AFN #2016000381 Recorded Feb 29, 2016 02:16 PM DocType: ALP Filed by: BERTHA BELL Page: 1 of 3 File Fee: $75.00 Auditor Robert J. Waymire Skamania County, WA

Bertha M Bell
35 SW Ryan Allen Rd.
Stevenson, Wa. 98648

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
FEB 29 2016
N/A
PAID
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 Jasper G Bell

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

Parcel number(s) 02070210020000
Lm 2-29-16

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 29 day of February, 2016 at Stevenson, Wa.
(month) (year) (city) (state)

Bertha M. Bell
(Signature of surviving spouse or registered domestic partner)

Bertha M Bell
(Printed name of surviving spouse or registered domestic partner)

35 SW Ryan Allen Rd. 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.*

REV 84 0015 (9-24-13)

EXHIBIT "A"

A tract of land in the Iman Donation Land Claim in Section 2, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at a point making the intersection of the North line of Section 2, Township 2 North, Range 7 East of the Willamette Meridian, Skamania County, Washington, with the center of that certain county road known and designated as the Red Bluff Road; thence West following the North line of the said Section 2, a distance of 290 feet; thence South 150 feet; thence East parallel to the North line of said Section 2, to intersection with said Red Bluff Road; thence in a Northerly direction following said road to the Point of Beginning.

EXCEPT right of way for the county road and designated as Red Bluff Road.

Skamania County Assessor
Date 2-29-16 Parcel# 02-07-02-1-0-0200-00
YM

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

693776
STATE FILE NO.

CERTIFICATE OF DEATH

STATE FILE NUMBER

4529403

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: Jasper; Middle: George; Last: Bell; Suffix:
2. Death Date: November 14, 2015
3. Sex: Male
4. Age: 88 years
5. Social Security Number: [redacted]
6. County of Death: Hood River
7. Birthdate: May 11, 1927
8. Birthplace: Winchester, Idaho
9. Decedent's Education: High school grad. or GED
10. Was Decedent of Hispanic Origin? No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: Number and Street: 729 Henderson Road
14. City, Town: Hood River
15. Residence County: Hood River
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97031
18. Inside City Limits? Yes
19. Marital Status at Time of Death: Married
20. Spouse's Name Prior to First Marriage: Bertha M. Lee
21. Usual Occupation: Mechanic
22. Kind of Business/Industry: County Road Department
23. Father's Name: William Bell
24. Mother's Name Prior to First Marriage: Maude McMillan
25. Informant's Name: Bertha M Bell
26. Telephone Number: Not Available
27. Relationship to Decedent: Spouse
28. Mailing Address: 35 SW Ryar Allen Road, Stevenson, WA 98648
29. Place of Death: Hospital-Inpatient
30. Facility Name: Providence Hood River Memorial Hospital
31. Location of Death: 811 13th Street
32. City, Town or Location of Death: Hood River
33. State: Oregon
34. Zip Code + 4: 97031
35. Method of Disposition: Removal From State
36. Place of Disposition: Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility: Gardner Funeral Home 1270 N Main, White Salmon, Washington 98672
39. Date of Disposition: November 14, 2015
40. Funeral Director's Signature: Derek F. Krentz (Electronically signed)
41. OR License Number: CO-3892
42. Registrar's Signature: Yolanda Chavez
43. Date Received: NOV 18 2015
44. Local File Number: 165-2015
45. Amendment

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 1940

CAUSE OF DEATH

50. 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.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. dementia	5 yr
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE (LAST) disease or injury that initiated the events resulting in death	Due to (or as a consequence of) ↓ b.	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death but not resulting in the underlying cause given above:

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☐ Not pregnant within past year ☐ Not pregnant but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant but pregnant within 42 days before death
54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
55. Date of Injury (Month, Day, Year)
56. Time of Injury
57. Place of Injury (e.g. Decedent's home; construction site; restaurant; wooded area)
58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
59. Location of Injury (Number & Street or RFD No.; City, Town, State, Zip + 4)
60. Describe how injury occurred
61. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street or RFD No.; City/Town, State, Zip + 4): Ryan Petersen 811 13th Street Hood River, OR 97031
63. Name and Title of Attending Physician (If Other than Certifier)
64. Title of Certifier: Attending physician
65. License Number: MD 24506
66. Date Signed (Month, Day, Year): 11/17/15
67. Medical Certifier: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. Ryan Petersen
68. Medical Examiner: 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.
69. Amendment

45-2DP (01/06)

STATE OF OREGON

OREGON HEALTH AUTHORITY

NOV 18 2015