

WHEN RECORDED RETURN TO:

Nicki Bjork

60963 Onyx Street

Bend, OR 97702

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 EXCISE TAX

N/A

APR 28 2017

☐ Additional names on page ____ of document.

GRANTEE(S):

Alice F Krall

PAID

N/A

Shirley Ann Depuy
SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.

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

NE Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian
71 Johnson Road Carson, WA 98610

See Attachment A legal description

☒ Complete legal on page 2 of document.

TAX PARCEL NUMBER(S):

03081710120000 *Yen*

☐ 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.

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60963 Onyx Street

Bend, OR 97702

**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 KrallI, (survivor's name) Alice F Krall affirm

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

Parcel number(s) 03081710120000

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 27 day of April, 2017 at Carson, WA.
(month) (year) (city) (state)


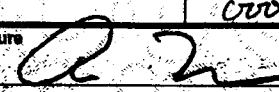
Alice Faye Krall
 (Signature of surviving spouse or registered domestic partner)

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.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number				Washington State Certificate of Death				State File Number			
1. Legal Name (include AKA's if any) First Middle LAST Suffix 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 532-36-3489		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 th 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:								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 											
<p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → Respiratory arrest Interval between Onset & Death 6 hours</p> <p>Sequentially list conditions, if any, lead to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Heart Failure Interval between Onset & Death 6 days</p> <p>Diabetes Mellitus, Hypertension, No DVT's Interval between Onset & Death 12 months</p>											
35. Other significant conditions contributing to death but not resulting in the underlying cause given above								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		39. If female		40. Did tobacco use contribute to death?							
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> Yes <input type="checkbox"/> Probably							
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending				<input type="checkbox"/> Unknown if pregnant within the past year							
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								Apt. No.			
City or Town:				County:		State:		Zip Code + 4:			
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 Physician, Medical Examiner, or Coroner Dr. [Signature] PO Box 1519 White Salmon, WA 98672								50. Hour of Death (24hrs) 2200			
51. Name and Address of Medical Examiner or Coroner (Type of office)								52. Date Signed (mm/dd/yyyy) 1/2/13			
53. Title of Certifier MD		54. License Number 00046597		55. Coroner File Number		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature 								58. Date Received (mm/dd/yyyy) JAN 02 2013			
59. Amendments											



Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
Use the section below for requesting any changes on the record.				
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution				
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)		
The Record is Incorrect or Incomplete as follows:				
The Record now shows:		The True fact is:		
6.		7.		
8.		9.		
10.		11.		
12.		13.		
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
15. Signature:		16. Date:		17. Address:
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.</p> <p>All changes must be established by documentary proof submitted with the affidavit.</p> <p>Examples of documentary proof: Certificates of Naturalization, Medical Record, School Transcripts, Social Security Records, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Alien Registration Card (front and back), Insurance Records, Birth Record, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.</p> <p>Marriage/Divorce Records, Passport</p>				
Birth Certificates:				
1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.				
2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.				
3. Proof must be five (or more) years old or have been established within five years of birth.				
4. Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:				
- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.				
- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.				
- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.				
5. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).				
6. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)				
Death Certificates:				
1. Only the informant, the funeral director or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.				
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.				
3. If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.				
Marriage/Dissolution (Divorce) Certificates:				
1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.				
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.				

DOH/CHS 023a 6/11/10

CERTIFIED

JAN 24 2013

Alan Melnick
Health Officer
Skamania Co. Public Health
8000110107

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Attachment A

A tract of land in the Northeast Quarter of Section 17, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point 1,156.7 feet East of the Southwest corner of the Northeast Quarter of said Section 17; thence North 220 feet to the True Point of Beginning; thence North 220 feet; thence East 193.3 feet; thence South 220 feet; thence West 193.3 feet to the TRUE POINT OF BEGINNING.

Skamania County Assessor

Date 4-27-17 Parcel# 3-8-17-1-200