

Mary S. Frice  
1152 MARS Landing Rd  
Stevenson, WA  
98648

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
JAN 20 2016

PAID N/A  
by deputy  
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 Melvin G Frice

I, (survivor's name) Mary S. Frice affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02062800010800 (DW)

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 January, 2016 at Stevenson, WA  
(month) (year) (city) (state)

Mary S. Frice  
(Signature of surviving spouse or registered domestic partner)

Mary S. Frice  
(Printed name of surviving spouse or registered domestic partner)

1152 Mars Landing Road 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.

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLYDISTRICT  
D-2

COPIES

10+VA

HOSPITAL

OCCURRENCE

RESIDENCE

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TYPE OR PRINT IN PERMANENT BLACK INK

14

LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME (Last, First, Middle, Initial)				2 SEX (M/F)		3 DEATH DATE (Mo, Day, Yr)	
Melvin George Frice				Male		March 30 2001	
4 AGE LAST BIRTHDAY (Yr, Mo, Day)		5 UNDER 1 YEAR (MOS, DAYS, HOURS, MINS)		6 BIRTHDATE (Mo, Day, Yr)		7 BIRTHPLACE (City, State or Foreign Country)	
56				10/3/1944		Huntingdon, England	
8 TOWN OR LOCATION OF DEATH				9 WAS IN HOME EVER IN LAST 24 HOURS (Yes/No)		10 COUNTRY OF DEATH	
Skamania				Yes		Skamania	
11 PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input checked="" type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. RM/OUT PTN 4 <input type="checkbox"/> HOSP. 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE				12 SKIPPING IN LAST 15 YEARS? (Yes/No)			
1152 Mars Landing Road				No			
14 MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)		15 SURVIVING SPOUSE (If wife, give maiden name)		16 FEDERAL SECURITY NO.		17 OF DECEDENT'S EDUCATION (Specify only highest grade completed)	
Married		Mary S. Wolf				4+	
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19 KIND OF BUSINESS OR INDUSTRY		20 Was Decedent of Hispanic origin or descent? (Ancestral) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)		21 RACE (Specify)	
Rural Mail Carrier		Postal Service		(Yes/No) Specify No		Caucasian	
22 RESIDENCE — NUMBER AND STREET		23 CITY/TOWN AND OR RURAL		24 STATE		25 ZIP CODE	
1152 Mars Landing Rd.		Skamania		WA		98648	
26 FATHER'S NAME — FIRST, MIDDLE, LAST				27 MOTHER'S NAME — FIRST, MIDDLE, LAST			
Melvin K. Frice				Kathleen R. Upchurch			
28 INFORMANT — NAME				29 MARITAL STATUS			
Mary S. Frice				1152 Mars Landing Road Skamania WA 98648			
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		33 DATE (Mo, Day, Yr)		34 CEMETERY/CREMATORY — NAME		35 LOCATION — CITY/TOWN, STATE	
Cremation		04-10-2001		Portland Memorial Crematory		Portland Oregon	
36 LINEAR SIGNATURE OF CERTIFYING PHYSICIAN		37 LINEAR SIGNATURE OF MEDICAL EXAMINER OR CORONER		38 ADDRESS OF FACILITY		39 ADDRESS OF FACILITY	
				P.O. Box 61747		Davies Cremation & Burial Srv. Vancouver WA 98666-1747	
39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.				43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.			
SIGNATURE AND TITLE				SIGNATURE AND TITLE			
40 DATE SIGNED (Mo, Day, Yr)		41 HOUR OF DEATH (24 Hrs)		42 DATE SIGNED (Mo, Day, Yr)		43 HOUR OF DEATH (24 Hrs)	
4/3/2001		0936 hrs					
44 NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFYING PHYSICIAN)				45 NAME AND TITLE OF ATTENDING PHYSICIAN (OTHER THAN CERTIFYING PHYSICIAN)			
46 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)				47 MEDICAL LICENSE NUMBER			
Ben Chue M.D. 901 Eoren Ave. #901 Seattle, WA 98104							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A		INTERVAL BETWEEN ONSET AND DEATH		5 minutes	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH		3 months	
		B Metastatic colon cancer to lungs and abdomen		INTERVAL BETWEEN ONSET AND DEATH		4 years 2 months	
		C Colon cancer		INTERVAL BETWEEN ONSET AND DEATH			
		D		INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE				52 WAS CARE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)			
				NO			
54 ACC. SURGE, HGM, SUICIDE OR PENETRATING INJURY (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 INJURY PLACE (Specify)		57 INJURY PLACE (Specify)	
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY — AT HOME, FARM, STREET, OR OTHER (Specify)		60 STREET OR RD NO. CITY/TOWN STATE		61 DATE RECEIVED (Mo, Day, Yr)	
						APR 10 2001	
62 RECORD AMENDMENT (Registrar use only)		63 DATE RECEIVED (Mo, Day, Yr)		64 SIGNATURE OF REGISTRAR		65 DATE RECEIVED (Mo, Day, Yr)	
ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/9) DOMAINS: GHS 3060

## EXHIBIT "A"

BEGINNING AT THE NORTHEAST CORNER OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, TOWNSHIP 2 NORTH, RANGE 6 EAST OF THE WILLAMETTE MERIDIAN, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON, AND CONTINUING SOUTH ALONG THE WEST LINE OF SOUTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 416 FEET; THENCE EAST PARALLEL TO THE SOUTH LINE OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 208 FEET; THENCE NORTH PARALLEL TO THE WEST LINE OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER AND THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER, A DISTANCE OF 416 FEET; THENCE WEST ALONG THE SOUTH LINE OF THE NORTH HALF OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER TO THE POINT OF BEGINNING.

Skamania County Assessor

1-20-16 Parcel# 2-6-28-108