause of action alleged, or challenge of any kind, which contests or questions the validity of the Trust or a Trustee's authority to act on behalf of the Trust.
- 16) The Trust is in full force and effect and has not been terminated, revoked, amended or modified in any way that causes the representation in the Certification of Trust to be inaccurate or incorrect. The undersigned will promptly notify BECU in writing of any change in the currently acting Trustee or of any revocation, amendment or modification to the Trust that would cause the representations made in the Certification of Trust to become inaccurate or incorrect.

Each 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.

Trustee: Gail Thompson, Trustee

Date: 8/24/2017 Place: Portland, OR





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-021532

LOCAL FILE NUMBER: 22-047

DATE ISSUED: 04/28/2022

FEE NUMBER: 142750086

FIRST AND MIDDLE NAME(S): LOIS VERNETTE

LAST NAME(S): THOMPSON

COUNTY OF DEATH: KLUCKITAT

DATE OF DEATH: APRIL 14, 2022

HOUR OF DEATH: 08:45 AM

SEX: FEMALE

AGE: 94 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 04, 1927

BIRTHPLACE: PAWNEE, OK

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OFFICE MANAGER

INDUSTRY: INSURANCE

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: GAIL THOMPSON

RELATIONSHIP: DAUGHTER

ADDRESS: 38 MCCARTHY ROAD, WHITE SALMON, WA 98672

CAUSE OF DEATH:

A: UNSPECIFIED NATURAL CAUSES

INTERVAL: 1 DAYS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: VASCULAR DEMENTIA,  
HYPERTENSION, DIABETES TYPE 2, ARRHYTHMIA WITH PACEMAKER

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: DECEDENT'S HOME

FACILITY OR ADDRESS: 38 MCCARTHY ROAD

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

RESIDENCE STREET: 38 MCCARTHY ROAD

CITY, STATE, ZIP: WHITE SALMON, WA 98672

INSIDE CITY LIMITS: NO

COUNTY: KLUCKITAT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 MONTHS

FATHER: JESSE SCHROEDER

MOTHER: MARGARET MARTHA PARKS

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON

DISPOSITION DATE: APRIL 26, 2022

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

FUNERAL DIRECTOR: VICTORIA LARA

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: TROY WITHERITE, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 65371 HIGHWAY 14

CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672

DATE SIGNED: APRIL 26, 2022

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: EVA L. RAMIREZ

DATE RECEIVED: APRIL 26, 2022

# STATE OF CALIFORNIA

## COUNTY OF SAN DIEGO 11219

### CERTIFICATE OF DEATH

3200637014605

1. NAME OF DECEASED - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
EMORY		LASSITER		THOMPSON	
4. (a) ALSO KNOWN AS - (Include all aliases, first, middle, last)		5. DATE OF BIRTH - month/day		6. AGE - Yrs	
		07/10/1922		84	
7. BIRTH STATE/CITY/COUNTRY		8. SOCIAL SECURITY NUMBER		9. SEX	
VA				M	
10. EDUCATION - (High School, College, etc.)		11. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, give name of race)		12. MARITAL STATUS (At time of death)	
SOME COLLEGE		X NO		MARRIED	
13. USUAL OCCUPATION - (Type of work for most of life. DO NOT USE RETIRED)		14. KIND OF BUSINESS OR INDUSTRY (e.g., profession, trade, service, etc.)		15. YEARS IN OCCUPATION	
FINANCIAL PLANNER		LIFE INSURANCE		60	
16. DECEASED'S RESIDENCE (Street and number or location)					
3334 VOLTAIRE STREET					
17. CITY		18. COUNTY/PROVINCE		19. ZIP CODE	
SAN DIEGO		SAN DIEGO		92106	
20. DECEASED'S NAME (Relationship)		21. INFORMATION REGARDING ADDRESS (Show and number of residence at time of death, if different from 16)			
LOIS THOMPSON, SPOUSE		3334 VOLTAIRE STREET, SAN DIEGO, CA 92106			
22. NAME OF SURVIVOR - FIRST		23. MIDDLE		24. LAST (Family)	
LOIS		VERNETTE		SCHROEDER	
25. NAME OF FATHER - FIRST		26. MIDDLE		27. LAST	
ROBERT		HENRY		THOMPSON	
28. NAME OF MOTHER - FIRST		29. MIDDLE		30. LAST (Family)	
MARY		MELINDA		MABRY	
31. BIRTH STATE		32. BIRTH STATE			
VA		VA			
33. PLACE OF FINAL DISPOSITION - (Name of cemetery, etc.)					
FOR ROSECRANS NATIONAL CEMETERY					
34. DATE - month/day					
10/04/2006					
35. TYPE OF DISPOSITION					
CR/BU					
36. NAME OF FUNERAL ESTABLISHMENT					
BEARDSLEY-MITCHELL FUNERAL HOME					
37. LICENSE NUMBER					
F2816					
38. SIGNATURE OF LOCAL REG. STRAN					
NANCY L BOWEN, MD					
39. DATE - month/day					
09/29/2006					
40. PLACE OF DEATH					
SAN DIEGO HOSPICE					
41. CITY					
SAN DIEGO					
42. STREET ADDRESS (Where death occurred)					
4311 THIRD AVENUE					
43. SAN DIEGO					
44. CAUSE OF DEATH					
IMMEDIATE CAUSE - (a) INTRACEREBRAL HEMORRHAGE CAUSE UNKNOWN					
FUNDAMENTAL CAUSE - (b) ALZHEIMER'S DEMENTIA					
45. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 44					
NONE					
46. WAS OPERATION PERFORMED FOR ANY CONDITION WITHIN SIX MONTHS PRIOR TO DEATH? (If yes, in hospital or elsewhere)					
NO					
47. IF FEMALE, PRESENT ILLNESS (If yes)					
NO					
48. SIGNATURE AND TITLE OF CERTIFIER					
ANH THI NGUYEN M.D.					
49. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
ANH THI NGUYEN M.D.					
50. DATE - month/day					
09/19/2006					
51. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
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160. DATE - month/day					
09/23/2006					
161. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
4311 THIRD AVENUE, SAN DIEGO, CA 92103					
162. DATE - month/day					
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163. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
4311 THIRD AVENUE, SAN DIEGO, CA 92103					
164. DATE - month/day					
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165. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
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166. DATE - month/day					
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167. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
4311 THIRD AVENUE, SAN DIEGO, CA 92103					
168. DATE - month/day					
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169. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
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170. DATE - month/day					
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171. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
4311 THIRD AVENUE, SAN DIEGO, CA 92103					
172. DATE - month/day					
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173. TYPE ATTESTING PHYSICIAN'S NAME, ADDRESS, ZIP CODE					
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4311 THIRD AVENUE, SAN DIEGO, CA 92103					
200. DATE - month/day					
09/23/2006					

\*A01659049\*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: October 2, 2006

Nancy L Bowen MD

NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

