

Eric Hansen  
52 Simmons Rd  
Stevenson, WA 98648

**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 Lori Ann Hansen

I, (survivor's name) Eric D. Hansen affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03073610050000 REAL PROPERTY EXCISE TAX

N/A  
SEP 12 2016

PAID N/A  
*Judith P. Lewis*  
SHERIFF COUNTY TREASURER

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 9<sup>th</sup> day of September, 2016 at Stevenson, WA  
(month) (year) (city) (state)

*Eric D. Hansen*

(Signature of surviving spouse or registered domestic partner)

Eric D. Hansen

(Printed name of surviving spouse or registered domestic partner)

52 Simmons Rd Stevenson WA 98648  
(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.

STATE OF OREGON
CERTIFICATION OF VITAL RECORD

TYPE OR PRINT IN
PERMANENT
BLACK INK

665605
I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name: Lori Ann Hansen
2. Death Date: June 22, 2014
3. Sex: Female
4. Age: 47
5. Social Security Number: [Redacted]
6. County of Death: Hood River
7. Birthdate: July 29, 1966
8a. Birthplace: Portland
8b. (State or Foreign Country): Oregon
9. Decedent's Education: Some College, No Degree
10. Was Decedent of Hispanic Origin? No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence: 52 Simmons Road, Skamania
14. City/Town: Stevenson
15. Residence County: Skamania
16. State or Foreign Country: Washington
17. Zip Code: 98648
18. In-state City Limits? No
19. Marital Status: Married
20. Spouse's Name: Eric Hansen
21. Usual Occupation: Broker
22. Kind of Business/Industry: Real Estate
23. Father's Name: Ron Spunaugle
24. Mother's Name: Kay Abernethy
25. Informant's Name: Eric Hansen
26. Telephone Number: n/a
27. Relation to Decedent: Husband
28. Mailing Address: 52 Simmons Rd, Stevenson, WA 98648
29. Place of Death: Hospital - Inpatient
30. Facility Name: Providence Hood River Memorial Hospital
31. Location of Death: 810 12th St, Hood River
32. City/Town or Location of Death: Hood River
33. State: OR
34. Zip Code + 4: 97031
35. Method of Disposition: Removal From State
36. Place of Disposition: Columbia River Crematory
37. Location: White Salmon, Washington
38. Name and Complete Address of Funeral Facility: Gardner Funeral Home, 1270 N. Main Ave./POB 390 White Salmon, WA 98672
39. Date of Disposition: June 22, 2014
40. Funeral Director's Signature: [Signature]
41. OR License Number: CO-3892
42. Registrar's Signature: [Signature]
43. Date Received: JUN 24 2014
44. Local File Number: 097-2014

45. Record Amendment
46. Was case referred to Medical Examiner? No
47. Autopsy? No
48. Were autopsy findings available to complete the cause of death? No
49. Time of Death: 2135
CAUSE OF DEATH (See instructions and examples)
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 ventilator liberation without showing the etiology. DO NOT ABBREVIATE.
Final disease or condition resulting in death: respiratory failure
Due to (or as a consequence of): metastatic renal cell cancer
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:
52. Manner of Death: Natural
53. If Female: Not pregnant within past year
54. Did tobacco use contribute to death? No
55. Date of Injury:
56. Time of Injury:
57. Place of Injury:
58. Injury at Work? No
59. Location of Injury:
60. Describe how injury occurred:
61. If transportation injury, specify: Driver/Operator
62. Name and Address of Certifier: 810 12th St, Hood River, OR 97031
63. Name and Title of Attending Physician:
64. Title of Certifier: MD
65. License Number: MD 28135
66. Date Signed: 6/24/2014
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 investigations, in my opinion, death occurred at the time, date, and place, and due to this cause(s) and manner stated.
69. Record Amendment

ORIGINAL - VITAL RECORDS COPY

45-2 (01/11)

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: JUN 24 2014

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

