AFN #2017002638 Recorded Dec 19, 2017 01:13 PM DocType: DEED Filed by: Gisela Quincy Page: 1 of 3 File Fee: $76.00 Auditor Robert J. Waymire Skamania County, WA

Gisela Quincy
P.O. Box 104
Rockaway Beach, OR 97136

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 JOHN. D. Quincy

I, (survivor's name) Gisela Quincy affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 02063400010900

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
DEC 19 2017

PAID N/A
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 19 day of Dec (month), 2017 (year) at Stevenson (city), WA (state)

(Signature of surviving spouse or registered domestic partner)

Gisela Quincy
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 104 Rockaway Beach OR 97136
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

REV 84 0015 (9-24-13)

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS

592448 (I.D. TAG NO.)

CERTIFICATE OF DEATH

(STATE FILE NUMBER)

387361

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name: First: John	Middle: David	Last: Quincy	Suffix:	2. Death Date: December 05, 2011
3. Sex: Male	4. Age: 71 years	5. Social Security Number: [redacted]		6. County of Death: Tillamook
7. Birthdate: April 26, 1940	8. Birthplace: Ft. Belknap, Montana			9. Decedent's Education: Bachelor's degree
10. Was Decedent of Hispanic Origin? No	11. Decedent's Race(s): Native American Leech Lake Band of Ojibwe			12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street: 1004 Charlotte Street			14. City/Town: Rockaway Beach	
15. Residence County: Tillamook	16. State or Foreign Country: Oregon	17. Zip Code + 4: 97136		18. Inside City Limits? Yes
19. Marital Status at Time of Death: Married	20. Spouse's Name Prior to First Marriage: Gisela Theilig			
21. Usual Occupation: Counselor			22. Kind of Business/Industry: Veterans Administration	
23. Father's Name: Frederick Quincy			24. Mother's Name Prior to First Marriage: Myrtle Doney	
25. Informant's Name: Gisela Quincy	26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 1004 Charlotte Street, Rockaway Beach, OR 97136	
29. Place of Death: Hospital-Emergency Room/Outpatient		30. Facility Name: Tillamook County General Hospital		
31. Location of Death: 1000 Third Street	32. City/Town or Location of Death: Tillamook	33. State: Oregon	34. Zip Code + 4: 97141	
35. Method of Disposition: Cremation	36. Place of Disposition: Tillamook Crematory		37. Location: Tillamook, Oregon	
38. Name and Complete Address of Funeral Facility: Waud's Funeral Home		1414 3rd Street, Tillamook, Oregon 97141-3408		
39. Date of Disposition: TBD	40. Funeral Director's Signature: Scott Ray Cummings (Electronically Signed)		41. OR License Number: CO-3777	
42. Registrar's Signature: Lola Martindale	43. Date Received: December 20, 2011		44. Local File Number: 223	
45. Amendment				

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☒ Yes ☐ No	47. Autopsy? ☐ Yes ☒ No	48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No	49. Time of Death: 20:13

CAUSE OF DEATH

50. 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.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a. CONGESTIVE HEART FAILURE	14 YRS
Sequentially list conditions, if any, leading to the cause listed on line a. ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ b.	
	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: CHRONIC KIDNEY FAILURE, HYPERKALEMIA

52. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending	53. If Female: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days before death	54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

55. Date of Injury (MO DD YYYY)	56. Time of Injury	57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	58. Injury at Work? ☐ Yes ☐ No ☐ Unknown

59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)

60. Describe how injury occurred

61. If transportation injury, specify. ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Lily Lee NP 1925 NW Amber Glen Pkwy suite 300 Hillsboro, OR 97006

63. Name and Title of Attending Physician if Other than Certifier

64. Title of Certifier: GNP	65. License Number: 200150146 NP	66. Date Signed (MO DD YYYY): 12/14/2011

67. Medical Certifier – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Lily Lee GNP

68. Medical Examiner – 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.

69. Amendment

45-2DP (01/06)

VETERANS CLAIM USE ONLY

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE TILLAMOOK COUNTY REGISTRAR.

DATE ISSUED: December 20, 2011

Lola Martindale
LOLA MARTINDALE
COUNTY REGISTRAR
TILLAMOOK COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

American Banknote Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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