AFN #2017000852 Recorded Apr 27, 2017 04:54 PM DocType: CPA Filed by: Nicki Bjork Page: 1 of 5 File Fee: \$77.00 Auditor Robert J. Waymire Skamania County, WA

WHEN	REC	ORDED	RETU	JRN	TO
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Nicki Bjork

60963 Onyx Street

Bend, OR 97702

DOCUMENT TITLE(S)	· (\(\sigma\)
Affidavit of Surviving Spouse	
REFERENCE NUMBER(S) of Documents assigned or released:	77
[] Additional numbers on page of document.	SKAMANIA COUNTY
GRANTOR(S):	REAL ESTATE EXCISE TAX
	APR 2 8 2017
Ray L Krall	APR 28 2017
[] Additional names on page of document.	PAID NA
GRANTEE(S):	Children Tage Howerter
Alice F Krall	SKAMANIA COUNTY TREASURER
Additional names on page of document.	
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Sec	tion, 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	
[x] Complete legal on page 2 of document.	
TAX PARCEL NUMBER(S): 03081710120000	
Additional parcel numbers on page of document.	
The Auditor/Recorder will rely on the information provided on this fo	orm. The staff will not read the document to
verify the accuracy or completeness of the indexing information.	

AFN #2017000852 Page: 2 of 5

WHEN RECORDED RETURN TO:	
Nicki Bjork	
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	4	
County of Skamania		
Name of deceased Ray L Krall	<u></u>	
1, (survivor's name) Alice F Krall		affirm
that I am the sole and rightful heir to the property de	escribed as:	
Parcel number(s) 03081710120000	,	
l certify (or declare) under penalty of perjury under	the laws of the State of	Washington that the
foregoing is true and correct.		4
Signed this 27 day of April .2 (month)	vear) at Car	Son. WA (state)
Olice Fage Signature of surviving spouse or	egistered domestic par	tner)
(Printed name of surviving spouse of	r registered domestic pe	artner)
PO 130x 335 (Address of surviving spouse or domestic partner)	Carson	WA 98610
(Address of surviving spouse or domestic partner)	(city)	(state) (zip)
Note: See Senate Bill (SB) 6851 on pa	ige 2 for statutory requi	rements.
REV 84 0015 (9-24-13)		

A. See Will Ma. App-Last Birthore (Rt. Upder, 1994 School School School) School	al File Number 1. Legal Name (include MA's # any) First Ray	Washington St. Middle LA Lee KRAL		State Pile Number 2. Death Date Dec . 30 , 2012	
Page		ay 4b. Under 1 Year 4 Months Days			
1. December 1. Rocke(s)	7. Birthdate Ba. Birthpl Oct. 28, 1937 Whit	lace (City Town, or County) Bb. (Ce Salmon W	State or Foreign Country) 9. [ecedent's Education	
Tax Residence Number and Street (e.g., GS SS S' B.) (make AyA. No.) 71 Johnson Road 13c. Residence County 14d. Trible Reservation Name (if explosits) 14d. Notice (if exp	10. Was Decedent of Hispanic Origin? (Ye	_3	11. Decedent's Race(s)	-g., 50.,501 01aude	12. Was Decedent mar i
Six Rainance (Courty 134. Tribus Reservation Name (if application) 134. State of Enoigin Courty 134. To Courty 136. T	13a. Residence: Number and Street (e.g., t	624 SE 5 th St.) (Include Apt. No.)	wille	. 1	own
A Septembed length of time at residence. Married Marrie	13c. Residence: County 13d.	Tribal Reservation Name (if app	licable) 13e. State or Foreign Countr	y 13f. Zip Code +	
17. Island Occupation (protests type of work done during most of working the (loo work use names). It is find of Businessfrouting they (business type). They are not to be the state of the	14. Estimated length of time at residence.	15. Marital Status at Time of D	eath 16. Surviving Spouse's or Do	omestic Partner's Name (Give nar	Te prior to first marriage).
10. Febrer Name Free Middle, Lad. Oxford Delhert Romer Krall Delhert Romer Krall 21. Robert Name Allce Krall 22. Robert Name Allce Krall 23. More of Death, Thuse Course in a Hospital: 24. Price of Death, Thuse Course in a Hospital: 25. February Name (if not a India), give number & street or location) 26. Price of Death, Thuse Course Storm No. 200 (a. S. D.	17. Usual Occupation (Indicate type of work d	MATTIED lone during most of working life. (DO	NOT USE RETIRED). 18. Kind of Busines:	adshaw Windustry (Do not use Company Na	me)
DELECT HOME? KTALL 21. Informant's Marine Allice Krall 22. Relationship to Decodent Allice Krall 23. Maling Address: sense sense there are to keep and the sense are to kee	19. Father's Name (First, Middle, Last, Suffix)	**************************************		Before First Marriage (First Middle	1 (set)
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28. Featily Name if most activity generative & street or location 26. State 27. Zip Code 2	, ————————————————————————————————————	Wife	PO Box 335 Car	rson, WA 98610	
7.1 Johnson Road 8. Method of Disposition Bur 1a.1 7.1 Name and Complete Address of Fune Inspection Mt. Addins Cerestery Mt. Addins C					
Burial Mt. Adams Cemetery Glenwood, Washington 31, Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Selection of Funeral Home 1270 N. Main Ave. / POB 390 White Salmon, WA 98672 Sequentials is to condition selection in death. PO NOT enter terminal events such as cardina areas, respiratory arrest, which is the selection of the salmon of the selection white selection in the selection of the selection in death. Policy of the selection of the selection in death. Policy of the selection in the selection of the selectio	71 Johnson Road		Cars	ion	
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33. Funeral Director Signature X Signature	31. Name and Complete Address of Funeral Gardner Euneral Home	al Facility	/POR 300 White Cale	32	Date of Disposition
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47. If transportation injury, specify. Driver/Operator Pedestrian Passenger Other (Specify) Asa. Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place and due to the cause/yeard manner stated. Asa. 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. Asa. 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. Asa. 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. Asa. 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. Asa. 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. Asa. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time. date, and place, and place, and due to the cause(s) and manner stated. Asa. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time. date, and place, and place, and due to the cause(s) and manner stated. Asa. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time. date, and place,	UNDERLYING CAUSE (disease or injurity that initiated the events resulting in death)LAST 35. Other stanificant conditions contributing Disease Wall('+ Stanificant Homicide Accident Undetermined Suicide Pending	Hypertusia, hi If female Not pregnant within past year Pregnant at time of death	De to (offere consciuence of) underlying cause given above VT ś Not pregnant, but pregnant within the consciuence of the con	36. Autopsy? 37. con ☐ Yes 전No thin 42 days before death days to 1 year before death e past year	Interval between Onset & I 12 page 144 Interval between Onset & I Interval between O
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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. 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. 50. Hour of Death (24hrs) 2005 31. Date States and States August (other than Sequing (type opinion) 32 Title of Certifier MD 56. Was case referred to ME/Coroner? MD 57. Registrar Stansture 58. Date Registrar Stansture	UNDERLYING CAUSE (disease or injurthat initiated the events resulting in death)LAST 35. Other significant conditions confributing	Hypertusia, h	De to (offere consciuence of) underlying cause given above DVT \$ Not pregnant, but pregnant 43 Unknown if pregnant within the	36. Autopsy? 37. con Thin 42 days before death days to 1 year before death e past year ruction site, restaurant, wooded area) State: Zip 0 47. If transportation in	Interval between Greet & I I 2 pace a Ha- Interval between Onset & I Interval betwee
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AFN #2017000852 Page: 4 of 5

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Affidavit for Correction

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

49 1100000	This is a lega! Docu				nd do not a	alter, (360) 23	e, WA 98504-7814 6-4300
State File Number	Fee Number	ATE OFFICE			Data		460
			Initial		Date		Affidavit Number
Use	the rection trainw	for request	ing any	chan	ges on the	record.	
Record Type: Birth	Des	127		∐ Mar	riage		Dissolution
1. Name on record:			2. D	ate of	Event:		f Event: (City or County)
			4				, , , , , , , , , , , , , , , , , , , ,
4. Father's Full Name (For Bith): (Husb	iand for Marriage or Dissolut	ion) [5	5. Mother	r's Fuli	Name (For I	Birth): Palitie for Mar	riage or Dissolution)
	.			,,,,,,		sitti). (17.15 loi indi	riago er olosolotion)
	The Record is	Incorrect or	Incomp	lete a	s follows:		
The Hecorring		1110011001	111001111	icic a		he True fact is:	
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					T. I		
10.		4	i,				T
30							
12.			3.	W.	Ψ ៕		
14. I represent the person as:	Self Parent	Guard	an		nformant	Telephone N	lurabor:
	Tuneral Disector	Other		The	THE CONTRACT OF	i rejeblione i	acimper.
I declare under penalty of perjury	under the laws of th	e State of W	ashingto	n that	the forgoir	g is true and	correct.
	16. Date:	17. Addres	s:				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
				7		- 6	
All vital records are registered as received.	An item may be change	d by affidavit o	nly once. S	Subsequ	ient changes	must be made b	y court order.
All changes must be established by doc Examples of documentary proof: Certification	rts of ideturalization	ico with the ar Medical Recor		S	chool Transcr	ipts	l
	i Records de Records	Military Hegord Birth Record	(OD-214)	V	oter's Registra	ation Card (iii) be on Card (front ar	ears an effective date)
	e/Divorce Pecords	Passport		₩	le do not acce	ept Driver's Licen	ise. Social Security card or a
Birth Certificates:				h	ospital issued	decorative birth	certificate.
1. Only a parent, legal guardian (hits	a child is under 18,, or in	d adult Gamse	ivas (if 13 d	or older) may change	the birth pertifica	ate.
2 The proof(s) must match exactly to name to be Mary Ann Doc. Mary A	te asserted frue fact(s). F	or example, if t	he affidavit	savs ti	ie name is Ma	iry Ann Doe, ther	n the proof must show the
 Proof must be five (or more) years 	old or have been establi	הסניקוטיש e are r shed within five	vears of b	uy Ann irth.	Dce.		
4. Up to age one, the parent(s) of leg	al guardian may change	the child's last	name with	an affi	davit for corre	ction, provided:	
- This is a one time only change.	Subsequent changes wi	ill require a cert	ified copy	of a cou	irt ordered na	me change.	
 The new last same may be the After age one, last same chang 	indinar s maiosit riame (les repuire a derillad cor	or launer's name Ny of a deum ord	e (ii preser lered nami	t on the	e cerunicate) oi le Minor speli	r any combinatio ing changes ma	n of the iwo. Vibe made with an efficient
and documentary proof,	, ,		100				
5. Parent(s) may change their callo s	first or middle name by o	completing and	signing ar	n affidav	rit for correction	on (until their chil	d's 18th birthday).
6. This affidavit cannot be the to possible to be Death Certificates:	sau a tamer to a biran c	eruncare. (Use	ine pater	nity an	davit – form	DOH/CHS 021)	
i. Only the informant, the imperal dire	otor, or executors/admin	istrators (If evid	ence confi	ming s	uch position is	s presented) ma	y change the non-medical
information.							_
 The medical information (cause of If it is less than sixty days from day 	assan may ce changed e of caan plaase contact	only by the bar tithe county had	myng pny: eltir depart	sician o ment w	r ine coro ner/ here the death	medical examina Loccurred to ma	ke changes
Marriage/Dissolution (Divorce) Certificates:							
 Personal fact(s) (minor spelling cha To change the date or place of man 	anges in name, dats or p rriage or dissolution, the	lace of birth or officient (merris	residence) ige) or cler	may bi k of cou	e ch <mark>anged</mark> by art (dissolution	affidavit (with pro	oof) by the person. effidavit.

CERTIFIED DOLLAR 023a 6/11/10

JAN 24 2013

Man Meinick Health Officer Skamania dd. Philioniant 0107 AFN #2017000852 Page: 5 of 5

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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 <u>4-27-17</u> Parcel# <u>.3-8-17-</u>1-200