

write return

JUANITA L. TAYLOR
6666 N. POWERS ST.
PORTLAND, OR 97203

**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 Donald William Taylor

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

Parcel number(s) 01050900040100

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

Am 7/9/2018

N/A
JUL 18 2018

PAID N/A
SKAMANIA COUNTY TREASURER
Kathy Stevenson

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 9th day of July, 2018 at Skamania, WA
(month) (year) (city) (state)

Juanita L. Taylor
(Signature of surviving spouse or registered domestic partner)

Juanita Laverne Taylor
(Printed name of surviving spouse or registered domestic partner)

6666 N. Powers St. Portland OR 97203
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

TO BE COMPLETED BY FUNERAL FACILITY

*6789875

771233

I.D. TAG NO.

OREGON HEALTH AUTHORITY
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. Legal Name:	First: Donald	Middle: William	Last: Eugene Taylor	Suffix:	2. Death Date: October 03, 2016		
3. Sex: Male	4. Age: 71 years	5. Social Security Number:	6. County of Death: Multnomah				
7. Birthdate: July 18, 1945	8. Birthplace: Seattle, Washington	9. Decedent's Education: 8th grade or less					
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s): White	12. Was Decedent Ever in U.S. Armed Forces? No				
13. Residence Number and Street: 6666 N Powers Street		14. City/Town: Portland	15. Residence County: Multnomah				
16. State or Foreign County: Oregon		17. Zip Code + 4: 97203	18. Inside City Limits? Yes				
19. Marital Status at Time of Death: Married		20. Spouse's Name Prior to First Marriage: Juanita LaVerne Zelmer					
21. Usual Occupation: Auto Dismantler		22. Kind of Business/Industry: Auto Wrecking					
23. Father's Name: Donald Lawrence Taylor		24. Mother's Name Prior to First Marriage: Alice Emma Bell					
25. Informant's Name: Juanita LaVerne Taylor		26. Telephone Number: Not Available	27. Relationship to Decedent: Spouse	28. Mailing Address: 6666 N Powers Street, Portland, OR 97203			
29. Place of Death: Decedent's Residence - Hospice		30. Facility Name		31. Location of Death: 6666 N Powers Street	32. City/Town or Location of Death: Portland	33. State: Oregon	34. Zip Code + 4: 97203
35. Method of Disposition: Burial		36. Place of Disposition: Skyline Memorial Gardens		37. Location: Portland, Oregon			
38. Name and Complete Address of Funeral Facility: Hustad Funeral Home		39. Date of Disposition: October 07, 2016		40. Funeral Director's Signature: W Scott Logan		41. OR License Number: CO-3575	
42. Registrar's Signature		43. Date Received: OCT 20 2016		44. Local File Number: 05365			
45. Amendment							
46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death: 5:30 AM		
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.							
<p>Final disease or condition resulting in death: <u>Metastatic Cancer to the Gastrointestinal tract</u></p> <p>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):</p> <p>b. <u>Due to (or as a consequence of) ↓</u></p> <p>c. <u>Due to (or as a consequence of) ↓</u></p> <p>d. <u>Due to (or as a consequence of) ↓</u></p>							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:							
<p><u>None</u></p> <p>52. 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</p> <p>53. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death</p> <p>54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>							
55. Date of Injury (MM DD YYYY): <u>2701 NW Vaughn St #140 Portland, OR 97210</u>		56. Time of Injury: <u>171732</u>		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): <input type="checkbox"/> Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
58. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4):							
59. Describe how injury occurred: <input type="checkbox"/> If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):							
60. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): <u>Jennifer A. Woodard MD</u>							
61. Name and Title of Attending Physician if Other than Certifier: <u>JENNIFER A. WOODARD, Ph.D.</u>							
62. Title of Certifier: <u>MD</u>		63. License Number: <u>171732</u>		64. Date Signed (MM DD YYYY): <u>10/12/16</u>			
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.			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. 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.							
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							

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.

DATE ISSUED: OCT 20 2016

THIS COPY IS NOT VALID WITHOUT OFFICIAL VITAL RECORD FLAG WATERMARK AND HOLOGRAPHIC SEALS.

Jennifer A. Woodard
JENNIFER A. WOODARD, Ph.D.
STATE REGISTRAR



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