

After recording Return to:

Bill Brattain
6170 Crooked Stick Lp SE
Salem, OR 97306

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
DEC 31 2015

PAID
N/A
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 DOUGLAS BRATTAIN

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

Parcel number(s) LOT 57 of the Government
Mixed Springs Homeowners
Tract, Sec. 31, T5N, R2E, W.M.
Skamania County, Washington

Skamania County Assessor
Date: 12-31-15 Parcel# 16-001057

96-001057 (initials)

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 14th day of November, 2015 at Salem, Oregon
(month) (year) (city) (state)

(Signature of surviving spouse or registered domestic partner)

WILLIAM BRATTAIN

(Printed name of surviving spouse or registered domestic partner)

6170 Crooked Stick Loop SE Salem OR 97306
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

CERTIFICATION OF VITAL RECORD

 171896
 ID TAG NO

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS

136

Local File Number

State File Number

1. DECEDENT'S NAME First: Donna Middle: Louise Last: BRATTAIN		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) October 17, 1994
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE Last Birthday (Years) 58	5b. Under 1 Year Mos Days	5c. Under 1 Day Hours Mins
6. BIRTH PLACE (City and State or Foreign Country) Portland, Oregon		7. DATE OF BIRTH (Month, Day, Year) June 1, 1936	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 1107 SW Stephenson Ct.		9c. CITY, TOWN, OR LOCATION OF DEATH Portland	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		10b. KIND OF BUSINESS/INDUSTRY Finance Office	
11a. RESIDENCE - STATE Oregon		11b. COUNTY Multnomah	11c. CITY, TOWN OR LOCATION Portland
12. SPOUSE (If Married, Widowed, Divorced (Specify)) Married		13. STREET AND NUMBER 1107 SW Stephenson Ct.	
13a. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13b. ZIP CODE 97219	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify: No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15. RACE (American Indian, Black, White, etc.) (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 1		17. FATHER - NAME first middle last James A. Remillard	
18. MOTHER - NAME first middle maiden Annie Pearl Shaw		19. INFORMANT - NAME and relationship to deceased William Brattain - spouse	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Caldwell's Cremation Service	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Kathleen W. Wertz</i>		21b. LICENSE NUMBER (Of license) 3492	
22. DATE FILED (Month, Day, Year) OCT 25 1994		23. NAME, ADDRESS AND ZIP OF FACILITY Caldwell's Colonial Chapel 29 NE 14th Ave. Portland, OR 97232	
24. HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT OF ORGAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		25. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
TO BE COMPLETED BY CERTIFYING PHYSICIAN			
26. TIME OF DEATH 0730 M		27. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Nagendra Tirmali</i>			
29. DATE SIGNED (Month, Day, Year) OCT 24, 1994			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Nagendra Tirmali, MD 3600 N. Interstate 2nd Floor Portland, OR 97227			
31. NAME OF ATTENDING PHYSICIAN (Type or Print)			
TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
31a. TIME OF DEATH M		31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M	
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature)			
33. DATE SIGNED (Month, Day, Year) COUNTY			
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter underlying cause e.g. Cardiac or Respiratory Arrest)			
PART (a) (b) DUE TO, OR AS A CONSEQUENCE OF METASTATIC ADENOCARCINOMA OF COLON		Interval between onset and death 16 months	
PART (b) (c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART (c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in PART		35. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
36. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		37. YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide		41a. DATE OF INJURY (Month, Day, Year)	
41b. TIME OF INJURY M		41c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41d. PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED	
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR

45-2 Rev. 11-92

OCT 26 1994

DATE ISSUED

 Arthur W. Bloom
 COUNTY REGISTRAR
 MULTNOMAH COUNTY, OREGON
