

When recorded return to:
Ray Foster, Jr.
421 Maple Way
Stevenson, WA 98648

Filed for record at the request of:
 **CHICAGO TITLE**
COMPANY OF WASHINGTON
1499 SE Tech Center Place, Suite 100
Vancouver, WA 98683
Escrow No.: 622-65390

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**
N/A
MAY 18 2015

DOCUMENT TITLE(S)
Death Certificate

PAID N/A
Anthony M. M. Deputy
SKAMANIA COUNTY TREASURER

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED: _____
Additional reference numbers on page _____ of document

GRANTOR(S)
Carol L. Foster
☐ Additional names on page _____ of document

GRANTEE(S)
Ray Foster Jr.
☐ Additional names on page _____ of document

ABBREVIATED LEGAL DESCRIPTION
Portion of Lot 2 of the Ignaz Wachter Subdivision, Page 30, Book 'A'

Complete legal description is on page _____ of document

TAX PARCEL NUMBER(S)
03-07-36-2-0-0600-00

Additional Tax Accounts are 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 provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party
Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements

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

State of Washington

County of SkamaniaName of deceased Carol L. FosterI, (survivor's name) Ray Foster, Jr. affirm
that I am the sole and rightful heir to the property described as:Parcel number(s) 03-07-36-2-0-0600-00

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 MAY 2015 at Stevenson WA.
(month) (year) (city) (state)Ray Foster Jr.

(Signature of surviving spouse or registered domestic partner)

RAY FOSTER JR.

(Printed name of surviving spouse or registered domestic partner)

PO Box 1201
421 Maple Way 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.

REV 84 0015 (9-24-13)

**SKAMANIA COUNTY
REAL ESTATE EXCISE TAX**

N/A
MAY 18 2015

PAID N/A
Gudrun Perschke
SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-003832

DATE ISSUED: 02/12/2015

GIVEN NAMES: CAROL L
LAST NAME: FOSTER

FEE NUMBER: 0000000001

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: JANUARY 29, 2015
HOUR OF DEATH: 11:00 P.M.
SEX: FEMALE
AGE: 75 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: MAY 15, 1939
BIRTHPLACE: ALTURAS, MODOC CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: RAY FOSTER JR

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: RAY FOSTER JR
RELATIONSHIP: SPOUSE
ADDRESS: 421 MAPLE WAY STEVENSON, WA 98648

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 421 MAPLE WAY
CITY, STATE, ZIP: STEVENSON, WASHINGTON 97648

RESIDENCE STREET: 421 MAPLE WAY
CITY, STATE, ZIP: STEVENSON, WASHINGTON 97648
INSIDE CITY LIMITS? NO
COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 23 YEARS

FATHER: CLARENCE J EASTER
MOTHER: DOROTHY E FIELDS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PFS CREMATORY
CITY, STATE, ZIP: PORTLAND, OR
DISPOSITION DATE: FEBRUARY 10, 2015

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE
ADDRESS: 17819 NE RIVERSIDE PKWY #E
CITY, STATE, ZIP: PORTLAND OR 97230
FUNERAL DIRECTOR: KELLY L. DOVEN

CAUSE OF DEATH:

A. LUNG CANCER

INTERVAL: MONTHS

B. GYNECOLOGICAL CANCER - MASS IN PELVIS BUT NO BIOPSY PERFORMED; LIKELY UTERINE AS SHE HAD VAGINAL BLEEDING

INTERVAL: MONTHS

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? NO
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SONIA SCHUEMANN MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1700 E. 19TH
CITY, STATE, ZIP: THE DALLES OR 97058
DATE SIGNED: FEBRUARY 10, 2015

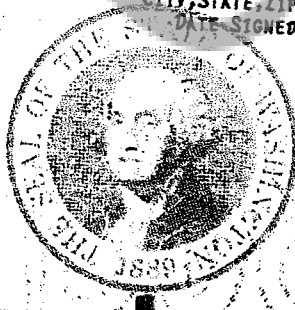
CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
SONIA SCHUEMANN MD

LOCAL DEPUTY REGISTRAR:
LADONNA BAEHLER
DATE RECEIVED: FEBRUARY 10, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE



DOH 01-003 (6/10)