

WHEN RECORDED RETURN TO:

MIKE BAEHLER
P.O. BOX 182
N. Bonneville, WA
98639

DOCUMENT TITLE(S)

DEATH CERT.

Affidavit of Surviving Spouse

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

LaDonna Baehler

☐ Additional names on page ____ of document.

GRANTEE(S):

Michael Baehler

☐ Additional names on page ____ of document.

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

LOT 19 BLK 1 RELOCATED NORTH BONNEVILLE
BK B/PG 8

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

02073011190000

Skamania County Assessor

Date 5-25-16 Parcel# 2-7-30-1-1-1400

☐ 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 La Donna BAETLER

I, (survivor's name) Michael BAETLER affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) H 020730111 90000

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 25 day of MAY, 2016 at Stevenson, WA
(month) (year) (city) (state)

Michael Baetler
(Signature of surviving spouse or registered domestic partner)

MICHAEL BAETLER
(Printed name of surviving spouse or registered domestic partner)

Box 182 N. Bunnville WA 98639
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

696100

LD. TAG NO.

STATE FILE NUMBER

1. Legal Name First LaDonna Middle Faith Last Baehler Suffix			2. Death Date July 06, 2015		
3. Sex Female	4. Age 55 years	5. Social Security Number		6. County of Death Wasco	
7. Birthdate July 05, 1960	8. Birthplace Loma Linda, California			9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? Yes, Mexican		11. Decedent's Race(s) White, Mexican		12. Was Decedent Ever in U.S. Armed Forces? No	
13. Residence: Number and Street 119 Pahatu			14. City/Town North Bonneville		
15. Residence County Skamania		16. State or Foreign Country Washington		17. Zip Code + 4 98639	
18. Inside City Limits? Yes					
19. Marital Status at Time of Death Married			20. Spouse's Name Prior to First Marriage Michael Dean Baehler		
21. Usual Occupation Office Assistant			22. Kind of Business/Industry Community Health		
23. Father's Name Unknown Unknown			24. Mother's Name Prior to First Marriage Terri Ruiz		
25. Informant's Name Mike Baehler		26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address PO Box 182, North Bonneville, WA 98639					
29. Place of Death Other - Cousins Country Inn			30. Facility Name		
31. Location of Death 2114 W 6th Street			32. City/Town or Location of Death The Dalles		
33. State Oregon			34. Zip Code + 4 97058		
35. Method of Disposition Donation and cremation		36. Place of Disposition OHSU Crematory		37. Location Portland, Oregon	
38. Name and Complete Address of Funeral Facility First Call Mortuary Services Inc 4835 NE Pacific Street, Portland, Oregon 97213					
39. Date of Disposition TBD		40. Funeral Director's Signature Elizabeth R Johanningmeier		41. OR License Number CO-3862	
42. Registrar's Signature [Signature]		43. Date Received July 27, 2015		44. Local File Number 089	
45. Amendment No/unk					
46. Was case referred to Medical Examiner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		47. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
Final disease or condition resulting in death →		IMMEDIATE CAUSE ↓			
a. <u>Suicide</u>		Due to (or as a consequence of) ↓			
b. <u>Drug overdose</u>		Due to (or as a consequence of) ↓			
c. <u>Depression, anxiety, insomnia, alcoholism</u>		Due to (or as a consequence of) ↓			
d. <u>Depression, anxiety, insomnia, alcoholism</u>		Due to (or as a consequence of) ↓			
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"/> Undetermined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending					
53. If female <input checked="" 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"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (MM/DD/YYYY) 07/06/2015		56. Time of Injury 1000		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) Motel Room	
58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4) 2114 W 6th St. The Dalles OR 97058					
60. Describe how injury occurred Suicide by alcohol and prescription drug OD					
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 or RFD No., City/Town, State, Zip + 4) Vern Harpole 419 E 7th St The Dalles OR 97058					
63. Name and Title of Attending Physician if Other than Certifier					
64. Title of Certifier Assistant Medical Examiner		65. License Number MD09597		66. Date Signed (MM/DD/YYYY) 07/20/2015	
67. Medical Examiner - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Vern W Harpole MD					
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					

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.

DATE ISSUED:

JUL 27 2015

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

