

Bobbette Wilkins
PO Box 28
Carson, WA
98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
FEB 13 2017

PAID

N/A
V. C. Clelland, 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 Raymond L. Wilkins

I, (survivor's name) Bobbette G. Wilkins affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082120350000 744

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 7 day of Feb, 2017 at Steverson, WA,
(month) (year) (city) (state)

Bobbette G. Wilkins
(Signature of surviving spouse or registered domestic partner)


Bobbette G. Wilkins
(Printed name of surviving spouse or registered domestic partner)

9101 dogwood st Po Box 28 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.

Lot 8 of Block One of EVERGREEN ACRES according to the official plat thereof on file and of record at page 142 of Book A of Plats, Records of Skamania County, Washington.

Assessor's Property Tax Parcel Number: 03-08-21-2-0-3500-00

Skamania County Assessor
Date 2-13-17 Parcel# 3-8-21-2-3500


STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-004329

DATE ISSUED: 02/02/2017

FEE NUMBER: 0000000004

GIVEN NAMES: **RAYMOND R**
 LAST NAME: **WILKINS**

COUNTY OF DEATH: **SKAMANIA**
 DATE OF DEATH: **JANUARY 24, 2017**
 HOUR OF DEATH: **04:00 A.M. PRESUMED**
 SEX: **MALE**
 AGE: **82 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
 RACE: **WHITE**

BIRTHDATE: **MAY 04, 1934**
 BIRTHPLACE: **POTEET, ATASCOSA CNTY, TEXAS**

MARITAL STATUS: **MARRIED**
 SPOUSE: **BOBBETTE LISTON**

OCCUPATION: **WELDER**
 INDUSTRY: **CONSTRUCTION**
 EDUCATION: **HIGH SCHOOL GRADUATE OR GED COMPLETED**
 US ARMED FORCES? **YES**

INFORMANT: **BOBBETTE WILKINS**
 RELATIONSHIP: **WIFE**
 ADDRESS: **PO BOX 28, CARSON, WA 98610**

PLACE OF DEATH: **HOME**
 FACILITY OR ADDRESS: **101 DOGWOOD STREET**
 CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**

RESIDENCE STREET: **101 DOGWOOD STREET**
 CITY, STATE, ZIP: **CARSON, WASHINGTON 98610**
 INSIDE CITY LIMITS? **YES**
 COUNTY: **SKAMANIA**
 TRIBAL RESERVATION: **NOT APPLICABLE**
 LENGTH OF TIME AT RESIDENCE: **38 YEARS**

FATHER/PARENT: **GUY WILKINS**
 MOTHER/PARENT: **ZORA ESTELLE CLARK**

METHOD OF DISPOSITION: **CREMATION**
 PLACE OF DISPOSITION: **ALOHA CREMATORY**
 CITY, STATE: **ALOHA, OR**
 DISPOSITION DATE: **JANUARY 31, 2017**

FUNERAL FACILITY: **WHERITY FAMILY FUNERALS & CREMATIONS**
 ADDRESS: **8265 SW SENECA STREET**
 CITY, STATE, ZIP: **TUALATIN OR 97062**
 FUNERAL DIRECTOR: **GUY WHERITY**

CAUSE OF DEATH:

A. **STROKE**

INTERVAL: YEARS

B.

INTERVAL:

C.

INTERVAL:

D.

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
SEIZURE, URINARY TRACT INFECTIONS

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? **UNKNOWN**
 PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **CHARLES BUSER MD**
 TITLE: **PHYSICIAN**
 CERTIFIER
 ADDRESS: **1021 JUNE ST**
 CITY, STATE, ZIP: **HOOD RIVER OR 97031**
 DATE SIGNED: **JANUARY 27, 2017**

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

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



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

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
 DATE RECEIVED: **JANUARY 30, 2017**

DOH 01-003 (1/15)