

EDWARD J. LANDGREBE
10701 SE HWY 212 T3
CLACKAMAS, OR.
97015

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
MAY - 1 2017

PAID N/A
Vickie Cleveland, 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 HELEN JEAN LANDGREBE

I, (survivor's name) EDWARD J. LANDGREBE affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 020527000 70200

ym 5/1/17

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 1 day of MAY, 2017 at STEVENSON WA
(month) (year) (city) (state)

[Signature]
(Signature of surviving spouse or registered domestic partner)

EDWARD J. LANDGREBE
(Printed name of surviving spouse or registered domestic partner)

(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

EXHIBIT "A"

121 Hilltop road, Washougal, WA 98671

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE OF WASHOUGAL, COUNTY OF SKAMANIA,
STATE OF WASHINGTON AND IS DESCRIBED AS FOLLOWS:

Skamania County Assessor

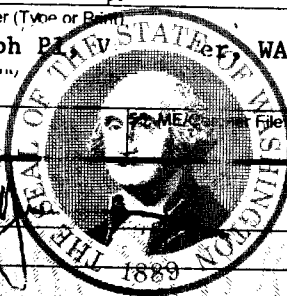
Date 5/1/17 Parcel# 02052700070200

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Unofficial
Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

1. Legal Name (Include AKA's if any) First Middle LAST Suffix Helen Jean LANDGREBE				2. Death Date Feb. 19, 2006	
3. Sex (MF) Female	4a. Age - Last Birthday 67	4b. Under 1 Year Months Days 01-21-1939	4c. Under 1 Day Hours Minutes Port Chester	5. Social Security Number New York	6. County of Death Clark
7. Birthdate 01-21-1939			8. Birthplace (City, Town, or County) Port Chester		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.) 121 Hilltop Rd.,				13b. City or Town Washougal	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) None		13e. State or Foreign Country Washington	
13f. Zip Code + 4 98671		13g. Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other			
14. Estimated length of time at residence. 17 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Edward J. Landgrebe	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) John UNK Fano			20. Mother's Name Before First Marriage (First, Middle, Last) Teresa UNK UNK		
21. Informant's Name Edward J. Landgrebe		22. Relationship to Decedent Spouse		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 121 Hilltop Rd., Washougal, WA 98671	
24. Place of Death, if Death Occurred in a Hospital: Hospital Inpatient					
25. Facility Name (if not a facility, give number & street or location) Southwest Washington Medical Center					
26a. City, Town, or Location of Death Vancouver		26b. State WA		27. Zip Code 98664	
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Wilhelm Crematory		30. Location-City/Town, and State Portland, Oregon	
31. Name and Complete Address of Funeral Facility Oregon Cremation Co., 1634 S.E. Claybourne St., Portland, OR 97202				32. Date of Disposition 02-23-06	
33. Funeral Director Signature X <i>John D. Trapp</i>					
34. 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. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CONGESTIVE HEART FAILURE Due to (or as a consequence of): b. CAD Due to (or as a consequence of): c. ACUTE RESPIRATORY FAILURE Due to (or as a consequence of): d. TYPE II DM					
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 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"/> 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) 02/21/06		42. Hour of Injury (24hrs) 1555		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 1555	
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:					
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 <i>Lowell Palmer</i>				48b. Medical Examiner/Coroner <i>Lowell Palmer</i>	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Lowell Palmer, MD, 400 NE Mother Joseph Pl				50. Hour of Death (24hrs) 1555	
51. Name and Title of Attending Physician if other than Certifier (Type or Print) MD				52. Date Signed (MM/DD/YYYY) 2/21/06	
53. Title of Certifier MD		54. License Number 33590		55. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>John D. Trapp</i>				58. Date Received (MM/DD/YYYY) FEB 22 2006	
59. Amendments					





Affidavit for Correction

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

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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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
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1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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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:
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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:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Hospital Records Insurance Records Marriage/Divorce Records	Medical Record Military Record (DD-214) Birth Record Passport	School Record Voter's Registration Card (if it bears an effective date) Alien Registration Card (front and back)
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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 executors/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 023 (Rev. 9/2002)

CERTIFIED

AUG 07 2008

Alan Melnick
 Health Officer
 Clark County Public Health

PP00362961