

ADA EDMONDS
941 LABAREE RD
WASHOUGAL, WA 98671

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
OCT 04 2016

PAID N/A
[Signature]
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 M Edmonds

I, (survivor's name) Ada B Edmonds affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02 05 33 00 06 00 00 (S)

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 Stevenson, Wa
(month) (year) (city) (state)

Ada Edmonds

(Signature of surviving spouse or registered domestic partner)

Ada Edmonds

(Printed name of surviving spouse or registered domestic partner)

941 Labaree RD Washougal, WA 98671
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

BOOK 168 PAGE 81

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 1160 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 of beginning (said point being the Southeast 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 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 now 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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-035344

DATE ISSUED: 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: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

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

MARITAL STATUS: MARRIED
SPOUSE: ADA BELLE WEATHERLY

OCCUPATION: MACHINIST
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

CAUSE OF DEATH:
A. ISCHEMIC CARDIOMYOPATHY
INTERVAL: 29 YEARS

B.
INTERVAL:

C.
INTERVAL:

D.
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:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 941 LABARRE RD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 941 LABARRE RD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 986717244
INSIDE CITY LIMITS? NO

COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

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

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

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE
ADDRESS: 17819 NE RIVERSIDE PKWY #E
CITY, STATE, ZIP: PORTLAND OR 97230
FUNERAL DIRECTOR: BRACKEN J. NELSON

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
DATE SIGNED: AUGUST 30, 2016

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

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



DOH 01-803 (1/15)