AFN #2016002074 Recorded Oct 04, 2016 10:54 AM DocType: ALP Filed by: ADA EDMONDS Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County, WA

ADA EDMONDS 941 LABARRE RD WASHOULAL, WA 98671

REV 84 0015 (9-24-13)

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

OCT 0 4 2016

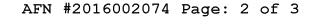
PAID NA

SKAMANIA COUNTY TREASURER

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 Mary 7 Edmonas
I, (survivor's name) affirm
that I am the sole and rightful heir to the property described as:
Parcel number(s) 02 05 73 00 06 00 00 (8)
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 4 day of Oct ,2016 at Steven, wo (state)
ala Edmondo (city) (state)
(Signature of surviving spouse or registered domestic partner)
Ade Edmonds
(Printed name of surviving spouse or registered domestic partner)
941 Labaero BD Washouga, use 98671  (Address of surviving spouse or domestic partner) (city) (state) (zip)
(Address of surviving spouse or domestic partner) \( \int(city) \) (state) (zip)
Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.



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That portion of the Northwest quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian, more particularly described as follows: Beginning at a point 160 feet east and 224 feet south of the northwest corner of said Section 33 (said point being the Southwest corner of the tract described in the real estate contract between Raymond E. Johnson, et ux, and Jack D. Phillips, et ux, recorded in Book 65, page 685, records of said county); Thence east along the south line of the aforesaid Johnson-Phillips tract to the Northwesterly line of the LaBarre Heights County Road; Thence Southwesterly along the Northwesterly line of said County Road to a point due South of the point the real estate contract between Raymond E. Johnson, et ux, and Jack D. Phillips, et ux, recorded in Book 63, Page 355, records of said county); Thence North along the east line of said Johnson-Phillips Tract 241 feet, more or less, to the point of beginning of the tract herein conveyed.

TOGETHER WITH water rights appurtenant to said property as new established of record in the Department of Ecology of the State of Washington, registry No. Nov 173039412, and including all rights in the water easement recorded in Book 51, Page 117, records of said County.

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## CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-035344

DATE 18SUED: 09/01/2016

FEE NUMBER: 0000000001

GIVEN NAMES: GARY MICHAEL LAST NAME: EDMONDS

COUNTY OF DEATH: SKAMANIA DATE OF DEATH: AUGUST 18,2016 HOUR OF DEATH: 01:00 A.M.

SEX: MALE AGE: 74 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC

RACE: WHITE

BIRTHDATE: FEBRUARY 24,1942 BIRTHPLACE: PORTLAND, MULTNOMAH CNTY, OREGON

MARITAL STATUS: MARRIED

SPOUSE: ADA BELLE WEATHERLY

INDUSTRY: RAIL ROAD
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: ADA EDMONDS

RELATIONSHIP: SPOUSE

ADDRESS: 941 LABARRE RD, WASHOUGAL, WA 98671

FATHER/PARENT: ESTREAL EDMONDS MOTHER/PARENT: MARGARET KOVRICK

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 16 YEARS

PLACE OF DEATH: HOME FACILITY OR ADDRESS: 941 LABARRE RD

INSIDE CITY LIMITS? NO COUNTY: SKAMANIA

METHOD OF DISPOSITION: CREMATION PLACE OF DISPOSITION: PFS CREMATORY CITY, STATE: PORTLAND, OR DISPOSITION DATE: SEPTEMBER 02,2016

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 941 LABARRE RD CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 986717244

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 17819 NE RIVERSIDE PKWY "E CITY, STATE, ZIP: PORTLAND OR 97230 FUNERAL DIRECTOR: BRACKEN J. NELSON

CAUSE OF DEATH:

A. ISCHEMIC CARDIOMY OPATHY

INTERVAL: 29 YEARS

INTERVAL:

c.

INTERVAL:

INTERVAL

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: Hour of Injury: INJURY AT WORK? PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP: COUNTY:

DESCRIBE HOW INJURY OCCURRED:

MANNER OF DEATH: NATURAL AUTOPSY: NO AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE DID TOBACCO USE CONTRIBUTE TO DEATH? NO PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JAMES NG MD TITLE: PHYSICIAN

CERTIFIER

ADDRESS: 700 NE 87TH AVE #330 CITY, STATE, ZIP: VANCOUVER WA 98664

PATE SIGNED: AUGUST 30,2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY: NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO FILE NUMBER: NOT APPLICABLE ATTENDING PHYSICIAN! NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA HERTEL DATE RECEIVED: SEPTEMBER 01,2016

ITEM(S) AMENDED: NONE

NUMBER(S): NONE DATE(S) NONE

