

WHEN RECORDED RETURN TO:
Kandi Jones
P.O. Box 372
Stevenson, WA
98648

DOCUMENT TITLE(S)	
Affidavit of Surviving Spouse	
REFERENCE NUMBER(S) of Documents assigned or released:	
<input type="checkbox"/> Additional numbers on page _____ of document.	
GRANTOR(S):	SKAMANIA COUNTY REAL ESTATE EXCISE TAX N/A MAY 05 2016
Joseph W. Jones Jr.	
<input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S):	PAID N/A [Signature] Deputy SKAMANIA COUNTY TREASURER
Kandi L Jones	
<input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):	
lots 31 and 32, Block 7 of the town of Stevenson Book A of plats page 11	
<input type="checkbox"/> Complete legal on page _____ of document.	
TAX PARCEL NUMBER(S):	Skamania County Assessor Date 5-5-16 Parcel# 2-1-1-1-3201 AND
02070111370100	
<input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.	

**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 Joseph W Jones Jr.

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

Parcel number(s) 02070111370100

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 5 day of May, 2016 at Stevenson, WA
(month) (year) (city) (state)

Kandi L Jones
(Signature of surviving spouse or registered domestic partner)

Kandi L Jones
(Printed name of surviving spouse or registered domestic partner)

77 Russell Ave P.O. Box 372 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.

SB 6851 (effective 6/12/2008)

AN ACT Relating to the documentation required in order to obtain a real estate excise tax exemption at the time of inheritance; and adding a new section to chapter 82.45 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** A new section is added to chapter 82.45 RCW to read as follows: In order to receive an exemption from the tax in this chapter on real property transferred as a result of inheritance under RCW 9 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order; or
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property.

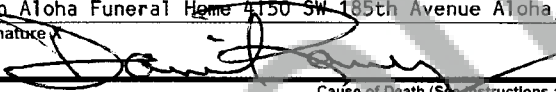
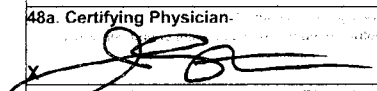
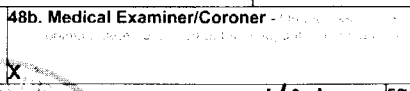
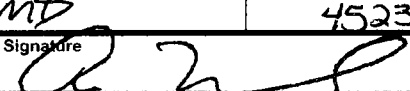
For tax assistance or to inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **1202**

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Joseph Wilson Jones Jr.				2. Death Date May 17, 2011	
3. Sex (M/F) Male	4a. Age - Last Birthday 56	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]	6. County of Death Clark
7. Birthdate August 11, 1954		8a. Birthplace (City, Town, or County) Portland		8b. (State or Foreign Country) Oregon	
9. Decedent's Education Some College Credit, but no Degree				10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No	
11. Decedent's Race(s) White				12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 77 SW Russell				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98648
14. Estimated length of time at residence. 20 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Kandi Russell	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Surveyor				18. Kind of Business/Industry (Do not use Company Name) Civil Engineering	
19. Father's Name (First, Middle, Last, Suffix) Joseph Wilson Jones Sr.			20. Mother's Name Before First Marriage (First, Middle, Last) Patricia Eileen Adams		
21. Informant's Name Kandi Russell Jones		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip P0 Box 372 Stevenson Washington 98648	
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient					
25. Facility Name (If not a facility, give number & street or location) Southwest Washington Medical Center					
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Springer And Son Aloha Crematory		30. Location-City/Town, and State Aloha, Oregon	
31. Name and Complete Address of Funeral Facility Springer And Son Aloha Funeral Home 4150 SW 185th Avenue Aloha, Oregon 97006				32. Date of Disposition 5-19-2011	
33. Funeral Director Signature 					
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) →		a. Sepsis		Interval between Onset & Death 2 days	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. Aspiration pneumonia		Interval between Onset & Death 4 days	
		c. Metastasis to brain		Interval between Onset & Death 1 month	
		d. Squamous Cell Cancer Throat		Interval between Onset & Death Dx 2006	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Acute Ischemic stroke Seizures due to brain metastasis				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. 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	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <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"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 checked="" 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 				48b. Medical Examiner/Coroner 	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) JOSHUA STUDER 400 NE Mother Joseph PL VANCOUVER, WA 98604					
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY) 05/18/2011	
53. Title of Certifier MD		54. License Number 45236		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				57. Registrar Signature 	
58. Date Received (MM/DD/YYYY) MAY 18 2011				59. Amendments	

Unofficial
Copy

CERTIFIED

MAY 18 2011



Alan Melnick
Health Officer
Clark County Public Health

UU00102055