

Patty Price
PO Box 905
Stevenson, WA 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB 17 2015
N/A

PAID exempt
Victor Chelland, Treasurer
SKAMANIA COUNTY TREASURER

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of Skamania

Name of deceased James Neill Price AKA Jim Price

I, (survivor's name) Patricia J. Price AKA Patty Price affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 62-07-01-1-0-0802-00
02-07-01-1-1-0101-00
Jim
2/17/15

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

Signed this 17 day of February, 2015 at Stevenson, WA
(month) (year) (city) (state)

Patricia J. Price
(Signature of surviving spouse or registered domestic partner)

PATRICIA J. PRICE
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 905 Stevenson WA 98648
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

AFN #2011178277 Recorded 05/18/2011 at 01:58 PM DocType: DEED Filed by: JAMES & PATRICIA PRICE Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

When recorded return to:

Jim Price
PO Box 905
Stevenson WA
98648

REAL ESTATE EXCISE TAX
29075
MAY 18 2011
PAID exempt
(by deputy)
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

THE GRANTOR(S) Red Bluff Communications, Inc.

for and in consideration of \$ 1.00

in hand paid, conveys and quit claims to
James & Patricia Price

the following described real estate, situated in the County of Skamania, State of Washington
together with all after acquired title of the grantor(s) herein:

Lot 6 and the portion of the North 60 feet of
Lots 7 and 8 lying East of the
easterly wall of the concrete building (as it existed
August 16, 1945) Block 5, Rivernew Addition to the
town of Stevenson, According to the Plat thereof,
recorded in Book A, page 21, in Book A, page 21, in
the count of Skamania, State of Washington.

Abbreviated Legal: (Required if full legal not inserted above.) And together with any
easement of record.

Tax Parcel Number(s): 0207011010100 DM

Dated:

Skamania County Assessor
Date 2-17-15 Parcel# 2-7-01-1-1-100
DM

Skamania County Assessor
Date 5-18-11 Parcel# 2-7-1-1-101
DM

5-18-2011
Patricia Price 5-18-2011

AFN #2009173562 Recorded 08/06/09 at 09:50 AM DocType: DEED Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor J. Michael Garvison Skamania County, WA

AFTER RECORDING MAIL TO:Name Jim & Patty PriceAddress 2571 Loop Rd.City/State Steunson, WA 98648
ext. 31162**Document Title(s):** (or transactions contained therein)

1. TRUSTEE'S DEED
- 2.
- 3.
- 4.

Reference Number(s) of Documents assigned or released:
☐ Additional numbers on page _____ of document
Grantor(s): (Last name first, then first name and initials)

1. CHARLES CARLSON, AS CHAPTER 7 TRUSTEE FOR THE BANKRUPTCY ESTATE OF IN RE
2. CHARLES AND MARY LAUFMAN, CASE NO. 09-41687
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Grantee(s): (Last name first, then first name and initials)

1. JIM PRICE AND PATTY PRICE, HUSBAND AND WIFE
- 2.
- 3.
- 4.
5. ☐ Additional names on page _____ of document

Abbreviated Legal Description as follows: (i.e. lot/block/plat or section/township/range/quarter/quarter)

A tract of land in the Northeast Quarter of Section 1, Township 2 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:
Lot 1 of the Haley Short Plat, recorded in Auditors File No. 2006162950, Skamania County Records.

☐ Complete legal description is on page _____ of document

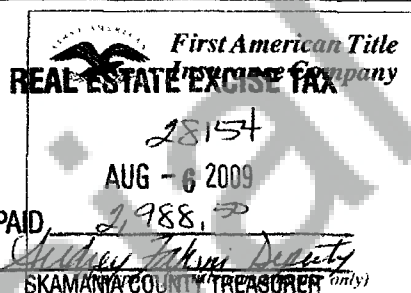
Assessor's Property Tax Parcel / Account Number(s): 02-07-01-1-0-0802-001

Skamania County Assessor

Date 2-17-15 Parcel# 2-7-1-1-0-802

WA-1

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH691121
I.D. TAG NO.136-2014-022552
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name	First James	Middle Neill	Last Price	Suffix	Death Date September 06, 2014	
	Sex Male	Age 65 years	Social Security Number		County of Death Harney		
	Birthdate July 19, 1949	Birthplace Portland, Oregon			Was Decedent Ever in U.S. Armed Forces? Yes		
	Residence: 547 SW Rock Creek Drive			City/Town Stevenson			
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98648	Inside City Limits? Yes	
	Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Patricia Jean Books				
	Father's Name Luther Carrol Price			Mother's Name Prior to First Marriage Dorothy Mae Paget			
	Informant's Name Patricia Jean Price		Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address PO Box 905, Stevenson, WA 98648		
	Place of Death Other - Page Springs Campground		Facility Name				
	Location of Death Steens Mountain Loop Road		City/Town or Location of Death Frenchglen		State Oregon	Zip Code + 4 97736	
	Method of Disposition Cremation		Place of Disposition Deschutes Crematorium		Location (City/Town and State) Bend, Oregon		
	Name and Complete Address of Funeral Facility LaFollette's Chapel 332 W Monroe PO Box 488, Burns, Oregon 97720-0488						
	Date of Disposition TBD		Funeral Director's Signature David P McDonald		Electronically Signed	OR License Number FS-0343	
	Registrar's Signature Jennifer A. Woodward			Date Received September 18, 2014		Local File Number	
	Amendment						
TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? Yes		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 1952
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ a. Cardiac Arrest						minutes
	Due to (or as a consequence of) ↓ b. Myocardial Infarction						years
	Due to (or as a consequence of) ↓ c.						
	Due to (or as a consequence of) ↓ d.						
	Other significant conditions contributing to death						
	Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? Unknown		
	Date of Injury		Time of Injury	Place of Injury		Injury at Work?	
	Location of Injury						
	Describe how injury occurred						If transportation injury, specify.
	Name and Address of Certifier Sarah Lynn Laiosa 229 N Egan Avenue, Burns, Oregon 97720						
	Name and Title of Attending Physician if Other than Certifier						Date Signed September 18, 2014
	Medical Certifier Sarah Lynn Laiosa		Electronically Signed	Title of Certifier D.O.		License Number DO153087	
	Amendment						



20140917339

45-2CC (01/06)

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: September 19, 2014

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE