

Simone Tyler
PO Box 1092
Ocean Park, WA 98640

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB 23 2015

PAID N/A
Vivian Orellana, 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 Robert L Tyler

I, (survivor's name) Simone A Tyler affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 04.07.15.3.0.0700.00

AF 104095 107/161

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 18 day of February, 2015 at Ocean Park, WA
(month) (year) (city) (state)

Simone A Tyler
(Signature of surviving spouse or registered domestic partner)

Simone A Tyler
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 1092 2818 229th L Ocean Park WA 98640
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Robert		Leon		TYLER		Jul 6, 2011	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
M	75	Months Days	Hours Minutes	543-34-6841	Pacific		
7. Birthdate	8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)	9. Decedent's Education			
November 27, 1935	Portland		Oregon	High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.			11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?		
No			Caucasian		No		
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
2818 229th Lane					Ocean Park		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Pacific				Washington	98640	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
13 Years		Married		Simone Currier			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).)				18. Kind of Business/Industry (Do not use Company Name)			
Millwright				Steel manufacturing			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Glenn Tyler				Enid Osborne			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town	State Zip
Simone Tyler		Wife		PO Box 1092		Ocean Park	WA 98640
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
ER/Outpatient				Ocean Beach Hospital			
26a. City, Town, or Location of Death				26b. State	27. Zip Code		
Ilwaco				WA	98624		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Pacific Crematory		Long Beach, Washington			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Penttila's Chapel by The Sea 1515 S Pacific Ave POB 417 Long Beach, WA 98631				July 8, 2011			
33. Funeral Director Signature				Daniel J. Hickey - WA Funeral Directors Lic #2104			
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. Acute myocardial collapse							
Due to (or as a consequence of): 45 minutes							
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. Coronary episode from vasospasm							
Due to (or as a consequence of): 2 hours							
c. Incident							
Due to (or as a consequence of):							
d. Coronary artery disease							
Interval between Onset & Death: years							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
hx of Chronic obstructive pulmonary disease				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<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"/> No <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
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 - To the best of my knowledge, death occurred on the date, time, and place stated.				48b. Medical Examiner/Coroner - On the basis of my knowledge, death occurred on the date, time, and place stated.			
X				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Ronald J. Hylton - Deputy Coroner PO Box 417 Long Beach, WA 98631				2306			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				July 7, 2011			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Deputy Coroner				11-03-064		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (mm/dd/yyyy)			
X				07/07/2011			
59. Amendments							