

Janice M. Dewilde
PO Box 163
N. Bonneville, Wa
98639

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

DEC 22 2016

PAID

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 Glen E Yurs

I, (survivor's name) Janice M. Dewilde YURS affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) 02 072042 070000

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 _____ day of _____ at _____
(month) (year) (city) (state)

Janice M. Dewilde
(Signature of surviving spouse or registered domestic partner)

Janice M. Dewilde
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 163 N. Bonneville, Wa. 98639
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

A tract of land in the West half of Section 20, Township 2 North, Range 7 East of the willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 3 of the Short Plat recorded in Book 3 of Short Plats, Page 213, Skamania County Records.

Amended by Plat recorded in Book T of Short Plat, Page 108.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-006449

LOCAL FILE NUMBER: 15-112

DATE ISSUED: 03/06/2015

FEE NUMBER: 0002022988

GIVEN NAMES: GLENN ELWIN
LAST NAME: YURS

COUNTY OF DEATH: SKAMANTIA
DATE OF DEATH: MARCH 04, 2015
HOUR OF DEATH: 09:05 P.M.
SEX: MALE
AGE: 73 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: JUNE 11, 1941
BIRTHPLACE: ELGIN, ILLINOIS

MARITAL STATUS: MARRIED
SPOUSE: JANICE M. HELMS

OCCUPATION: OWNER/OPERATING ENGINEER
INDUSTRY: TRUCKING/CONSTRUCTION
EDUCATION: 9-12TH GRADE, NO DIPLOMA
US ARMED FORCES? YES

INFORMANT: JANICE M. YURS
RELATIONSHIP: WIFE
ADDRESS: PO BOX 163 NORTH BONNEVILLE, WA 98639

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3102 WINDSONG CIRCLE
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639

RESIDENCE STREET: 3102 WINDSONG CIRCLE
CITY, STATE, ZIP: NORTH BONNEVILLE, WASHINGTON 98639
INSIDE CITY LIMITS? YES

COUNTY: SKAMANTIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 18 YEARS

FATHER: CHARLES F YURS
MOTHER: MARGARET L ROCKABRAND

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY
CITY, STATE: WHITE SALMON, WA
DISPOSITION DATE: MARCH 06, 2015

FUNERAL FACILITY: GARDNER FUNERAL HOME INC
ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON WA 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

CAUSE OF DEATH:

- A. RESPIRATORY FAILURE
INTERVAL: 24 HOURS
B. LUNG CANCER, SMALL CELL
INTERVAL: 6 YEARS
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:

MANNER OF DEATH: NATURAL
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? PROBABLY
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: TROY WITHERRITE, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 212 SKYLINE DRIVE
CITY, STATE, ZIP: WHITE SALMON WA 98672
DATE SIGNED: MARCH 05, 2015

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

LOCAL DEPUTY REGISTRAR:
LORI KOCH
DATE RECEIVED: MARCH 06, 2015

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



DOH 01-003 (6/14)