

John Schulze  
522 ~~A~~ Butler Loop Rd  
Stevenson, WA 98648

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

*N/A*  
MAR 27 2018

PAID *N/A*  
*by deputy*  
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 EUGENE SCHULZE

I, (survivor's name) JESSIE SCHULZE affirm

that I am the sole and rightful heir to the property described as:

Parcel number(s) B.S.

0206 341 0090000

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 27 day of MARCH, 2018 at STEVENSON, WA  
(month) (year) (city) (state)

Jessie Schulze  
(Signature of surviving spouse or registered domestic partner)

JESSIE SCHULZE  
(Printed name of surviving spouse or registered domestic partner)

5161 WIND RIVER HWY 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.

**SB 6851** (effective 6/12/2008)

AN ACT Relating to the documentation required in order to obtain a real estate excise tax exemption at the time of inheritance; and adding a new section to chapter 82.45 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

**NEW SECTION. Sec. 1.** A new section is added to chapter 82.45 RCW to read as follows: In order to receive an exemption from the tax in this chapter on real property transferred as a result of inheritance under RCW 9 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms of a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order; or
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property.

For tax assistance or to inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

INDIVIDUAL ACKNOWLEDGMENT

STATE OF WASHINGTON,

County of SKAMANIA } ss.

I certify that I know or have satisfactory evidence that

JESSE SCHULZE

Jessie Schulze

is/are the individual(s) who appeared before me, and

who acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary

act for the uses and purposes mentioned in the instrument.

DATED 3/27/2018



Lisa M. Austin

Notary Public for Washington

My appointment expires

FEB 15 2019





# STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKAs if any) (First, Middle, LAST, Suffix)		2. Death Date					
Eugene Schulze Jr.		09-06-2010					
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
M	84	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
03-11-1926	Chicago	Illinois		10th grade			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?			
No		White		yes			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.)					13b. City or Town		
522 Butler Loop Road					Stevenson		
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
Skamania				Washington	98648	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
23 years		Married		Jessie Lamb			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Newspaper Pressman				Newspaper			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Eugene Schulze Sr.				Lydia Bastyr			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No.		City or Town	State Zip
Jessie Schulze		Wife		522 Butler Loop Road		Stevenson	WA 98648
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				522 Butler Loop Road			
26a. City, Town, or Location of Death				26b. State	27. Zip Code		
Stevenson				WA	98648		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location: City/Town, and State			
Cremation		Lower Columbia Crematory		Vancouver, WA			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Cattermole Funeral Home PO Box 156 Winlock, WA 98596				09/09/2010			
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)		a. <i>metastatic prostate cancer</i>		Due to (or as a consequence of):		Interval between Onset & Death: <i>7 months</i>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Due to (or as a consequence of):		Interval between Onset & Death:	
c.		Due to (or as a consequence of):		Interval between Onset & Death:			
d.		Due to (or as a consequence of):		Interval between Onset & Death:			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
none				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <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		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
45. Location of Injury: Number & Street				Apt. No.			
City or Town:				County:		State:	
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.				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.			
X <i>Richard Carlton Heitsch</i>				X			
49. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Richard Carlton Heitsch Portland, OR 97220				0415			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy)			
				9/8/10			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		MD11610				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature				58. Date Received			
X <i>[Signature]</i>				SEP 09 2010			
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			
<b>Use the section below for requesting any changes on the record.</b>							
Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution							
1. Name on record:		2. Date of Event:		3. Place of Event: (City or County)			
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)					
The Record is Incorrect or Incomplete as follows:							
6. The Record now shows:		7. The True fact is:					
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:			
I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.							
15. Signature:		16. Date:		17. Address:			
<p>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 <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Examples of documentary proof:</td> <td style="width: 33%;">           Certificate of Naturalization            Hospital Records            Insurance Records            Marriage/Divorce Records         </td> <td style="width: 33%;">           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)         </td> </tr> </table>					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)
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)					
<b>Birth Certificates:</b> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>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.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:           <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- 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.</li> <li>- 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.</li> </ul> </li> <li>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).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol>							
<b>Death Certificates:</b> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol>							
<b>Marriage/Dissolution (Divorce) Certificates:</b> <ol style="list-style-type: none"> <li>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.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>							

DOH/CHS 023 (Rev. 9/2002)

# CERTIFIED

SEP 30 2010

Alan Meinelck  
 Health Officer  
 Skamania Co. Public Health

NN01217816



103949



BOOK 106 PAGE 878

THIS SPACE PROVIDED FOR RECORDER'S USE

Filed for Record at Request of

When Recorded Return to:

NAME \_\_\_\_\_ Registered ✓  
 INDEXED, CIR S  
 ADDRESS \_\_\_\_\_ Indirect S  
 CITY, STATE, ZIP \_\_\_\_\_ Filled  
 \_\_\_\_\_ Mailed

FILED FOR RECORD  
 SKAMANIA CO WASH  
 BY SKAMANIA CO-TITLE

SEP 30 2 16 PM '01

*E. Hagedorn*  
 GARY W. HAGEDORN

SK-14629/ES-516  
 02-06-34-1-0-0900-00

## STATUTORY WARRANTY DEED

THE GRANTOR JOANNE WHITE, SOLE DEVISEE OF GUNARD J. BERGSTROM, DECEASED.

for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION

in hand paid, conveys and warrants to EUGENE SCHULZE AND JESSIE SCHULZE, HUSBAND AND WIFE

the following described real estate, situated in the County of SKAMANIA, State of Washington:

THAT PORTION OF THE WEST HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 34, TOWNSHIP 2 NORTH, RANGE 6 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE WEST LINE OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE SAID SECTION 34, WHICH POINT IS 208.7 FEET NORTH OF THE SOUTHWEST CORNER OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH ALONG THE WEST LINE OF SAID NORTHEAST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 539.6 FEET; THENCE SOUTH 67° 36' EAST 460 FEET; THENCE SOUTH 42° 56' EAST 165 FEET; THENCE SOUTH 06° 54' WEST 121 FEET; THENCE WEST 97 FEET TO THE CENTER OF THE CHANNEL OF SPRING CREEK; THENCE FOLLOWING THE CENTER OF THE CHANNEL OF SAID SPRING CREEK IN A SOUTHERLY DIRECTION TO THE SOUTH LINE OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 34; THENCE WEST ALONG SAID SOUTH LINE A DISTANCE OF 238.3 FEET TO A POINT 208.7 FEET EAST OF THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 34; THENCE NORTH 208.7 FEET; THENCE WEST 208.7 FEET TO THE POINT OF BEGINNING.

SUBJECT TO: (SEE REVERSE SIDE)

11576

REAL ESTATE EXCISE TAX

SEP 30 1987

PAID 1,342.00

SKAMANIA COUNTY TREASURER

Dated SEPTEMBER 28, 1987

*Joanne White*  
 JOANNE WHITE

By \_\_\_\_\_  
 By \_\_\_\_\_

OREGON  
 STATE OF WASHINGTON  
 COUNTY OF COOS

STATE OF WASHINGTON  
 COUNTY OF \_\_\_\_\_

On this day personally appeared before me  
 JOANNE WHITE

to me known to be the individual described in and who executed  
 the within and foregoing instrument, and acknowledged that  
 SHE  
 signed the same as HER  
 free and voluntary act and deed, for the uses and purposes therein  
 mentioned.

GIVEN under my hand and official seal this  
 28th day of SEPTEMBER, 1987

*[Signature]*  
 PUBLIC  
 Notary Public in and for the State of Washington, residing at  
 MY COMMISSION EXPIRES: 6/17/88

On this day of \_\_\_\_\_  
 19\_\_\_\_, before me, the undersigned, a Notary Public in and for  
 the State of Washington, duly commissioned and sworn, personally  
 appeared

and \_\_\_\_\_  
 to me known to be the \_\_\_\_\_ President  
 and \_\_\_\_\_ Secretary, respectively, of

the corporation that executed the foregoing instrument, and acknowl-  
 edged the said instrument to be the free and voluntary act and deed  
 of said corporation, for the uses and purposes therein mentioned,  
 and on oath stated that

\_\_\_\_\_ authorized to execute the said instrument  
 and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year  
 first above written

Notary Public in and for the State of Washington, residing at \_\_\_\_\_