

**WHEN RECORDED RETURN TO:**

SYBIL R. SPRADLIN

PO Box 85

NORTH BONNEVILLE, WA

98639

**DOCUMENT TITLE(S)**

Birth Certification

**REFERENCE NUMBER(S)** of Documents assigned or released:

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A

MAY 05 2016

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

BILL G. SPRADLIN

PAID

N/A

*Robert J. Waymire*  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

SYBIL R. SPRADLIN

☐ Additional names on page \_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

LOT 5 PLAT 11 Relocated North Bonneville  
WA

☐ Complete legal on page \_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

02071944050000 VLP

Skamania County Assessor  
Date 5-5-16 Parcel# 2-7-19-4-560

☐ 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.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recorded processing requirements may cover up or otherwise obscure some part of the text of the original document.

Company Name: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SKAMIA

Name of deceased BILL G. SPRADLIN

I, (survivor's name) SYBIL R. SPRADLIN affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02071944050000

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 Steverson, WA  
(month) (year) (city) (state)

Sybil R. Spradlin  
(Signature of surviving spouse or registered domestic partner)

SYBIL R. SPRADLIN  
(Printed name of surviving spouse or registered domestic partner)

PO Box 85 North Bonneville WA 98029  
(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.

# CERTIFICATION OF VITAL RECORD

## COUNTY of KERN

PUBLIC HEALTH SERVICES DEPARTMENT

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

3052016022668

## CERTIFICATE OF DEATH

3201615000461

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, INITIALS OR ALTERATIONS VS-1 (REV 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given)		2. MIDDLE		3. LAST (Family)	
BILLY		GENE		SPRADLIN	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
01/20/1927		89		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
TX				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDOP (at time of death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		02/03/2016		2007	
13. EDUCATION—Highest Level/Degree (List worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (a.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
AREA SUPERINTENDENT		PETROLEUM		40	
20. DECEDENT'S RESIDENCE (Street and number, or location)		21. CITY		22. COUNTY/PROVINCE	
405 COLUMBIA		NORTH BONNEVILLE		SKAMANIA	
23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
98689		26		WASHINGTON	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
SYBIL SPRADLIN, WIFE		10116 BRADY ROSE, BAKERSFIELD, CA 93311			
28. NAME OF SURVIVING SPOUSE/SDOP—FIRST		29. MIDDLE		30. LAST/OTHER NAME	
SYBIL		RAE		COPELAND	
31. NAME OF FATHER/PARENT—FIRST		32. MIDDLE		33. LAST	
WILLIAM		EUGENE		SPRADLIN	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT—FIRST		36. MIDDLE	
AR		BESSIE		MAE	
37. LAST (BIRTH NAME)		38. BIRTH STATE			
COX		OK			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION	
02/08/2016		WEST SIDE DISTRICT CEMETERY		CR/BU	
42. ADDRESS (Street and number, or location)		43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
4401 E. CEDAR ST., TAFT, CA 93268				ERICKSON & BROWN FUNERAL HOME	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
FD 756		CLAUDIA JONAH, M.D.		02/05/2016	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
MERCY SOUTHWEST HOSPITAL		<input checked="" type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> J <input type="checkbox"/> L <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z		Nursing Home, etc.	
104. COUNTY		105. US MAILING ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY	
KERN		400 OLD RIVER RD.		BAKERSFIELD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BODILY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(a) CARDIAC ARREST		SEC		HRS	
(b) RESPIRATORY FAILURE		YRS		AUTOPSY PERFORMED?	
(c) CORONARY ARTERY DISEASE		(d)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REQUIRING THE UNDERLYING CAUSE GIVEN IN 107		111. USED IN DETERMINING CAUSE?		112. IF FEMALE, PREGNANT IN LAST YEAR?	
NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
113. WAS OPERATION PERFORMED FOR ANY CONDITION (ITEM 107 OR 110)? (If yes, list type of operation, and date)		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
		Decedent Attended Since		DEEPAK WAHI, M.D.	
116. SIGNATURE OF PHYSICIAN		117. DATE mm/dd/yyyy		118. LICENSE NUMBER	
02/02/2016		02/03/2016		A101142	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. PLACE OF INJURY (a.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
				128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACY	

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF KERN

DATE ISSUED

FEB 23 2016



\*000570140\*

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

*C. Jonah M.D.*  
CLAUDIA JONAH, M.D.  
PUBLIC HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy is not valid unless prepared on engraved border displaying seal and signature of registrar

PRNCO (Rev) 03/13

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE