

WHEN RECORDED RETURN TO:

John E Rice

5111 SE 120 Ave

Portland, OR 97266

DOCUMENT TITLE(S)

Lack of Probate AFFIDAVIT

REFERENCE NUMBER(S) of Documents assigned or released.

REAL ESTATE EXCISE TAX

28269

OCT 15 2009

☐ Additional numbers on page \_\_\_\_\_ of document.

GRANTOR(S):

Edmund F. Clark

PAID

exempt  
Vickie Opelland, Reg. Clk  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_\_ of document.

GRANTEE(S):

John E. Rice Trustee of John E Rice Trust  
Aug 5, 1993

☒ Additional names on page 2 of document.

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

See Exhibit A

☒ Complete legal on page 7 of document.

TAX PARCEL NUMBER(S):

01050900040100 AWP

☐ 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.

**LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)**  
**FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, OR JOINT TENANCY PROPERTY**

Title Insurance Commitment No.: \_\_\_\_\_, County: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

SS:

COUNTY OF \_\_\_\_\_ )

The undersigned, MICHELLE J. RICE TRUSTEE  
John E. Rice Trustee executes this affidavit relating to the estate  
 of Edmund F. Clark (herein "Decedent"), who died on 9-28-1964, in  
 the County of Multnomah, State of Oregon, then being a resident of the City of  
Portland, County of Clackamas, State of Oregon.

(A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

That the undersigned is (check one):

- ☐ the lawful surviving spouse of the Decedent
- ☐ Surviving child of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington,
- ☒ other (identify): Step son

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; **and**
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent); **and**
3. **all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death;**

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship: None

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☐ Community property  
☐ Separate property  
☐ Joint tenancy property

**CHECK ALL BOXES WHICH APPLY IN EACH SECTION:**

1. That on the date the Real Estate was purchased the Decedent was:
  - ☐ married to \_\_\_\_\_.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
2. That on the date of death the Decedent was:
  - ☒ married to Ruth B. Clark.
  - ☐ unmarried, not a registered domestic partner
  - ☐ unmarried, a registered domestic partner of \_\_\_\_\_.
3. ☐ That the decedent left a Will, *a copy of which is attached hereto*.  
☒ That the decedent left no Will.  
☐ That the decedent executed a Community Property Agreement. It was recorded under \_\_\_\_\_ County recording number \_\_\_\_\_. *(If unrecorded, attach a copy)*
4. ☒ That the decedent's estate is not being probated.  
☐ That the decedent's estate is subject to probate proceedings in \_\_\_\_\_ County, State of \_\_\_\_\_, under Probate No. \_\_\_\_\_.
5. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.  
☐ That State and/or Federal succession or inheritance taxes in the amount of \$\_\_\_\_\_ have been paid. Copies of the release/discharge are attached hereto.  
☐ That State and/or Federal succession or inheritance taxes are due, but have not been paid.
5. ☐ That the decedent has not received assistance from the State of Washington for medical care.  
☐ That the decedent has received assistance from the State of Washington for medical care.  
☐ That the State of Washington has been fully reimbursed for assistance for medical care.

*(This paragraph applies only if the Real Estate referred to above was owned by the Decedent in joint tenancy):*

That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy, and that the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law; and that the joint tenancy continued in full force until the death of the Decedent and, if there are two or

more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (use reverse side or attach a list if necessary): \_\_\_\_\_

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ \_\_\_\_\_, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ \_\_\_\_\_, and including the value of Decedent's separate property, if any, of approximately \$ \_\_\_\_\_, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ \_\_\_\_\_.

This affidavit is made to induce \_\_\_\_\_ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: Oct. 15, 2009

(Signature)

John E. Rice Trustee  
(Print or type full name)

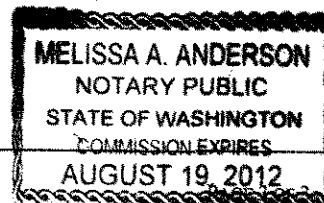
Michelle J. Rice Trustee  
(Full address and telephone number)

MICHELLE J. RICE TRUSTEE

Aug 5, 1993

SUBSCRIBED and SWORN TO before me this 15 day of October, 2009

Notary Public in and for the State of WA  
Washington, residing at Carson



1-5-9-401

| LOCAL REGISTRAR'S                                |  | STANDARD CERTIFICATE OF DEATH     |  | STATE FILE NO                  |  |
|--|--|-----------------------------------|--|--------------------------------|--|
| NUMBER: 4437                                     |  |                                   |  | 13224                          |  |
| 1. NAME OF DECEDENT                              |  | EDMOND FRANCIS CLARK              |  | DATE RECEIVED OCT 12 1964      |  |
| 2. PLACE OF DEATH                                |  | 3. USUAL RESIDENCE                |  | 4. SEX                         |  |
| A. COUNTY Multnomah                              |  | A. STATE Oregon                   |  | Male                           |  |
| B. CITY/TOWN/VILLAGE Portland                    |  | B. CITY/TOWN/VILLAGE Portland     |  | White                          |  |
| C. STREET ADDRESS 207th                          |  | C. STREET ADDRESS 9620 S. E. 77th |  | 5. RACE                        |  |
| D. NAME OF HOSPITAL/INSTITUTION Providence Hosp. |  | D. NAME OF HOSPITAL/INSTITUTION   |  | 6. MARITAL STATUS              |  |
| E. DATE OF DEATH Sept. 28, 1964                  |  | E. DATE OF DEATH                  |  | Married                        |  |
| F. TIME OF DEATH                                 |  | F. TIME OF DEATH                  |  | 7. CAUSE OF DEATH              |  |
| G. MANNER OF DEATH                               |  | G. MANNER OF DEATH                |  | 8. IMMEDIATE CAUSE OF DEATH    |  |
| H. UNDERLYING CAUSE OF DEATH                     |  | H. UNDERLYING CAUSE OF DEATH      |  | 9. MEDICAL HISTORY             |  |
| I. DATE OF BIRTH April 13, 1884                  |  | I. DATE OF BIRTH                  |  | 10. NAME OF SURGEON            |  |
| J. PLACE OF BIRTH Petaluma, Calif.               |  | J. PLACE OF BIRTH                 |  | 11. NAME OF PHYSICIAN          |  |
| K. NAME OF SPouse Peter P. Clark                 |  | K. NAME OF SPouse                 |  | 12. NAME OF DECEASED'S MOTHER  |  |
| L. NAME OF DECEASED'S FATHER Catherine Griffin   |  | L. NAME OF DECEASED'S FATHER      |  | 13. NAME OF DECEASED'S MOTHER  |  |
| M. NAME OF DECEASED'S MOTHER Ruth W. Clark       |  | M. NAME OF DECEASED'S MOTHER      |  | 14. NAME OF DECEASED'S FATHER  |  |
| N. NAME OF DECEASED'S FATHER                     |  | N. NAME OF DECEASED'S FATHER      |  | 15. NAME OF DECEASED'S MOTHER  |  |
| O. NAME OF DECEASED'S MOTHER                     |  | O. NAME OF DECEASED'S MOTHER      |  | 16. NAME OF DECEASED'S FATHER  |  |
| P. NAME OF DECEASED'S FATHER                     |  | P. NAME OF DECEASED'S FATHER      |  | 17. NAME OF DECEASED'S MOTHER  |  |
| Q. NAME OF DECEASED'S MOTHER                     |  | Q. NAME OF DECEASED'S MOTHER      |  | 18. NAME OF DECEASED'S FATHER  |  |
| R. NAME OF DECEASED'S FATHER                     |  | R. NAME OF DECEASED'S FATHER      |  | 19. NAME OF DECEASED'S MOTHER  |  |
| S. NAME OF DECEASED'S MOTHER                     |  | S. NAME OF DECEASED'S MOTHER      |  | 20. NAME OF DECEASED'S FATHER  |  |
| T. NAME OF DECEASED'S FATHER                     |  | T. NAME OF DECEASED'S FATHER      |  | 21. NAME OF DECEASED'S MOTHER  |  |
| U. NAME OF DECEASED'S MOTHER                     |  | U. NAME OF DECEASED'S MOTHER      |  | 22. NAME OF DECEASED'S FATHER  |  |
| V. NAME OF DECEASED'S FATHER                     |  | V. NAME OF DECEASED'S FATHER      |  | 23. NAME OF DECEASED'S MOTHER  |  |
| W. NAME OF DECEASED'S MOTHER                     |  | W. NAME OF DECEASED'S MOTHER      |  | 24. NAME OF DECEASED'S FATHER  |  |
| X. NAME OF DECEASED'S FATHER                     |  | X. NAME OF DECEASED'S FATHER      |  | 25. NAME OF DECEASED'S MOTHER  |  |
| Y. NAME OF DECEASED'S MOTHER                     |  | Y. NAME OF DECEASED'S MOTHER      |  | 26. NAME OF DECEASED'S FATHER  |  |
| Z. NAME OF DECEASED'S FATHER                     |  | Z. NAME OF DECEASED'S FATHER      |  | 27. NAME OF DECEASED'S MOTHER  |  |
| AA. NAME OF DECEASED'S MOTHER                    |  | AA. NAME OF DECEASED'S MOTHER     |  | 28. NAME OF DECEASED'S FATHER  |  |
| AB. NAME OF DECEASED'S FATHER                    |  | AB. NAME OF DECEASED'S FATHER     |  | 29. NAME OF DECEASED'S MOTHER  |  |
| AC. NAME OF DECEASED'S MOTHER                    |  | AC. NAME OF DECEASED'S MOTHER     |  | 30. NAME OF DECEASED'S FATHER  |  |
| AD. NAME OF DECEASED'S FATHER                    |  | AD. NAME OF DECEASED'S FATHER     |  | 31. NAME OF DECEASED'S MOTHER  |  |
| AE. NAME OF DECEASED'S MOTHER                    |  | AE. NAME OF DECEASED'S MOTHER     |  | 32. NAME OF DECEASED'S FATHER  |  |
| AF. NAME OF DECEASED'S FATHER                    |  | AF. NAME OF DECEASED'S FATHER     |  | 33. NAME OF DECEASED'S MOTHER  |  |
| AG. NAME OF DECEASED'S MOTHER                    |  | AG. NAME OF DECEASED'S MOTHER     |  | 34. NAME OF DECEASED'S FATHER  |  |
| AH. NAME OF DECEASED'S FATHER                    |  | AH. NAME OF DECEASED'S FATHER     |  | 35. NAME OF DECEASED'S MOTHER  |  |
| AI. NAME OF DECEASED'S MOTHER                    |  | AI. NAME OF DECEASED'S MOTHER     |  | 36. NAME OF DECEASED'S FATHER  |  |
| AJ. NAME OF DECEASED'S FATHER                    |  | AJ. NAME OF DECEASED'S FATHER     |  | 37. NAME OF DECEASED'S MOTHER  |  |
| AK. NAME OF DECEASED'S MOTHER                    |  | AK. NAME OF DECEASED'S MOTHER     |  | 38. NAME OF DECEASED'S FATHER  |  |
| AL. NAME OF DECEASED'S FATHER                    |  | AL. NAME OF DECEASED'S FATHER     |  | 39. NAME OF DECEASED'S MOTHER  |  |
| AM. NAME OF DECEASED'S MOTHER                    |  | AM. NAME OF DECEASED'S MOTHER     |  | 40. NAME OF DECEASED'S FATHER  |  |
| AN. NAME OF DECEASED'S FATHER                    |  | AN. NAME OF DECEASED'S FATHER     |  | 41. NAME OF DECEASED'S MOTHER  |  |
| AO. NAME OF DECEASED'S MOTHER                    |  | AO. NAME OF DECEASED'S MOTHER     |  | 42. NAME OF DECEASED'S FATHER  |  |
| AP. NAME OF DECEASED'S FATHER                    |  | AP. NAME OF DECEASED'S FATHER     |  | 43. NAME OF DECEASED'S MOTHER  |  |
| AQ. NAME OF DECEASED'S MOTHER                    |  | AQ. NAME OF DECEASED'S MOTHER     |  | 44. NAME OF DECEASED'S FATHER  |  |
| AR. NAME OF DECEASED'S FATHER                    |  | AR. NAME OF DECEASED'S FATHER     |  | 45. NAME OF DECEASED'S MOTHER  |  |
| AS. NAME OF DECEASED'S MOTHER                    |  | AS. NAME OF DECEASED'S MOTHER     |  | 46. NAME OF DECEASED'S FATHER  |  |
| AT. NAME OF DECEASED'S FATHER                    |  | AT. NAME OF DECEASED'S FATHER     |  | 47. NAME OF DECEASED'S MOTHER  |  |
| AU. NAME OF DECEASED'S MOTHER                    |  | AU. NAME OF DECEASED'S MOTHER     |  | 48. NAME OF DECEASED'S FATHER  |  |
| AV. NAME OF DECEASED'S FATHER                    |  | AV. NAME OF DECEASED'S FATHER     |  | 49. NAME OF DECEASED'S MOTHER  |  |
| AW. NAME OF DECEASED'S MOTHER                    |  | AW. NAME OF DECEASED'S MOTHER     |  | 50. NAME OF DECEASED'S FATHER  |  |
| AX. NAME OF DECEASED'S FATHER                    |  | AX. NAME OF DECEASED'S FATHER     |  | 51. NAME OF DECEASED'S MOTHER  |  |
| AY. NAME OF DECEASED'S MOTHER                    |  | AY. NAME OF DECEASED'S MOTHER     |  | 52. NAME OF DECEASED'S FATHER  |  |
| AZ. NAME OF DECEASED'S FATHER                    |  | AZ. NAME OF DECEASED'S FATHER     |  | 53. NAME OF DECEASED'S MOTHER  |  |
| BA. NAME OF DECEASED'S MOTHER                    |  | BA. NAME OF DECEASED'S MOTHER     |  | 54. NAME OF DECEASED'S FATHER  |  |
| BB. NAME OF DECEASED'S FATHER                    |  | BB. NAME OF DECEASED'S FATHER     |  | 55. NAME OF DECEASED'S MOTHER  |  |
| BC. NAME OF DECEASED'S MOTHER                    |  | BC. NAME OF DECEASED'S MOTHER     |  | 56. NAME OF DECEASED'S FATHER  |  |
| BD. NAME OF DECEASED'S FATHER                    |  | BD. NAME OF DECEASED'S FATHER     |  | 57. NAME OF DECEASED'S MOTHER  |  |
| BE. NAME OF DECEASED'S MOTHER                    |  | BE. NAME OF DECEASED'S MOTHER     |  | 58. NAME OF DECEASED'S FATHER  |  |
| BF. NAME OF DECEASED'S FATHER                    |  | BF. NAME OF DECEASED'S FATHER     |  | 59. NAME OF DECEASED'S MOTHER  |  |
| BG. NAME OF DECEASED'S MOTHER                    |  | BG. NAME OF DECEASED'S MOTHER     |  | 60. NAME OF DECEASED'S FATHER  |  |
| BH. NAME OF DECEASED'S FATHER                    |  | BH. NAME OF DECEASED'S FATHER     |  | 61. NAME OF DECEASED'S MOTHER  |  |
| BI. NAME OF DECEASED'S MOTHER                    |  | BI. NAME OF DECEASED'S MOTHER     |  | 62. NAME OF DECEASED'S FATHER  |  |
| BJ. NAME OF DECEASED'S FATHER                    |  | BJ. NAME OF DECEASED'S FATHER     |  | 63. NAME OF DECEASED'S MOTHER  |  |
| BK. NAME OF DECEASED'S MOTHER                    |  | BK. NAME OF DECEASED'S MOTHER     |  | 64. NAME OF DECEASED'S FATHER  |  |
| BL. NAME OF DECEASED'S FATHER                    |  | BL. NAME OF DECEASED'S FATHER     |  | 65. NAME OF DECEASED'S MOTHER  |  |
| BM. NAME OF DECEASED'S MOTHER                    |  | BM. NAME OF DECEASED'S MOTHER     |  | 66. NAME OF DECEASED'S FATHER  |  |
| BN. NAME OF DECEASED'S FATHER                    |  | BN. NAME OF DECEASED'S FATHER     |  | 67. NAME OF DECEASED'S MOTHER  |  |
| BO. NAME OF DECEASED'S MOTHER                    |  | BO. NAME OF DECEASED'S MOTHER     |  | 68. NAME OF DECEASED'S FATHER  |  |
| BP. NAME OF DECEASED'S FATHER                    |  | BP. NAME OF DECEASED'S FATHER     |  | 69. NAME OF DECEASED'S MOTHER  |  |
| BQ. NAME OF DECEASED'S MOTHER                    |  | BQ. NAME OF DECEASED'S MOTHER     |  | 70. NAME OF DECEASED'S FATHER  |  |
| BR. NAME OF DECEASED'S FATHER                    |  | BR. NAME OF DECEASED'S FATHER     |  | 71. NAME OF DECEASED'S MOTHER  |  |
| BS. NAME OF DECEASED'S MOTHER                    |  | BS. NAME OF DECEASED'S MOTHER     |  | 72. NAME OF DECEASED'S FATHER  |  |
| BT. NAME OF DECEASED'S FATHER                    |  | BT. NAME OF DECEASED'S FATHER     |  | 73. NAME OF DECEASED'S MOTHER  |  |
| BU. NAME OF DECEASED'S MOTHER                    |  | BU. NAME OF DECEASED'S MOTHER     |  | 74. NAME OF DECEASED'S FATHER  |  |
| BV. NAME OF DECEASED'S FATHER                    |  | BV. NAME OF DECEASED'S FATHER     |  | 75. NAME OF DECEASED'S MOTHER  |  |
| BW. NAME OF DECEASED'S MOTHER                    |  | BW. NAME OF DECEASED'S MOTHER     |  | 76. NAME OF DECEASED'S FATHER  |  |
| BX. NAME OF DECEASED'S FATHER                    |  | BX. NAME OF DECEASED'S FATHER     |  | 77. NAME OF DECEASED'S MOTHER  |  |
| BY. NAME OF DECEASED'S MOTHER                    |  | BY. NAME OF DECEASED'S MOTHER     |  | 78. NAME OF DECEASED'S FATHER  |  |
| BZ. NAME OF DECEASED'S FATHER                    |  | BZ. NAME OF DECEASED'S FATHER     |  | 79. NAME OF DECEASED'S MOTHER  |  |
| CA. NAME OF DECEASED'S MOTHER                    |  | CA. NAME OF DECEASED'S MOTHER     |  | 80. NAME OF DECEASED'S FATHER  |  |
| CB. NAME OF DECEASED'S FATHER                    |  | CB. NAME OF DECEASED'S FATHER     |  | 81. NAME OF DECEASED'S MOTHER  |  |
| CC. NAME OF DECEASED'S MOTHER                    |  | CC. NAME OF DECEASED'S MOTHER     |  | 82. NAME OF DECEASED'S FATHER  |  |
| CD. NAME OF DECEASED'S FATHER                    |  | CD. NAME OF DECEASED'S FATHER     |  | 83. NAME OF DECEASED'S MOTHER  |  |
| CE. NAME OF DECEASED'S MOTHER                    |  | CE. NAME OF DECEASED'S MOTHER     |  | 84. NAME OF DECEASED'S FATHER  |  |
| CF. NAME OF DECEASED'S FATHER                    |  | CF. NAME OF DECEASED'S FATHER     |  | 85. NAME OF DECEASED'S MOTHER  |  |
| CG. NAME OF DECEASED'S MOTHER                    |  | CG. NAME OF DECEASED'S MOTHER     |  | 86. NAME OF DECEASED'S FATHER  |  |
| CH. NAME OF DECEASED'S FATHER                    |  | CH. NAME OF DECEASED'S FATHER     |  | 87. NAME OF DECEASED'S MOTHER  |  |
| CI. NAME OF DECEASED'S MOTHER                    |  | CI. NAME OF DECEASED'S MOTHER     |  | 88. NAME OF DECEASED'S FATHER  |  |
| CJ. NAME OF DECEASED'S FATHER                    |  | CJ. NAME OF DECEASED'S FATHER     |  | 89. NAME OF DECEASED'S MOTHER  |  |
| CK. NAME OF DECEASED'S MOTHER                    |  | CK. NAME OF DECEASED'S MOTHER     |  | 90. NAME OF DECEASED'S FATHER  |  |
| CL. NAME OF DECEASED'S FATHER                    |  | CL. NAME OF DECEASED'S FATHER     |  | 91. NAME OF DECEASED'S MOTHER  |  |
| CM. NAME OF DECEASED'S MOTHER                    |  | CM. NAME OF DECEASED'S MOTHER     |  | 92. NAME OF DECEASED'S FATHER  |  |
| CN. NAME OF DECEASED'S FATHER                    |  | CN. NAME OF DECEASED'S FATHER     |  | 93. NAME OF DECEASED'S MOTHER  |  |
| CO. NAME OF DECEASED'S MOTHER                    |  | CO. NAME OF DECEASED'S MOTHER     |  | 94. NAME OF DECEASED'S FATHER  |  |
| CP. NAME OF DECEASED'S FATHER                    |  | CP. NAME OF DECEASED'S FATHER     |  | 95. NAME OF DECEASED'S MOTHER  |  |
| CQ. NAME OF DECEASED'S MOTHER                    |  | CQ. NAME OF DECEASED'S MOTHER     |  | 96. NAME OF DECEASED'S FATHER  |  |
| CR. NAME OF DECEASED'S FATHER                    |  | CR. NAME OF DECEASED'S FATHER     |  | 97. NAME OF DECEASED'S MOTHER  |  |
| CS. NAME OF DECEASED'S MOTHER                    |  | CS. NAME OF DECEASED'S MOTHER     |  | 98. NAME OF DECEASED'S FATHER  |  |
| CT. NAME OF DECEASED'S FATHER                    |  | CT. NAME OF DECEASED'S FATHER     |  | 99. NAME OF DECEASED'S MOTHER  |  |
| CU. NAME OF DECEASED'S MOTHER                    |  | CU. NAME OF DECEASED'S MOTHER     |  | 100. NAME OF DECEASED'S FATHER |  |

STATE OF OREGON, COUNTY OF MULTNOMAH  
 I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL RECORDS AND  
 IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE  
 VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH AND IN MY OFFICIAL CARE AND CUSTODY.  
 DATE ISSUED Apr. 4 1968  
 STATE REGISTRAR

|  |  |  |                                      |   |  |
|--|--|--|--------------------------------------|---|--|
| 1. NAME OF DECEASED<br>Type or print all entries in black ink. |  |  | First Middle Last                    |   |  |
| Edmond   |  |  | FRANCIS CLARK                        |   |  |
| 2. PLACE OF DEATH<br>A. COUNTY                                 |  |  | 3. USUAL RESIDENCE<br>A. STATE       |   |  |
| MURK   |  |  | OREGON                               |   |  |
| B. CITY, TOWN, OR LOCATION                                     |  |  | B. COUNTY                            |   |  |
| Portland   |  |  | Multnomah                            |   |  |
| C. LENGTH OF STAY IN 2B  |  |  | D. STREET ADDRESS, RURAL ROUTE, ETC. |   |  |
| 20 hrs.  |  |  | 9620 S.E. 77th                       |   |  |
| D. NAME OF HOSPITAL OR INSTITUTION                             |  |  | E. STREET ADDRESS, RURAL ROUTE, ETC. |   |  |
| Providence Hosp.   |  |  | 50 yrs.                              |   |  |
| 4. DATE OF DEATH<br>Month Day Year                             |  | 5. SEX   |                                      | 6. COLOR OR RACE                                  |  |
| Sept 28, 1964  |  | MALE   |                                      | WHT   |  |
| 8. SOCIAL SECURITY No.   |  | 9. USUAL OCCUPATION<br>(Kind of work done during most of life) |                                      | 10. Kind of Business or Industry                  |  |
| [REDACTED]   |  | Shoe Repair  |                                      | SELF EMP.   |  |
| 12. DATE OF BIRTH<br>Month Day Year                            |  | 13. AGE LAST BIRTHDAY<br>Yrs.                                  |                                      | 11. NAME OF SPOUSE                                |  |
| April 13 1884  |  | 50   |                                      | Ruth  |  |
| 14. BIRTHPLACE<br>(State or Foreign Country)                   |  | 15. WAS DECEASED A CITIZEN OF                                  |                                      | 16. IF DECEASED WAS A VETERAN, WHAT WAR           |  |
| Petaluma, California   |  | U.S.   |                                      | No.   |  |
| 17. NAME OF FATHER   |  | 18. MAIDEN NAME OF MOTHER                                      |                                      | 19. INFORMANT'S NAME and RELATIONSHIP to DECEASED |  |
| Peter P. Clark   |  | Catherine Griffin  |                                      | Ruth B. Clark, wife                               |  |

Interment Date  
Date of Death Sept 28, 1964 Hour 10:45 AM Autopsy YES  
Doctor T. J. Murphy Address P.M. Med. Center Phone 773-7165  
Casket No. Mfr. Columbia Color Orchid Design H.C.

| GOODS and SERVICES  |     | DISBURSEMENTS              |      |
|---------------------|-----|----------------------------|------|
| Casket and Services | 525 | Autos                      |      |
| Personal Services   |     | Grave                      |      |
| Clothing            |     | Grave Opening              |      |
| Outside Case        |     | Cremation                  |      |
| Vault               |     | Funeral Notices            |      |
| Embalming           |     | Music                      |      |
| Flowers             |     | Minister Family 11 p.m.    |      |
| Flower Car          |     | Casket Coach               |      |
|                     |     | Ambulance                  |      |
|                     |     | Escort                     |      |
|                     |     | Cert. C. 1 Mail to         | 2 CC |
|                     |     | 7825 SE 64th OR            |      |
|                     |     | Total Disbursements        |      |
|                     |     | Goods and Services 10/6/64 |      |
|                     |     | Complete Total             |      |

|                     |               |
|---------------------|---------------|
| Cash 60 Days        | Time Pay Plan |
| Social Security YES | Employed By   |
| Veterans Claim NO   | Credit Ref.   |
| Estate              |               |

525.00  
For value received, Sept 28, 1964, promise to pay to the order of  
MT. SCOTT FUNERAL HOME, INC. at Portland, Oregon, Dollars.  
in lawful money of the United States of America, with interest thereon in like lawful money at the rate of ..... per  
cent, per..... from..... until paid, payable in..... installments of not less than \$.....  
in any one payment, ..... the full amount of interest due on this note at time of payment of each installment.  
The first payment to be made on the..... day of....., 19....., and a like payment on the..... day of.....  
thereafter, until the whole sum, principal and interest, has been paid; if any of said installments are not so paid, the whole  
sum of both principal and interest to become immediately due and collectible at the option of the holder of this note.  
In case suit or action is instituted to collect this note, or any portion thereof, .....  
promise to pay such additional sum as the Court may adjudge reasonable as attorney's fees in said suit or action.  
Due....., 19.....  
At Portland, Oregon, x Ruth B. Clark

Exhibit A.

## BARGAIN &amp; SALE DEED

JOHN E. RICE, a married man, hereinafter called Grantor, conveys to JOHN E. RICE and MICHELLE J. RICE as Trustee of the John E. Rice Trust, executed the 5<sup>th</sup> day of August, 1993, Grantee, the following described real property situated in Skamania County, State of Washington:

Beginning at an iron pipe one hundred fifty eight (158) feet South of the Northwest corner of Section Nine (9) Township One (1) North of Range Five (5) East of the W.M. thence South Fifty (50) feet; Thence North Forty six degrees East One hundred fifty four (154) feet to an iron pipe; Thence Northwesterly Fifty (50) feet to an iron pipe; Thence South Forty six degrees West One hundred thirty nine (139) feet to point of beginning containing 1/6 of an acre more or less. Additionally there is a 30ft. easement recorded August 21, 2007 in Skamania County, Reference #AF 2007 167349

The true and actual consideration paid for this conveyance is the mutual covenants and conveyances contained herein, which are for the purposes of estate planning and consist of value wholly other than of cash.

"THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES."

IN WITNESS WHEREOF, the Grantor has duly executed this instrument this 25 day of October, 2007.

John E. Rice  
John E. Rice, Grantor

Skamania County Assessor  
Date 10/25/07 Parcel# 1-5-9-401  
09

STATE OF WASHINGTON )  
Oregon ) ss.  
COUNTY OF SKAMANIA )  
Multnomah

Skamania County Assessor  
Date 10/15/09 Parcel# 1-5-9-401 REC

Personally appeared before me this 25<sup>th</sup> day of October, 2007, the above named and identified John E. Rice, and acknowledged the foregoing instrument to be his voluntary act and deed.

REAL ESTATE EXCISE TAX

27304

OCT 25 2007

Until a change is requested, Exempt  
send tax statements to: Cy dequay

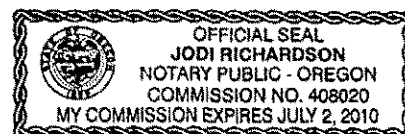
SKAMANIA COUNTY TREASURER

No Change

Jodi Richardson  
Notary Public for Washington, Oregon  
My Commission Expires July 2, 2010

After recording, return to:  
John E. Rice  
5111 SE 120<sup>th</sup>  
Portland, OR. 97266

Bargain and Sale Deed



MC # 2007160072  
Page 2 of 2