

WHEN RECORDED RETURN TO:

Brandon Campbell

PO Box 1158

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 Skamania

Name 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) 03081710130000

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

JUL 24 2017

PAID

N/A

Audrey J. Krall Deputy
SKAMANIA COUNTY TREASURER

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 24 day of July, 2017 at Stevenson, 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.

Attachment A

BOOK 166 PAGE 198

Name: KRALL, Ray L. and Alice F.

Control No. / Loan No: 2927-01693 / DLB 11115540-04

EXHIBIT "A"

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.

A.P.N.: 03081710130000

More commonly known as: 1151 Smith-Beckon Road, Carson, Washington, 98610

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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 5th 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: 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					
Cause of Death (See instructions and examples)					
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)				Interval between Onset & Death 6 hours	
Due to (or as a consequence of): Respiratory arrest				Interval between Onset & Death 6 days	
Sequentially list conditions, if any, leading up to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				Interval between Onset & Death 12 months	
Due to (or as a consequence of): Pulmonary edema					
Due to (or as a consequence of): Renal Failure					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above Diabetes mellitus, Hypertension, No DVT's				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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street City or Town: County: State: Zip Code + 4: Apt. No.					
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. X <i>[Signature]</i> MD				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 Certifying Physician, Medical Examiner/Coroner (Type or Print) Thoy McChesney PO Box 1519 White Salmon, WA 98672				50. Hour of Death (24hrs) 2200	
51. Name and Title 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. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
57. Registrar Signature X <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) JAN 02 2013	
59. Amendments					