

WANDA D. Miller  
PO BOX #321  
NORTH BONNEVILLE, WA 98639

**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 Ward Lance Miller

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

Parcel number(s) 020 720340 20000 W together with  
Lot 2 Block 8 of re-  
located NORTH BONNEVILLE L# 812650  
Book B of Plats pg 14 V#  
SKA File No. 83446 68X143BR14955  
Book B of Plats pg 32  
SKA File No. 84429 VC

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 6 day of June, 2016 at Stevenson, WA  
(month) (year) (city) (state)

Wanda D. Miller  
(Signature of surviving spouse or registered domestic partner)

(Printed name of surviving spouse or registered domestic partner)

802 Celilo, PO BOX 321 North Bonneville 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

696535

I.D. TAG NO.

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

136-2016-010235

STATE FILE NUMBER

Legal Name Ward		Middle Lance	Last Miller	Suffix	Death Date April 02, 2016
Sex Male	Age 65 years	Social Security Number [REDACTED]		County of Death Clackamas	
Birthdate August 13, 1950		Birthplace White Salmon, Washington		Was Decedent Ever in U.S. Armed Forces? No	
Residence: 802 Celilo Street			City/Town North Bonneville		
Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98639	Inside City Limits? Yes
Marital Status at Time of Death Divorced		Spouse's Name Prior to First Marriage			
Father's Name Charles A Miller			Mother's Name Prior to First Marriage Bernice Ada Dixon		
Informant's Name Adina Miller Colgan		Telephone Number Not Available	Relationship to Decedent Daughter	Mailing Address P.O. Box 517, North Bonneville, WA 98639	
Place of Death Hospital-Inpatient		Facility Name Kaiser Sunnyside Medical Center			
Location of Death 10180 SE Sunnyside Road		City/Town or Location of Death Clackamas		State Oregon	Zip Code + 4 97015
Method of Disposition Removal From State		Place of Disposition Lower Columbia Crematory, Inc.		Location (City/Town and State) Vancouver, Washington	
Name and Complete Address of Funeral Facility Cascadia Cremation & Burial Services 6303 E 18th Street A, Vancouver, Washington 98661					
Date of Disposition April 02, 2016		Funeral Director's Signature James A Hellen Jr.		Electronically Signed	OR License Number RR-5522
Registrar's Signature /s/ Sherry L. Whitehead		Date Received April 21, 2016		Local File Number	
Amendment					

45-2CCS (01/06)



\*20160607837\*

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: June 08, 2016

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS

