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)

Unofficial Copy

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.

STATE OF OREGON 1859

Tillamook County Public Health Dept. STATE OF OREGON

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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