

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) 0307361005 00000 REAL PROPERTY EXCISE TAX

N/A
SEP 12 2016

N/A
Audrey Peters Deputy
SHERIFF SKAMANIA 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 9th 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
J.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-

STATE FILE NUMBER

1. Legal Name (Include aliases, if any) First: <u>Lori</u> Middle: <u>Ann</u> Last: <u>Hansen</u> Suffix: _____				2. Death Date (month day year) <u>June 22, 2014</u>	
3. Sex (M/F) <u>Female</u>	4a. Age - Last birthday <u>47</u>	4b. Under 1 Year Months: _____ Days: _____	4c. Under 1 Day Hours: _____ Minutes: _____	5. Social Security Number [REDACTED]	6. County of Death <u>Hood River</u>
7. Birthdate (month day year) <u>July 29, 1966</u>		8a. Birthplace (city/town, or County) <u>Portland</u>		8b. (State or Foreign Country) <u>Oregon</u>	9. Decedent's Education <u>Some College, No Degree</u>
10. Was Decedent of Hispanic Origin? (Yes or No. If yes, specify) <u>No</u>			11. Decedent's Race(s) <u>White</u>		12. Was Decedent Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Residence: Number and Street (e.g., 524 SE 8th Street, Apt. No. 1) <u>52 Simmons Road</u>				14. City/Town <u>Stevenson</u>	
15. Residence County <u>Skamania</u>		16. State or Foreign Country <u>Washington</u>		17. Zip Code - 4 <u>98648</u>	18. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. Marital Status at Time of Death <u>Married</u>		20. Spouse's Name (if married or widowed, give name prior to first marriage) <u>Eric Hansen</u>			
21. Usual Occupation (In state type of work done during most of working life. DO NOT USE "RETIRED") <u>Broker</u>				22. Kind of Business/Industry (DO NOT USE "OWNERSHIP") <u>Real Estate</u>	
23. Father's Name (First, Middle, Last, Suffix) <u>Ron Spunaugle</u>			24. Mother's Name Prior to First Marriage (First, Middle, Last) <u>Kay Abernethy</u>		
25. Informant's Name <u>Eric Hansen</u>		26. Telephone Number <u>n/a</u>	27. Relation to Decedent <u>Husband</u>	28. Mailing Address (Number & Street, City/Town, State, Zip + 4) <u>52 Simmons Rd. Stevenson, WA 98648</u>	
29. Place of Death <u>Hospital-Inpatient</u>		30. Facility Name <u>Providence Hood River Memorial Hospital</u>			
31. Location of Death (give address) <u>810 12th St.</u>		32. City/Town or Location of Death <u>Hood River</u>		33. State <u>OR</u>	34. Zip Code + 4 <u>97031</u>
35. Method of Disposition <u>Removal From State</u>		36. Place of Disposition (Name of cemetery, crematory, or other place) <u>Columbia River Crematory</u>		37. Location <u>White Salmon, Washington</u>	
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4) <u>Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672</u>					
39. Date of Disposition (month day year) <u>June 22, 2014</u>		40. Funeral Director's Signature <u>[Signature]</u>		41. OR License Number <u>GO-3892</u>	
42. Registrar's Signature <u>[Signature]</u>		43. Date Received (month day year) <u>JUN 24 2014</u>		44. Local File Number <u>097-2014</u>	
45. Record 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 <u>2135</u>					
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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate Interval: Onset to Death
Final disease or condition resulting in death →		IMMEDIATE CAUSE → <u>respiratory failure</u>			<u>hours</u>
Sequently list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).		Due to (or as a consequence of) → <u>metastatic renal cell cancer</u>			<u>months</u>
		Due to (or as a consequence of) →			
		Due to (or as a consequence of) →			
		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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Poisoning		53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 49 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
55. Date of Injury (month day year)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
58. Location of Injury (Number & Street, City/Town, State, Zip + 4)		59. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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, City/Town, State, Zip + 4) <u>810 12th St. Hood River, OR 97031</u>					
63. Name and Title of Attending Physician [If Other than Certifier]					
64. Title of Certifier <u>MD</u>		65. License Number <u>MD 28135</u>		66. Date Signed (month day year) <u>6/24/2014</u>	
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 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
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

