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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
JM

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) 97306 (zip)

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

REV 84 0015 (9-24-13)

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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	Middle	Last	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Donna	Louise	BRATTAIN	Female	October 17, 1994

4. SOCIAL SECURITY NUMBER	5a. AGE (Last Birthday) (Years)	5b. Under 1 Year: Mos / Days	5c. Under 1 Day: Hours / Mins	6. BIRTHPLACE (City and State or Foreign Country)	7. DATE OF BIRTH (Month, Day, Year)
[redacted]	58			Portland, Oregon	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)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
1107 SW Stephenson Ct.	Portland	Multnomah

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	12. SPOUSE (If Married, Widowed)
Secretary	Finance Office	Married	William

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Oregon	Multnomah	Portland	1107 SW Stephenson Ct.

13e. INSIDE CITY LIMITS?	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE (American Indian, Black, White, etc. Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)
☒ Yes ☐ No	97219	☒ No ☐ Yes Specify		1

17. FATHER'S NAME first, middle, last	18. MOTHER'S NAME first, middle, maiden	19. INFORMANT - NAME and relationship to deceased
James A. Remillard	Annie Pearl Shaw	William Brattain - spouse

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Caldwell's Cremation Service	Portland, Oregon

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (Of licensee)	22. NAME, ADDRESS AND ZIP OF FACILITY
Kathryn E. Kurtz Phelps	3492	Caldwell's Colonial Chapel 2[illegible] NE 14th Ave., Portland, OR 97232

23. DATE FILED (Month, Day, Year): OCT 25 1994

24. REGISTRAR'S SIGNATURE

25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSIDERATION? ☐ YES ☐ NO ☒ N/A

26. WAS GIFT MADE? ☐ YES ☐ NO ☒ N/A

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH	28. WAS MEDICAL EXAMINER NOTIFIED?
0730 M	☒ 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)

Nagendra Tummala

30. DATE SIGNED (Month, Day, Year): OCT 24, 1994

TO BE COMPLETED ONLY BY MEDICAL EXAMINER

31a. TIME OF DEATH	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
M	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. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER (MEDICAL EXAMINER) (Type or Print): Nagendra Tummala, MD 3600 N. Interstate Ave., Portland, OR 97227

35. NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type or Print)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter Dying, Disease, Respiratory Failure)

PART I
(a) ADENOCARCINOMA OF LUNG — Interval between onset and death: 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

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