

**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 Steinar Bye

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

Parcel number(s) 02 05 330 0 0103 00 SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB - 1 2016

PAID N/A
Shirley Ann Deputy
SKAMANIA COUNTY TREASURER

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 26 day of January, 2016 at BANDON, OR
(month) (year) (city) (state)

X Laura Bye
(Signature of surviving spouse or registered domestic partner)

Laura Bye
(Printed name of surviving spouse or registered domestic partner)

88439 Bill Creek Lane BANDON OR 97211
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include Middle Name) First Middle LAST		2. Death Date					
Steinar nmi BYE		Sept 8, 2010					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	67	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
June 11, 1943	Oslo	Norway		Some College-No Degree			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		Yes	
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
311 Carleton Road					Washougal		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98671	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
9 Years		Married		Laura Glickman			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Carpenter				Construction			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Oddvar Bye				Alette Marie Risheim			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Laura Bye		Spouse		311 Carleton Rd., Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				311 Carleton Road			
26a. City, Town, or Location of Death		26b. State		27. Zip Code			
Washougal		WA		98671			
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Lower Columbia Crematory, Inc.		Vancouver, WA			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Cascadia Cremation & Burial Services, Inc. 6303 E. 18th Street, Ste A, Vancouver, WA 98661				Sept 14, 2010			
33. Funeral Director Signature X							
Cause of Death (See instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)				Interval between Onset & Death			
→				Months			
Due to (or as a consequence of)				Interval between Onset & Death			
Due to (or as a consequence of)				Interval between Onset & Death			
Due to (or as a consequence of)				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably			
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Unknown if pregnant within the past year					
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury: Number & Street:				Apt No.			
City or Town:		County:		State:		Zip Code + 4:	
46. Describe how injury occurred				47. If transportation injury, specify:			
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian			
				<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
x <i>[Signature]</i>				x			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Megan Liel MD 3181 SW 1st St, Portland, OR 97201				1355 Hours			
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)				52. Date Signed (mm/dd/yyyy)			
Michael Heinrich MD				09/13/2010			
53. Title of Certifier		54. License Number		55. File Number		56. Was case referred to ME/Coroner?	
MD		MD 29143				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received			
x <i>[Signature]</i>				SEP 14 2010			
59. Amendments							



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution		
1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6.	7.
8.	9.
10.	11.
12.	13.
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify) Telephone Number:	

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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Birth Certificates:

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
3. Proof must be five (or more) years old or have been established within five years of birth.
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
6. **This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)

CERTIFIED

SEP 20 2010

Alan Malnick
 Health Officer
 Skamania Co. Public Health

NN01217810