

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) 020634000109000

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

DEC 19 2017

PAID

N/A

Deputy Jan 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 19 day of Dec, 2017 at Stevenson, WA
(month) (year) (city) (state)

[Signature]
(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.

CERTIFICATION OF VITAL RECORD

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

592448

I.D. TAG NO.

STATE FILE NUMBER

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		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 Thellig		
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		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				
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.				
Final disease or condition resulting in death a. IMMEDIATE CAUSE b. CHRONIC KIDNEY FAILURE, HYPERKALEMIA		Approximate Interval: Onset to Death 14 yrs.		
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:				
52. Manner of Death ☒ Natural ☐ Homicide ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Did tobacco use contribute to death? ☐ Accident ☐ Undetermined ☐ Pregnant at time of death ☐ Unknown if pregnant within the past year ☐ No ☐ Probably ☐ Unknown ☐ Suicide ☐ Pending ☐ Not pregnant, but pregnant within 42 days before death ☒ No				
53. Date of Injury (month/year)		54. Time of Injury		55. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
56. Injury at Work? ☐ Yes ☒ No ☐ Unknown				
57. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)				
58. Describe how injury occurred				
59. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)				
60. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) Lily Lee NP 1425 NW Amber Glen Pkwy suite 300 Hillsboro, OR 97006				
61. Name and Title of Attending Physician if Other than Certifier				
62. Title of Certifier GNP		63. License Number 200415046 NP		64. Date Signed (month/year) 12/14/2011
65. 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				
66. 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.				
67. Amendment				

387361

TO BE COMPLETED BY FUNERAL FACILITY

TO BE COMPLETED BY MEDICAL CERTIFIER

45-2DP (01/08)

**VETERANS CLAIM
USE ONLY**

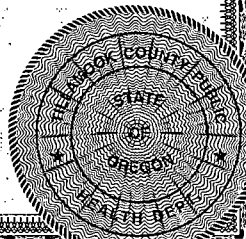
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE TILLAMOOK COUNTY REGISTRAR.

DATE ISSUED: December 20, 2011

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Lola Martindale
COUNTY REGISTRAR
TILLAMOOK COUNTY, OREGON



Unofficial Copy



003569386

003569386