

after recorded: send to  
mary JANE Toolson  
1213 NE 5<sup>th</sup> ave  
Camas WA 98607

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
OCT - 7 2015

PAID N/A  
*[Signature]*  
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 Tom Mathews Toolson

I, (survivor's name) Beverly P Toolson affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 620714002107000  
INTERLAKEN RESORT

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 20 day of August, 2015 at Vanc, wa  
(month) (year) (city) (state)

X *[Signature]*  
(Signature of surviving spouse or registered domestic partner)

BEVERLY Toolson  
(Printed name of surviving spouse or registered domestic partner)

415 SE 177<sup>th</sup> Ave Vanc wa 98683  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

Date Filed **AUGUST 04, 1988****CERTIFICATE OF DEATH**State File No. **1988-04176**

DECEDENT - NAME <b>TOM MATTHEWS TOOLSON</b>				AGE <b>67 YEARS</b>	
DATE OF DEATH <b>JULY 30, 1988</b>		SEX <b>MALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH <b>JAN. 27, 1921</b>	BIRTHPLACE <b>IDAHO</b>
WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>YES</b>	MARITAL STATUS <b>MARRIED</b>	SURVIVING SPOUSE (if wife, maiden name) <b>BEVERLY BUFTON</b>		CITY, TOWN OR LOCATION OF DEATH <b>BURLEY, IDAHO</b>	
RESIDENCE STATE <b>WASHINGTON</b>		CITY, TOWN OR LOCATION <b>CAMAS</b>			
FATHER - NAME <b>GEORGE TOOLSON</b>					BIRTHPLACE <b>UTAH</b>
MOTHER - FULL MAIDEN NAME <b>ELLA MATTHEWS</b>					BIRTHPLACE <b>IDAHO</b>
NAME AND ADDRESS OF MORTUARY <b>MCCULLOCH FUNERAL HOME, BURLEY, IDAHO</b>					
FUNERAL SERVICE LICENSEE <b>ORMAND F. BURCH</b>					
METHOD OF DISPOSITION <b>REMOVAL</b>		TIME OF DEATH <b>1:29 A.M.</b>		MANNER OF DEATH <b>NATURAL</b>	
CAUSE OF DEATH (underlying cause last) a. <b>POSTERIOR M.I.</b>					Approximate Interval Between Onset and Death <b>MINUTES</b>
b. DUE TO (or as a consequence of):					
c. DUE TO (or as a consequence of):					
d. DUE TO (or as a consequence of):					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above <b>NONE LISTED</b>					AUTOPSY PERFORMED? <b>YES</b>
NAME OF CERTIFIER <b>G. TODD GOODSSELL</b>				TITLE OF CERTIFIER <b>CORONER</b>	
<b>CORONER REVIEW AREA</b>					
ACTION				NAME <b>CATHY W. CANTY</b>	
<b>EXTERNAL CAUSES ONLY</b>					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

**AUGUST 13, 2015**

DATE ISSUED: \_\_\_\_\_

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

FORM Q (Rev 02/12)

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE