

183601

RECORDING COVER SHEET

(Per ORS 205.234)

This cover sheet has been prepared by the person presenting the attached instrument for recording. Any errors in this cover sheet Do Not affect the transactions(s) contained in the instrument itself.

After recording return to:

City of Portland
11200 SW 5th Ave. #1000
Portland, OR 97204
ATTN; Shannah Anderson

Multnomah County Official Records
C Swick, Deputy Clerk

2010-146802

Mail Tax statements to:

Same as above



\$95.00

00754672201001468020190193

11/19/2010 02:46:16 PM

TR-W DEED
\$95.00

Cnt=1 Stn=43 ATRGW

Name(s) of Transaction(s):

Described in the attached instrument and required by ORS 205.234(a) (i.e. Warranty Deed)

Statutory Warranty Deed

Direct Party (per ORS 205.125 [1][b]) / **Grantor** (per ORS 205.160):

The heirs and devisees of Joyce E. Allen, deceased

Indirect Party (per ORS 205.125 [1][a]) / **Grantee** (per ORS 205.160):

City of Portland

Consideration Paid (per ORS 93.030): \$40,000.00

Re-recorded at the request of City of Portland to correct document was lacking Ticy of Portland acceptance previously recorded as Fee No. 2010-092775

Document being re-recorded to correct: City of Portland Acceptance has now been stamped on the document.

Pacific NW Title 1110922 KA

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After recording return to:
City of Portland
Attn.: Shannah Anderson, 1120 SW
5th Avenue #1000
Portland, OR 97204
Until a change is requested all tax statements
shall be sent to the following address:
City of Portland
Attn.: Shannah Anderson, 1120 SW
5th Avenue #1000
Portland, OR 97204
File No.: 12-1110922 (KJA)
Date: June 15, 2010

Pacific NW Title 110922 KA

THIS SPACE RESERVED FOR RECORDER'S USE

Multnomah County Official Records **2010-092775**
C Swick, Deputy Clerk

\$121.00



00700462201000927750180185 **07/28/2010 03:02:44 PM**

1R-W DEED Cnt=1 Stn=28 ATMWB
\$90.00 \$11.00 \$15.00 \$5.00

STATUTORY WARRANTY DEED

The heirs and devisees of Joyce E. Allen, deceased, Grantor, conveys and warrants to **City of Portland**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

See Legal Description attached hereto as Exhibit A and by this reference incorporated herein.

Subject to:

1. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$40,000.00**. (Here comply with requirements of ORS 93.030)

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009. THIS INSTRUMENT DOES 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 THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, OF CHAPTER 424, OREGON LAWS 2007, AND SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009.

Dated this 21 day of June, 2010.

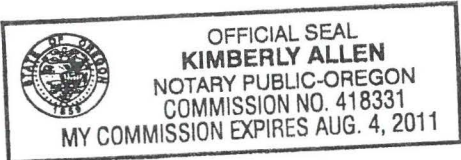
Estate of Joyce Allen

Debra E. Richards

Debra E. Richards, Personal Representative

STATE OF Oregon)
)ss.
County of Multnomah)

This instrument was acknowledged before me on this 21 day of June, 2010
by ~~as of Estate of Joyce Allen, on behalf of the~~ Debra E. Richards, Personal Rep. for the estate of Joyce E. Allen.
Kimberly Allen



Notary Public for Oregon
My commission expires: 8/4/11

APPROVED AS TO FORM

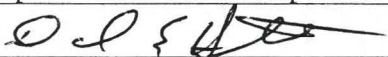
Sandra Nguyen
CITY ATTORNEY

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **465**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Joyce Evelyn ALLEN				2. Death Date June 11, 2007	
3. Sex (M/F) Female	4a. Age - Last Birthday 92	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 540-16-2619	6. County of Death Cowlitz
7. Birthdate April 20, 1915		8a. Birthplace (City, Town, or County) Aberdeen		8b. (State or Foreign Country) Washington	
9. Decedent's Education Some College			10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		
11. Decedent's Race(s) White			12. Was Decedent ever in U.S. Armed Forces? No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 3720 NE Liberty Terrace				13b. City or Town Portland	
13c. Residence: County Multnomah		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Oregon	
13f. Zip Code + 4 97211		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 1 Year 4 Months		15. Marital Status at Time of Death Widowed		16. Surviving Spouse's Name (Give name prior to first marriage) - - -	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Saleswomen			18. Kind of Business/Industry (Do not use Company Name) Retail		
19. Father's Name (First, Middle, Last, Suffix) Edwin Carl Newberg			20. Mother's Name Before First Marriage (First, Middle, Last) Julia - Gotcher		
21. Informant's Name Debra Richards		22. Relationship to Decedent Niece		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 3395 Westridge HWY Castle Rock, WA 98611	
24. Place of Death, if Death Occurred in a Hospital: - - -			25. Facility Name (If not a facility, give number & street or location) Canterbury Garden		
25. Facility Name (If not a facility, give number & street or location) 1457 3rd Avenue			26a. City, Town, or Location of Death Longview		26b. State WA
27. Zip Code 98632		28. Method of Disposition Burial		29. Place of Final Disposition (Name of cemetery, crematory, other place) Willamette National Cemetery	
30. Location-City/Town, and State Portland, Oregon			31. Name and Complete Address of Funeral Facility Ross Hollywood Chapel 4733 N.E. Thompson Portland, OR 97213		
32. Date of Disposition June 18, 2007			33. Funeral Director Signature X 		

Part 1 completed by Funeral Director

Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

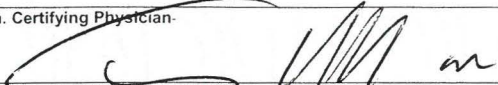
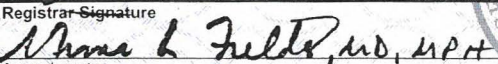
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Fall on to floor** Interval between Onset & Death: **months**

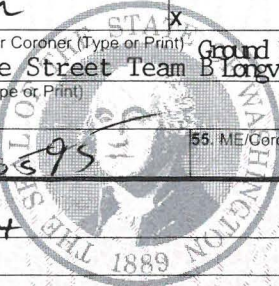
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. **Alzheimer's dementia** Interval between Onset & Death: **year**

c. Due to (or as a consequence of): Interval between Onset & Death:

d. Due to (or as a consequence of): Interval between Onset & Death:

Part 2 completed by Certifier

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Tobacco, Hx CVA			36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:			
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician 			48b. Medical Examiner/Coroner			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Timothy Randall MD 1615 Delaware Street Team B Ground Floor Longview, WA 98632				50. Hour of Death (24hrs) 4:14pm		
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 6/13/07		
53. Title of Certifier MD		54. License Number MP0300695		55. ME/Coroner File Number		
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No			57. Registrar Signature 			
58. Date Received (MM/DD/YYYY) JUN 13 2007			59. Amendments			



Affidavit for Correction

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

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
--	---

The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit
 Examples of documentary proof: Certificate of Naturalization Medical Record School Record
 Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
 Insurance Records Birth Record Alien Registration Card (front and back)
 Marriage/Divorce Records Passport

Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

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.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED
Miriam L. Fields, MD MPH
Miriam L. Fields, MD, MPH
Health Officer / Registrar
Cowlitz County Health Department
Longview, WA

JUN 13 2007

0000501521

APN: R314271

Statutory Warranty Deed
- continued

File No.: 12-1110922 (KJA)
Date: 06/15/2010

EXHIBIT A

LEGAL DESCRIPTION: Real property in the County of Multnomah, State of Oregon, described as follows:

THAT PART OF THE FOLLOWING LYING NORTHERLY OF THE CENTERLINE OF N.E. MARINE DRIVE (ROAD # 1489-B):

BEGINNING AT THE INTERSECTION OF A SOUTHERLY EXTENSION OF THE WEST LINE OF LOT 14, BLOCK 24, IN THE PLAT OF BRIDGETON, AND THE CENTERLINE OF N.E. MARINE DRIVE, COUNTY ROAD # 1489-B; THENCE NORTHERLY ALONG SAID SOUTHERLY EXTENSION TO AN INTERSECTION WITH THE SOUTH LINE OF BRIDGETON; THENCE, EASTERLY ALONG THE SOUTH LINE OF BRIDGETON 145 FEET; THENCE SOUTH 12°29' WEST 10.6 FEET; THENCE SOUTH 73°00' EAST 245.7 FEET; THENCE SOUTH 12°29' WEST 110.5 FEET MORE OR LESS TO THE NORTH LINE OF FALOMA ROAD, COUNTY ROAD # 1268; THENCE WESTERLY ALONG THE NORTH LINE OF FALOMA ROAD, AND A WESTERLY EXTENSION THEREOF, TO AN INTERSECTION WITH THE CENTERLINE OF MARINE DRIVE, COUNTY ROAD # 1489-B; THENCE WESTERLY ALONG SAID CENTERLINE TO POINT OF BEGINNING; EXCEPTING THEREFROM PARTS OF SAID PROPERTY NOW IN ESTABLISHED ROADS, SUBJECT TO EXISTING TAXES AND ASSESSMENTS.

NOTE: This legal description was created prior to January 1, 2008.

FILED
SUPERIOR COURT
2007 JUL 27 P 3:37
COWLITZ COUNTY
RONI A. BOOTH, CLERK
BY _____

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SUPERIOR COURT OF WASHINGTON
FOR COWLITZ COUNTY

Estate of) No. **07 4 00150 4**
)
JOYCE E. ALLEN,) ORDER ADMITTING WILL TO
) PROBATE & GRANTING
) LETTERS TESTAMENTARY &
) NONINTERVENTION POWERS
Deceased.) (RCW 11.20.20 &
) 11.68.011)

THE COURT, having heard and considered the Petition for
Probate of Will, Letters Testamentary & Nonintervention Powers
presented by Petitioner, DEBRA E. RICHARDS;

FINDS:

1. Decedent died testate on June 11, 2007, was then a
resident of Cowlitz County, Washington and left property in this
state subject to probate.

2. Decedent's estate is solvent.

3. The Will offered for probate was signed by
Decedent on December 5, 2005, while an adult and competent and
according to the other requirements by Washington law.

4. In her Will, Decedent named Petitioner to act as



1 her Personal Representative and to do so without Bond;
2 Nonintervention Powers were neither prohibited nor restricted.
3 Petitioner is willing and qualified to so act. No Bond is
4 required. Nonintervention Powers may be granted.

5 5. Notice.

6 X No notice of this hearing is required.

7
8 — Petition for Letters: Notice of this hearing is
9 required to be, and was lawfully given to,
10 Decedent's surviving spouse, and he did not appear
11 at the hearing and object to the appointment of
12 Petitioner as Personal Representative.

11 **AND ORDERS:**

12 A. The testimony of the witnesses to Decedent's Will,
13 reduced to writing and signed by them, is accepted and certified
14 as the testimony in support of Decedent's Will.

15 B. Decedent's Will is the last Will of Decedent and
16 is admitted to probate.

17 C. Petitioner, DEBRA E. RICHARDS, is appointed on
18 Decedent's Personal Representative (technically, Executor of
19 Decedent's Will), to serve without Bond and with Nonintervention
20 Powers.

21 D. The Clerk of the Court shall promptly issue
22 Letters Testamentary to DEBRA E. RICHARDS upon the filing of her
23 sworn Oath of Personal Representative.
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DONE IN OPEN COURT on 7/27/07

J. Johnson

JUDGE/COMMISSIONER OF
SUPERIOR COURT

Presented by:

Debra E. Richards

DEBRA E. RICHARDS

C:\Documents and Settings\Jill\My Documents\ALLEN.ORDER.wpd

I RONI A. BOOTH, Clerk of the Superior Court of Cowlitz County, State of Washington, hereby certify that this instrument is a true and correct copy of the original on file in my office. 7-23-10

RONA. BOOTH
By *Roni Booth* Deputy

FILED
SUPERIOR COURT

2007 JUL 27 P 3:35

COWLITZ COUNTY
RONI A. BOOTH, CLERK

BY _____ 

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SUPERIOR COURT OF WASHINGTON
FOR COWLITZ COUNTY

Estate of)	No. 07 4 00150 4
)	
JOYCE E. ALLEN,)	COVER SHEET
)	
)	
Deceased.)	
)	

Attached to this Cover Sheet please find for filing the
Last Will and Testament of the decedent, JOYCE E. ALLEN, dated
December 5, 2005.

Submitted by:
STEVEN M. CYR, WSB 33411
Attorney for Estate
LEGAL REPRESENTATION, LLC
4850 S.W. Scholls Ferry Road
Suite 305,
Portland, Oregon 97225
503-297-7330
Facsimile: 503-297-7393

C:\Documents and Settings\Jill\My Documents\ALLENWILLCOVER.SHEET.wpd



LAST WILL AND TESTAMENT
OF
JOYCE E. ALLEN

I, JOYCE E. ALLEN, a resident of Oregon, declare that this is my Will, and I revoke all prior Wills and Codicils.

ARTICLE I - DECLARATIONS

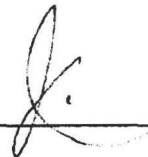
1.1 I am single. No person claiming to be my spouse is to take anything from my estate. Further, I encourage the court to avoid any elective share pursuant to ORS 114.135 since it is not my intention to benefit any such person.

1.2 I have no children. Any party claiming maternity shall specifically not be considered my child regardless of any filiation proceeding or state statute giving rights as a child to such person.

1.3 Any person who contests this Will or challenges its validity in any way shall receive nothing under this Will.

ARTICLE II - FIDUCIARIES

2.1 I name DEBRA E. RICHARDS as my personal representative to serve without bond. If DEBRA E. RICHARDS fails to act as my personal representative, I name PATRICK RICHARDS as my personal representative to serve without bond.



ARTICLE III - DEBTS AND TAXES

3.1 My personal representative may pay or compromise my debts, expenses of last illness, funeral expenses, including the cost of a suitable monument, costs of administration of my estate and any taxes owing by my estate.

3.2 I direct all taxes be paid without apportionment from the residue of my estate. Property passing outside of my probate estate will bear its proportionate share of all taxes.

ARTICLE IV - SPECIFIC BEQUESTS

4.1 I give my household goods, furnishings, clothing, jewelry and other tangible personal property normally used for personal or household use to DEBRA E. RICHARDS and EDWIN C. NEWBERG, or to the survivor of them. I give any insurance on this property to DEBRA E. RICHARDS, EDWIN C. NEWBERG and ALICE HARON, or the survivor of them. Cash on hand, titled real or personal property and tangible personal property consisting of machinery and equipment are excluded from this bequest. My estate shall pay out of the residue any costs associated with shipment and delivery.

ARTICLE V - RESIDUARY ESTATE

5.1 I give the residue of my estate to DEBRA E. RICHARDS, EDWIN C. NEWBERG and ALICE HARON. If any of the above are deceased, the share shall pass equally to that person's then-living children.



5.2 If no beneficiary named in 5.1 is living, the residue of my estate shall pass to my then-living heirs at law under the laws of the State of Oregon.

ARTICLE VI - COMMON DISASTER PROVISION

6.1 If any beneficiary dies simultaneously with me or dies within six (6) months of my death, I shall be deemed to survive the beneficiary.

ARTICLE VII - POWERS GRANTED TO PERSONAL REPRESENTATIVE

7.1 I give my personal representative full power and authority to:

- (a) sell, mortgage, pledge, exchange or otherwise deal with or dispose of the property comprising my estate;
- (b) settle and compromise any and all claims in favor of or against my estate; and
- (c) make, execute and deliver all deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable.

My personal representative is authorized to postpone final distribution of my estate until final determination of tax liabilities. These powers are in addition to the powers provided by state law. This Will is to be interpreted under Oregon law regardless of the state of domicile at the time of my death.

7.2 My personal representative may elect to claim certain administration and other expenses as deductions in my final income tax return, the income tax returns of my estate or



unenforceable, the balance of this Will shall nevertheless be carried into effect.

I have signed my Last Will and Testament this 5th day of December, 2005.

Joyce E. Allen

JOYCE E. ALLEN, Testator

This Will was signed and declared as testator's Last Will and Testament by testator in our presence. Testator also declared that testator understood the content of this Will.

A M Cup

Residing at Beaverton, OR 97008

Jill Bozeman

Residing at Portland, Oregon

C:\Documents and Settings\Jill\My Documents\ALLEN.WILL.wpd

RONIA. BOOTH, Clerk of the Superior Court of Cowlitz County, State of Washington, hereby certify that this instrument is a true and correct copy of the original on file in my office. 7-23-10

RONIA. BOOTH
By *April Faley* Deputy

1 I RONI A. BOOTH, Clerk of the
2 Superior Court of Cowlitz County,
3 State of Washington, hereby certify
4 that this instrument is a true and
5 correct copy of the original on file
6 in my office. *IN FULL FORCE & EFFECT*

7 RONI A. BOOTH
8 By *[Signature]* Deputy
9 *JUL 02 2010*

FILED
SUPERIOR COURT

2009 JUL 10 P 2:32

COWLITZ COUNTY
RONI A. BOOTH, CLERK

BY *[Signature]*

5 SUPERIOR COURT OF WASHINGTON

6 FOR COWLITZ COUNTY

7 Estate of) No. 074001504
8)
9 JOYCE E. ALLEN,) LETTERS TESTAMENTARY
10) (RCW 11.28.090)
11)
12 Deceased.)
13)

14 On July 27, 2007, the last Will of the above name
15 Decedent was duly exhibited, proven, and filed in the foregoing
16 Superior Court.

17 In the Will, Decedent named DEBRA E. RICHARDS to act as
18 its Executor, who, by Order of this court, is authorized to
19 execute the Will according to law.

20 Witness my hand and the seal of this court on

21 **Roni A. Booth** JUL 10 2009

22 Clerk of the Superior Court

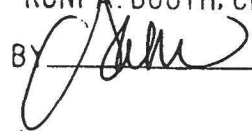
23 By: *[Signature]*
24 Deputy Clerk

25 C:\Users\Office\Documents\ALLEN\ALLEN\ALLEN.LETTERS.wpd

FILED
SUPERIOR COURT

2010 JUL 12 A 11:12

COWLITZ COUNTY
RONI A. BOOTH, CLERK

BY 

SUPERIOR COURT OF WASHINGTON
FOR COWLITZ COUNTY

7	Estate of)	No. 074001504
8)	
9	JOYCE E. ALLEN,)	INVENTORY &
10)	APPRAISEMENT (RCW
11)	11.44.015)
12	Deceased.)	
13)	

In accordance with RCW 9A.72.085, I declare under penalty of perjury under the laws of the State of Washington that the following is true and correct to the best of my knowledge:

1. The asset shown on the Attachment to this Inventory and Appraisalment comprises the true inventory and appraisalment of the property of the estate of Decedent that was discovered after the initial probate was closed that is subject to the jurisdiction of the above Court and that has come into my possession and knowledge.

1 2. The item is appraised at its fair net value as of
2 the date of the reopening of the probate and includes a statement
3 of any encumbrance, lien, or other secured charge against that
4 item.

5 SIGNED:

6 Date: On: 10-7, 2010

7 Place: Crestview (City)
8 WA (State)

9
10 
11 DEBRA E. RICHARDS, P.F.

1 ATTACHMENT TO

2 INVENTORY & APPRAISEMENT

3 1. REAL PROPERTY:

4 .69 acre parcel - Tax Lot 1300, Section 2, \$39,640
5 Township 1 North, Range 1 East of the
6 Willamette Meridian.

7 That part of the following lying Northerly of the centerline
8 of N.E. Marine Drive (Road #1489-B):

9 Beginning at the intersection of a southerly extension of
10 the west line of Lot 14, Block 24, in the plat of Bridgeton,
11 and the centerline of N.E. Marine Drive, County Road #1489-
12 B; thence northerly along said southerly extension to an
13 intersection with the south line of Bridgeton; thence,
14 easterly along the south line of Bridgeton 145 feet; thence
15 South 12°29' West 10.6 feet; thence South 73°00' East 245.7
16 feet; thence South 12°29' West 110.5 feet more or less to
17 the north line of Faloma Road, County Road #1268; thence
18 westerly along the north line of Faloma Road, and a westerly
19 extension thereof, to an intersection with the centerline of
20 Marine Drive, County Road #1489-B; thence westerly along
21 said centerline to point of beginning; excepting therefrom
22 parts of said property now in established roads, subject to
23 existing taxes and assessments.

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