AFN #2015000291 Recorded 02/23/2015 at 02:48 PM DocType: DEED Filed by: SIMONE TYLER Page: 1 of 2 Auditor Robert J. Waymire Skamania County, WA

Simone Tyler PO Box 1092 Ocean Pouk, WA 98640

SKAMANIA COUNTY REAL ESTATE EXCISE TAX \upki/\upki

FEB 2 3 2015

PAID NA 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 Robert L Tyler	* (V)
I, (survivor's name) S,'Mone A Tyler	affirm
that I am the sole and rightful heir to the property describe	d as:
Parcel number(s) 04.07.15.3.0.0700.00	(J)
AF 104095 107/16	
I certify (or declare) under penalty of perjury under the law foregoing is true and correct.	4
Signed this 18 day of Fc or u ary, 2015 (year) Signed this 18 day of Fc or u ary, 2015 (year) Signature a July (Signature of surviving spouse or register)	
(Signature of surviving spouse or register Simone A Tyler (Printed name of surviving spouse or register)	
P.O. Box 1092 2818 229 L O (Address of surviving spouse or domestic partner)	Icean Park wg 98640
(Address of surviving spouse or domestic partner)	(city) (state) (zip)
Note: See Senate Bill (SB) 6851 on page 2 fo	or statutory requirements.
REV 84 0015 (9-24-13)	

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Robert	Leon	TYLER			6 2011		
3. Sex (M/F) 4a. Age -	Last Birthday 4b. Under 1 Year	4c. Ui	nder 1 Day	5. Social Securit	6, 2011 y Number	6. County of	Death
M 75 7. Birthdate	Months Days Ba. Birthplace (City, Town, or Cou		Minutes or Foreign Country)	543-34-6 9. Decede	5841 nt's Education	Pacific	• · · · · · · · · · · · · · · · · · · ·
November 27, 1935	Portland	Oreg	on	Hi	gh School G	raduate	
10. Was Decedent of Hispanic C	Origin? (Yes or No) If yes, specify.	11.	Decedent's Race(s)	_	1	2. Was Deceder Armed Forces?
No 13a. Residence: Number and St	reet (e.g., 624 SE 5 th St.) (include A	Apt. No.)	Caucasian	~ · · · · · · · · · · · · · · · · · · ·	13b. City	or Town	
2818 229th Lane 13c. Residence: County	13d. Tribal Reservation N	iame /if annicobt	e) 13e State or En	reign Country	Ocean 13f. Zip Cod	Park	3a Incide Cit
Pacific			Washingto	on	98640	- 1	3g. Inside City □ Yes 🎉 No
14. Estimated length of time at re	1	t Time of Death	16. Surviving Sp	ouse's or Domestic	Partner's Name (Giv	e name prior to fir	st marriage)
17. Usual Occupation (Indicate type	married be of work done during most of work	ing life. (DO NOT L	SIMONE USE RETIRED). 18. Kind	Currier d of Business/Indus	try (Do not use Compar	y Name)	
Millwright			Stee	el manufact	uring		
19. Father's Name (First, Middle, L Glenn Tyler	.ast, Suffix)				First Marriage (First,	Middle, Last)	
21. Informant's Name	22. Relationship	to Decedent	23. Mailing Address	i Osborne S: Number and Street or	RFD No. City or Tow	n State	Zip
Simone Tyler 24. Place of Death, if Death Occurred	Wife		PO Box 109		Ocean Par		8640
ER/Outpatient	·		riace Oi	. Seesi, # Degili UCCUI	.ea sonowiere Uner tr	en a mospitali	
25. Facility Name (If not a facility, g				26a. City, Town, o	or Location of Death	26b. State	27. Zip Code
Ocean Beach Hospit 28. Method of Disposition	29. Place of Final Di	isposition (Name	e of cemetery, cremato	Ilwaco	30 Location	-City/Town, and	98624 State
Cremation	Pacific Cre		,	, ,		ach, Wash	
31. Name and Complete Addres	s of Funeral Facility by The Sea 1515 S		_			32. Date of D	isposition
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