AFN #2016000160 Recorded Jan 26, 2016 02:33 PM DocType: ALP Filed by: William Brattain Page: 1 of 2 File Fee: $73.00 Auditor Robert J. Waymire Skamania County, WA

William Brattain
6170 CROOKED STICK LOOP SE

SALEM,OR 97306

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
JAN 26 2016

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 Donna Louise Brattain

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

Parcel number(s) 96001057000000
Lot 57 of the Government Mineral Spring Homestead Tract Sec 31, T5N, R7E, WM. Skamania County WA.

Skamania County Assessor
Date 1-26-16 Parcel# 96001057000000
ym

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 (month), 2016 (year) at Salem (city), Or (state)

(Signature of surviving spouse or registered domestic partner)

Wm Brattain
(Printed name of surviving spouse or registered domestic partner)

6170 Crooked Stick Lp SE (Address of surviving spouse or domestic partner) Salem (city) Or (state) 9730 (zip)

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

REV 84 0015 (9-24-13)

CERTIFICATION OF VITAL RECORD

171896
I.D. TAG NO.

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
136-

Local File Number

CERTIFICATE OF DEATH

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. BIRTHPLACE (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? ☐ Yes ☒ No	9a. PLACE OF DEATH (Check only one) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number): 1107 SW Stephenson Ct.	9c. CITY, TOWN, OR LOCATION OF DEATH: Portland	9d. COUNTY OF DEATH: Multnomah			
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	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married	12. SPOUSE (If Married, Widowed): William		
13a. RESIDENCE - STATE: Oregon	13b. COUNTY: Multnomah	13c. CITY, TOWN OR LOCATION: Portland	13d. STREET AND NUMBER: 1107 SW Stephenson Ct.		
13e. INSIDE CITY LIMITS? ☒ Yes ☐ No	13f. ZIP CODE: 97219	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify	15. RACE - American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):	
17. FATHER NAME: First: James Middle: A. Last: Remillard	18. MOTHER NAME: First: Annie Middle: Pearl Maiden: Shaw	19. INFORMANT NAME and relationship to deceased: William Brattain - spouse			
20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Caldwell's Cremation Service	20c. LOCATION - City or Town, State: Portland, Oregon			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature]	21b. LICENSE NUMBER (Of Licensee): 3492	21c. NAME, ADDRESS AND ZIP OF FACILITY: Caldwell's Colonial Chapel 2[illegible] NE 14th Ave., Portland, OR 97232			
22. DATE FILED (Month, Day, Year): OCT 25 1994	23. REGISTRAR'S SIGNATURE: [signature]				
24. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT OPTION? ☐ YES ☐ NO ☒ N/A	25. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A				

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 0730 M	28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No	
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): [signature]		
30. DATE SIGNED (Month, Day, Year): OCT 24, 1994		
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): Nagendra Timmali, MD 3600 N. Interstate 2[illegible] Portland, OR 97227		
35. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (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:

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter Dying, Failure, Cardiac Respiratory Arrest): Interval between onset and death

PART I
(a) METASTATIC ADENOCARCINOMA OF UNKNOWN: 16 months
DUE TO, OR AS A CONSEQUENCE OF
(b): Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(c): Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death?	38. AUTOPSY	39. If YES were findings considered in determining cause of death?
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Yes ☒ No	☐ Yes ☐ No ☐ N/A

40. MANNER OF DEATH	41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention		M	☐ Yes ☐ No	
	41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)			41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

RESERVED FOR REGISTRAR'S USE

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev 11-92

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

DATE ISSUED: OCT 26 1994

ARTHUR W. BLOOM
COUNTY REGISTRAR
MULTNOMAH COUNTY, OREGON