

Elaine M.E. Edwards
3619 SW 52nd Place
Portland, OR 97221

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
DEC 28 2016

PAID N/A
Vicki Chittenden, 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 Jonathan William Edwards

I, (survivor's name) Elaine Mary Erickson Edwards affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 32071000153000

Waynagate Club
Lot 30

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 28 day of December, 2016 at Stevenson, WA
(month) (year) (city) (state)

Elaine M.E. Edwards
(Signature of surviving spouse or registered domestic partner)

Elaine M.E. Edwards
(Printed name of surviving spouse or registered domestic partner)

3619 SW 52nd Place Portland OR 97221
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON

COUNTY OF Skamania

On this day personally appeared before me Elaine Mary Erickson ^{Edwards}, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office this 28 day of December, 2016.

Sarah Kellie

Notary Public

Notary Public residing at Stevenson, WA

Printed Name: Sarah Kellie

My Commission Expires:

SARAH KELLIE
MY APPOINTMENT EXPIRES: 4-29-20



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

737163
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First: Jonathan, Middle: William, Last: Edwards, Suffix:			2. Death Date September 06, 2016	
3. Sex Male	4. Age 69 years	5. Social Security Number		6. County of Death Multnomah
7. Birthdate November 19, 1946		8. Birthplace Eugene, Oregon		9. Decedent's Education Doctorate degree
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White		12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street 3619 SW 52nd Place			14. City/Town Portland	
15. Residence County Multnomah		16. State or Foreign Country Oregon		17. Zip Code + 4 97221
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married		
20. Spouse's Name Prior to First Marriage Elaine Mary Erickson			21. Usual Occupation Lawyer	
22. Kind of Business/Industry Athletic Shoes and Apparel Corporation			23. Father's Name Jonathan Edwards	
24. Mother's Name Prior to First Marriage Marian Agnes Hintzen			25. Informant's Name Elaine M.E. Edwards	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse		28. Mailing Address 3619 SW 52nd Place, Portland, OR 97221
29. Place of Death Decedent's Residence - Hospice			30. Facility Name	
31. Location of Death 3619 SW 52nd Place			32. City/Town or Location of Death Portland	
33. State Oregon		34. Zip Code + 4 97221		
35. Method of Disposition Cremation		36. Place of Disposition Riverview Abbey Crematorium		37. Location Portland, Oregon
38. Name and Complete Address of Funeral Home Riverview Abbey Funeral Home, 0319 SW Taylors Ferry Road, Portland, Oregon 97219				
39. Date of Disposition September 08, 2016		40. Funeral Director's Signature William O Burns		41. OR License Number CO-3069
42. Registrar's Signature Deborah Taylor		43. Date Received SEP 15 2016		44. Local File Number 04686
45. Amendment				

4629727

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 type="checkbox"/> No		49. Time of Death 1200	
CAUSE OF DEATH							
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 ↓				20 months	
Sequentially 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).		a. Hepatocellular Carcinoma					
		b. Due to (or as a consequence of) ↓					
		c. Due to (or as a consequence of) ↓					
		d. 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accidental <input type="checkbox"/> Pending <input type="checkbox"/> Suicide		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		
55. Date of Injury (MON DD YYYY)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred Rom Leidner MD						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 or RFD No., City/Town, State, Zip + 4) Todd Cropanzi, 4805 NE Glisan St. Ste. 6N40, Portland, OR 97213							
63. Name and Title of Attending Physician if Other than Certifier							
64. Title of Certifier MD			65. License Number 159938		66. Date Signed (MON DD YYYY) SEP 8, 2016		
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 the cause(s) and manner stated.			
69. Amendment							

TO BE COMPLETED BY MEDICAL CERTIFIER

TO BE COMPLETED BY FUNERAL FACILITY

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 VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED SEP 15 2016

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



Unofficial
Copy



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005385327

Incorporated under the laws of the state of Washington in 1919

WAUNA LAKE CLUB

Proprietary Membership Certificate # 179

This is to certify that Elaine M. E. Edwards is a proprietary member of the Wauna Lake Club and entitled to all the benefits and privileges of a proprietary member as defined and prescribed by the bylaws, rules and regulations now in force, or that may hereafter be adopted, or promulgated by the club or Trustees thereof.

This certificate cannot be transferred or assigned, and must be surrendered to the secretary of this organization at the time of his withdrawal or removal from this club for any reason whatsoever.

IN WITNESS WHEREOF, Wauna Lake Club has caused these presents to be signed by its president and attested to by its secretary and its corporate seal affixed thereto this 3rd day of December, 2016.

Wauna Lake Club

By


President

Attested:


Secretary



Certificate Number 123

Non-Transferable

\$500.00

WAUNA LAKE CLUB

a Washington Corporation

This certifies that Elaine M. E. Edwards is the registered holder of LEASE DEPOSIT CERTIFICATE on Site Number 30.

This certificate shall be governed by the By-Laws of the Wauna Lake Club; and upon surrender of the Lease Deposit Certificate the above amount, without interest, will be returned.

Dated this 3rd day of December, 2016

Laurel Levine willa
Secretary Treasurer

