AFN #2016001008 Recorded May 25, 2016 04:51 PM DocType: ALP Filed by: Mike Baehler Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA

WHEN RECORDED RETURN TO:
MIKE BAEHLER
D.O. BOX 182
N. Bunneville, WA 98639
98639

t. T
DOCUMENT TITLE(S) AFRICANT OF SURVING SPOUSE
DEATH CERT. AFRICAVIT OF SURVEY SPORSE
DEMIH CORN
REFERENCE NUMBER(S) of Documents assigned or released:
NET ENERGE WOTADER(S) or bocaments assigned of released.
[] Additional numbers on page of document.
GRANTOR(S):
1 a Donna BAeller
Ca Conti (6)10
[] Additional names on page of document.
GRANTEE(S):
Michael Baehler
Misorial St
[] Additional names on page of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
1 ot 19 RIKI RELOCATED NATH BOILING
BKB/PG 8 [] Complete legal on page of document.
[] Complete legal on page of document.
TAX PARCEL NUMBER(S):
02073011(90000 Skamania County Assessor Date 2-25-4 (Parcel# 2-3-30-1-1-1967)
Date -2-7-30 1-1-1900 9111
Yn1
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.

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

State of Washington	- (- ~ 1	j.	
County of SKAMAn!A	_\			
Name of deceased La Donna BAETLE	P	_		
Name of deceased La Donna BAETLE I, (survivor's name) Wichael BAETLE	ER		4	affirm
that I am the sole and rightful heir to the property desc	ribed as:		. 1	
Parcel number(s) $+ 0207301190000$	_			1
))
	•) 7	b	
I certify (or declare) under penalty of perjury under the foregoing is true and correct.	4 -			
Signed this $\frac{25}{2}$ day of $\frac{WAY}{(month)}$, $\frac{201}{(ye)}$	6 at	Stevenso	'n,	WA
(month) (ye	ar)	(city)		(state)
(MBaulin				
(Signature of surviving spouse or reg	ristered do	mestic partne		
• · · · · · · · · · · · · · · · · · · ·	,	1		
MICHAEL BAEHLER				
(Printed name of surviving spouse or r	registered (domestic part	ner)	
Box (82 (Address of surviving spouse or domestic partner)	N.Bu	nviewille	WA	98639
(Address of surviving spouse or domestic partner)	(c	ity)	(state)	(zip)
Note: See Senate Bill (SB) 6851 on page	e 2 for stat	utory require	ments.	
REV 84 0015 (9-24-13)				

AFN #2016001008 Page: 3 of 3

4496855

				OREGO			<u>^</u> cc :		
		696100				LTH STATISTI OF DEATH	C3		CTOTE OU E MUNICIPED
		LD. TAG NO. \ Legal Name First	Mid		Last	OF DEATH	Suffix	2. Deat	STATE FILE NUMBER
	1.	LaDonna		iith	Baehler				July 06, 2015
ś	3.	. Sex 4. Age		5. Social Sec	urity Number			ty of Death	
		Female:	55 years Birthplace	<u> </u>				SCO dent's Education	
>	"	. Birthdate 8 July 05, 1960	Loma Li	nda, Califorr	nia	: 		n school gra	ad. or GED
트	10	Was Decedent of Hispanic Origin	?	11. (Decedent's Race(s White, Mexical			Was DecededU.S. Armed	tent Ever in Forces? NO
P C	1:	Yes, Mexican 3. Residence: Number and Street			Wille, Mexic	14. City/To	wn b Door or illo		70. 70.
<u> </u>		119 Pahatu 5. Residence County	16	State or Foreign (Country	17. Zip Code	h Bonneville + 4	. 18. Insi	de City Limits?
E		Skamania		Washington		98639		Ye	S
FUNERA	19	9. Marital Status at Time of Death Married			e's Name Prior to ael Dean Bae		80.		
Ξ	2	1. Usual Occupation				22. Kind of	f Business/Industry nity Health		
8	2:	Office Assistant 3. Father's Name				24. Mother's Name P	rior to First Marriag	e	
COMPLETED	_	Unknwon Unknown	100 -	Tulambana Nicembar	27 Polationshi	p to Decedent 28. M	lailinn Address		
4	2	5. Informant's Name Mike Baehler	Not	Available _	Spouse	PO E	Box 182, Nort	Bonneville	, WA 98639
ဗ	29	9. Place of Death Other - Cousins Country	Inn		30. Facility Name	. 6. 7		1	* * * * * * * * * * * * * * * * * * * *
H		1. Location of Death			32. City/Town of	or Location of Death	33. Stat Orego	e 34. Zlp	Code + 4 97058
욘	3.5	2114 W 6th Street 5. Method of Disposition	36. Plac	e of Disposition	- THE DOILE		37. Loc	ation	
	٠.	Donation and cremation 8. Name and Complete Address of	OHS	U Crematory	حباليات		Portla	nd, Oregon	
		First Call Mortuary Service	es Inc	16		NE Pacific Street	et, Portland, C	regon 9721	13
	39	9. Date of Disposition	40. Fune	rai Director's Si Flizahet	gnature h R_Johaning	meier E		License Numbe 0-3862	ar .
	4	TBD 2. Registrar's Signature		ever26	43. [Date Received	Junea (44. Local File ?	Number
	▶	· <u> </u>	SOL		Ju	ly 27, 20	15	089	
	4	5. Amendment							
NO / Vult 48. Were autopsy findings available to complete									
	L			NO/ VEV	H 48 Warra	autopey findings avails	able to complete the	cause of	49. Time of Death
	44	6. Was case referred to Medical E Ø Yes □ No	xaminer?	NO/VW	48. Were death		able to complete the	cause of	49. Time of Death
		Ø Yes □ No		N. A.	death:	? ☐ Yes ☐ No.			1940
		O. Enter the chain of events - diseasuch as cardiac arrest, respirate	ases, injuries, ary arrest or v	or complications	CAUSE C	? ☐ Yes ☐ No. DEDEATH sed the death, DO NO.	T ENTER TERMIN		
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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.

JUL 27 2015

JENNIFER A. Woodward, Ph.D.
STATE REGISTRAR

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