

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
Shirley Fehai 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 9th day of July, 2018 at St Stevenson 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

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

771233

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name: First Donald		Middle William Eugene		Last 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. Decedent's Education: 8th grade or less	
7. Birthdate: July 18, 1945		8. Birthplace: Seattle, Washington		9. Decedent's Race(s): White		10. Was Decedent of Hispanic Origin? No		11. 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 Country: 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 Zelter		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 7232 N Richmond Ave, Portland, Oregon 97203							
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: 05345		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.								Approximate Interval: Onset to Death:	
Final disease or condition resulting in death: Sequentially list conditions, if any, leading to the cause listed on line a.				IMMEDIATE CAUSE: a. Mediastine Cancer of the Gastrointestinal tract				b. Murder	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death):				Due to (or as a consequence of) ↓				Due to (or as a consequence of) ↓	
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: None				52. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide				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	
54. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		55. Date of Injury (mm/dd/yyyy):		56. Time of Injury:		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):			
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4): Jennifer A. Woodward MD 2701 NW Vaughn St #440 Portland, OR 97210									
63. Name and Title of Attending Physician if Other than Certifier:									
64. Title of Certifier: MD				65. License Number: 171752		66. Date Signed (mm/dd/yyyy): 10/12/16			
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

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

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



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