

**WHEN RECORDED RETURN TO:**

Del R Krall

PO Box 1003

Carson, WA 98610

**DOCUMENT TITLE(S)**

Affidavit of Surviving Spouse

**REFERENCE NUMBER(S)** of Documents assigned or released:

☐ Additional numbers on page \_\_\_\_ of document.

**GRANTOR(S):**

Ray L Krall

SKAMANIA COUNTY  
REAL ESTATE VALUE TAX  
N/A  
FEB - 8 2017

☐ Additional names on page \_\_\_\_ of document.

**GRANTEE(S):**

Alice F Krall

PAID N/A  
*Heather Tami Benuty*  
SKAMANIA COUNTY TREASURER

☐ Additional names on page \_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

SE Quarter of the NE Quarter Sec 20, T3N, R8E WM  
551 Metzger Road Carson, WA 98610  
See Attachment A legal description

☒ Complete legal on page 2 of document.

**TAX PARCEL NUMBER(S):**

03082041100000 

☐ Additional parcel numbers on page \_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**WHEN RECORDED RETURN TO:**

Alice F Krall

PO Box 335

Carson, WA 98610

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

County of SkamaniaName of deceased Ray L. Krall

I, (survivor's name) Alice F Krall affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082041100000

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 February, 2017 at Stevenson, WA  
(month) (year) (city) (state)

(Signature of surviving spouse or registered domestic partner)

Alice F Krall  
(Printed name of surviving spouse or registered domestic partner)

PO Box 335 Carson WA 98610  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Ray Lee KRALL			2. Death Date Dec. 30, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 75	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Skamania
7. Birthdate Oct. 28, 1937	8a. Birthplace (City, Town, or County) White Salmon	8b. (State or Foreign Country) Washington	9. Decedent's Education High School Graduate		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No		11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) 71 Johnson Road				13b. City or Town Carson	
13c. Residence: County Skamania	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98610	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. 47 Years	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Alice Faye Bradshaw			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Truck Driver			18. Kind of Business/Industry (Do not use Company Name) Timber		
19. Father's Name (First, Middle, Last, Suffix) Delbert Homer Krall			20. Mother's Name Before First Marriage (First, Middle, Last) Rose Marie Gilligan		
21. Informant's Name Alice Krall	22. Relationship to Decedent Wife	23. Mailing Address: Number and Street or RFD No. City or Town State Zip PO Box 335 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital: [REDACTED]			24. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Residence		
25. Facility Name (If not a facility, give number & street or location) 71 Johnson Road			26a. City, Town, or Location of Death Carson	26b. State WA	27. Zip Code 98610
28. Method of Disposition Burial	29. Place of Final Disposition (Name of cemetery, crematory, other place) Mt. Adams Cemetery		30. Location-City/Town, and State Glenwood, Washington		
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672				32. Date of Disposition Jan. 5, 2013	
33. Funeral Director Signature X [Signature]					
34. Enter the <u>chain of events</u> - 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. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →			Interval between Onset & Death 6 hours		
Due to (or as a consequence of):			Interval between Onset & Death 6 days		
Due to (or as a consequence of):			Interval between Onset & Death 12 months		
Due to (or as a consequence of):			Interval between Onset & Death		
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes Mellitus, Hypertension, 46 DVTs				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4:				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
46. Describe how injury occurred			47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
48a. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			48b. Medical Examiner/Coroner - 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.		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Troy [Signature] PO Box 1519 White Salmon, WA 98672			50. Hour of Death (24hrs) 2200		
51. Name and Address of Attending Physician (If other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 1/2/13		
53. Title of Certifier MD	54. License Number 00046597	55. Medical Examiner/Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature [Signature]				58. Date Received (mm/dd/yyyy) JAN 02 2013	
59. Amendments					

Copy

Attachment A

64231

Filed for Record at Request of

TO JOSEPH L. UDAHL  
Attorney at Law  
P. O. Box 825  
White Salmon, WA 98672

STATE OF WASHINGTON  
COUNTY OF SKAMANIA

I HEREBY CERTIFY THAT THE WITHIN  
INSTRUMENT OF WRITING, FILED BY  
Mary F. Tiller  
OF White Salmon, WA  
AT 12:15 P.M. June 15, 1977  
WAS RECORDED IN BOOK 72  
OF Deeds AT PAGE 839  
RECORDED OF SKAMANIA COUNTY, WASH.  
BY E. M. Tiller  
COUNTY AUDITOR

REGISTERED  
INDEXED: DL  
INDEXED: D  
RECORDED  
COMPARED  
MAILED

SK-1001  
3-9-20-10-1000

64231

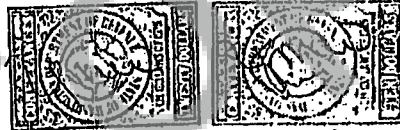
### Statutory Warranty Deed (CORPORATE FORM)

THE GRANTOR, ARNOLD OIL, INC.

for and in consideration of TEN DOLLARS and other good and valuable consideration in hand paid, conveys and warrants to RAY L. KRALL and ALICE F. KRALL, husband and wife, the following described real estate, situated in the County of Skamania, State of Washington:

A tract of land located in the County of Skamania and State of Washington, described as follows:  
A tract of land located in the Southeast Quarter of the Northeast Quarter and in the Northeast Quarter of the Southeast Quarter of Section 20, Township 3 north, Range 8 east, W. M., described as follows:

Beginning at the southwest corner of the Northeast Quarter of the Northeast Quarter of the said Section 20; thence south 65 rods; thence east 56 rods to the initial point of the tract hereby described; thence east 24 rods; thence south 20 rods; thence west 24 rods; thence north 20 rods to the initial point. EXCEPT: easements and rights-of-way for public roads over and across said described premises. Contains three acres more or less.



IN WITNESS WHEREOF, said corporation has caused this instrument to be executed by its proper officers and its corporate seal to be hereunto affixed this 15th day of June, 1977.

No. 4792 ARNOLD OIL, INC.  
TRANSACTION EXCISE TAX

JUN 15 1977 By Thomas J. Arnold President.  
Amount Paid 300.00 By Mary F. Tiller Secretary.

STATE OF WASHINGTON  
County of Klickitat

On this 15th day of June, 1977, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared and

to me known to be the President and Secretary, respectively, of

ARNOLD OIL, INC.

the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that they are authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed this day and year first above written.



Betty Lou Shumaker  
Notary Public in and for the State of Washington  
residing at White Salmon, therein