

MARILYN FOX

14103 Edenherry Dr.  
Lake Oswego, OR 97035

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
MAR 21 2016

PAID N/A  
Shirley K. Kinsley  
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 harris J. Fox

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

Parcel number(s) 03093421070000 JWL

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 21 day of March, 2016 at Stemson, WA  
(month) (year) (city) (state)

Marilyn Fox  
(Signature of surviving spouse or registered domestic partner)

MARILYN FOX  
(Printed name of surviving spouse or registered domestic partner)

14103 Edenherry Dr. Lake Oswego OR 97035  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

EXHIBIT 'A'

Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11, Block 1, TOWNSITE OF COOKS, according to the recorded plat thereof, recorded in Book A, Page 33, in the County of Skamania, State of Washington.

Together with that portion of the Vacation of a road being 25 feet wide adjacent to the East line of Block 1, Townsite of Cook, recorded in Book 237, Page 211.

EXCEPT that portion of Lot 11 that is boarded by Lot 8, Block 3 of the Townsite of Cook.

Skamania County Assessor

Date 3-21-16 Parcel# 3-9-34-2-1-107

ZM

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

655354  
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First Louis Middle James Last Fox Suffix			2. Death Date May 16, 2013	
3. Sex Male	4. Age 70 years	5. Social Security Number		6. County of Death Clackamas
7. Birthdate August 07, 1942	8. Birthplace Detroit, Michigan		9. Decedent's Education Bachelor's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 14103 Edenberry Drive		14. City/Town Lake Oswego		
15. Residence County Clackamas	16. State or Foreign Country Oregon		17. Zip Code + 4 97035	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Marilyn Gillette		
21. Usual Occupation CPA		22. Kind of Business/Industry Tax and General Practice		
23. Father's Name Harry T. Fox		24. Mother's Name Prior to First Marriage Stella Barbara Larkin		
25. Informant's Name Marilyn Fox		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 14103 Edenberry Drive, Lake Oswego, OR 97035
29. Place of Death Decedent's Residence - Hospice		30. Facility Name		
31. Location of Death 14103 Edenberry Drive		32. City/Town or Location of Death Lake Oswego		33. State Oregon
35. Method of Disposition Cremation		36. Place of Disposition Cascade Cremation Center		34. Zip Code + 4 97035
38. Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Tualatin 8970 SW Tualatin-Sherwood Road, Tualatin, Oregon 97062				
39. Date of Disposition TBD		40. Funeral Director's Signature Tara S. Tjaden		
42. Registrar's Signature Debra J. Abbott		43. Date Received JUN 06 2013		41. OR License Number FS-0527
45. Amendment		44. Local File Number		
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
49. Time of Death 18:25				
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.				
Final disease or condition resulting in death 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).		IMMEDIATE CAUSE a. METASTATIC PROSTATE CANCER Due to (or as a consequence of) ↓ b. Due to (or as a consequence of) ↓ c. Due to (or as a consequence of) ↓ d.		Approximate Interval: Onset to Death 4 YEARS
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
60. Describe how injury occurred		61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
62. Name and Address of Certifier (Number, Street, City, State, Zip) CHRISTOPHER A. VASENCHAK, MD 19260 SW 65th AVE, STE. 435 TUALATIN, OR 97062-5701				
63. Name and Title of Attending Physician (Number, Street, City, State, Zip) TUALATIN, OR 97062-5701				
64. Title of Certifier M.D.		65. License Number MD27063		66. Date Signed (MON DD YYYY) JUN 31 2013
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.		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				

\*4306169\*

JUN 06 2013

TO BE COMPLETED BY MEDICAL CERTIFIER

TO BE COMPLETED BY FUNERAL FACILITY

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

JUN 06 2013

DATE ISSUED:

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

