

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

Wanda Rodgers  
12722 Cook Underwood Rd  
Underwood, WA 98651

NA  
JUL 20 2016

PAID NA  
C. J. Deputy  
SKAMANIA COUNTY TREASURER

**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 CARL A Rodgers

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

Parcel number(s) 03101500210000

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 20<sup>th</sup> day of July, 2016 at Stellensan, WA  
(month) (year) (city) (state)

Wanda C. Rodgers  
(Signature of surviving spouse or registered domestic partner)

Wanda C. Rodgers  
(Printed name of surviving spouse or registered domestic partner)

12722 COOK UNDERWOOD Rd Underwood WA 98651  
(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

761468

I.D. TAG NO.

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name First: Carl Middle: Allen Last: Rodgers Suffix:			2. Death Date May 07, 2016	
3. Sex Male	4. Age 72 years	5. Social Security Number		6. County of Death Multnomah
7. Birthdate August 15, 1943	8. Birthplace Norfolk, Nebraska		9. Decedent's Education 9th - 12th grade	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 12722 Cook Underwood Road			14. City/Town Underwood	
15. Residence County Skamania	16. State or Foreign Country Washington		17. Zip Code + 4 98651	18. Inside City Limits? Yes
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Wanda Wamsley		
21. Usual Occupation Equipment Operator		22. Kind of Business/Industry Construction		
23. Father's Name Carl Alfred Rodgers		24. Mother's Name Prior to First Marriage Lois Clare Hart		
25. Informant's Name Wanda Rodgers		26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 12722 Cook Underwood Road, Underwood, WA 98651
29. Place of Death Hospital-Inpatient		30. Facility Name Providence Portland Medical Center		
31. Location of Death 4805 NE Glisan Street		32. City/Town or Location of Death Portland		33. State Oregon
34. Zip Code + 4 97213		35. Method of Disposition Cremation		
36. Place of Disposition Cascade Cremation Center		37. Location Tualatin, Oregon		
38. Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Portland 832 NE Broadway Street, Portland, Oregon 97232				
39. Date of Disposition TBD		40. Funeral Director's Signature Ryan Christopher		41. OR License Number CO-3867
42. Registrar's Signature Deborah Taylor		43. Date Received MAY 27 2016		44. Local File Number 02667
45. Amendment				
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
49. Time of Death 0357				
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.				
Approximate Interval: Onset to Death				
Final disease or condition resulting in death →				
a. Cardiac arrest				
Due to (or as a consequence of) ↓				
b. ventricular tachycardia				
Due to (or as a consequence of) ↓				
c. myocardial infarction				
Due to (or as a consequence of) ↓				
d.				
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: coronary heart disease				
52. Manner of Death				
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <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"/> Unknown				
55. Date of Injury (MM/DD/YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
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)				
60. Describe how injury occurred				
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) Christopher Faison PO Box 1519 White Salmon, OR 98672				
63. Name and Title of Attending Physician if Other than Certifier				
64. Title of Certifier MD, primary care physician		65. License Number MD60230078		66. Date Signed (MM/DD/YYYY) 5/20/16
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
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 Christopher Faison, MD				

\*4580187\*

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/15)

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: MAY 27 2016

JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

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

