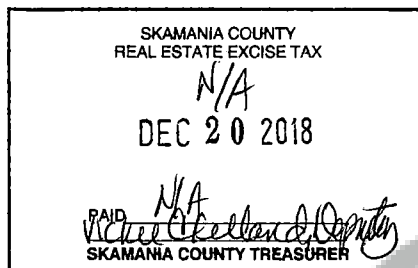


David M. Duron
P.O. Box 11
Carson, WA. 98610



**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 Jeanne E Duron

I, (survivor's name) David M. Duron affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082921300000 Jan 12/2018
90010225000000

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 20 day of December, 2018 at Stevenson, WA.
(month) (year) (city) (state)

[Signature]
(Signature of surviving spouse or registered domestic partner)

David M. Duron
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 11 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.

Exhibit A

Lots 16,17,18 and 19 of, Block 2, of BOYD & WILKINSON'S ADDITION TO THE TOWN OF CARSON, according to the plat thereof, recorded in Book "A" of plats, page 36, records of Skamania County, Washington.

TOGETHER WITH the Easterly 40 feet of vacated Wilkinson Street, inuring thereto by reason of vacation thereof of Lots 18 and 19 and the Southerly 40.76 feet of Lot 17.

Skamania County Assessor

Date 12-20-18 Parcel# 03082921300000
90010225000000



Unofficial Copy

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-008763

DATE ISSUED: 02/27/2017

FEE NUMBER: 31753

FIRST AND MIDDLE NAME(S): JEANNE E
LAST NAME(S): DURON

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: FEBRUARY 13, 2017
HOUR OF DEATH: 08:00 AM
SEX: FEMALE AGE: 65 YEARS
SOCIAL SECURITY NUMBER: UNKNOWN

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: FEBRUARY 18, 1951
BIRTH PLACE: LOS ANGELES, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: DAVID DURON

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: DAVID DURON
RELATIONSHIP: SPOUSE
ADDRESS: PO BOX 11 CARSON, WA 98610

CAUSE OF DEATH:
A: HEPATIC FAILURE
INTERVAL: UNKNOWN
B: HEPATITIS C
INTERVAL: UNKNOWN
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HEPATORENAL SYNDROME

DATE OF INJURY:
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: UNKNOWN
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 92 WILKERSON STREET
CITY, STATE, ZIP: CARSON, WASHINGTON 98610

RESIDENCE STREET: 92 WILKERSON STREET
CITY, STATE, ZIP: CARSON, WASHINGTON 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 30 YEARS

FATHER/PARENT: CARL ARNOLD
MOTHER/PARENT: JEAN UNKNOWN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: FEBRUARY 28, 2017

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: DEREK F. KRENTZ

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: LORIE SAITO, AP
TITLE: ARNP
CERTIFIER ADDRESS: 2621 WASCO STREET
CITY, STATE, ZIP: HOOD RIVER, OREGON 97031
DATE SIGNED: FEBRUARY 17, 2017

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: AMANDA E. HERTEL
DATE RECEIVED: FEBRUARY 23, 2017

 Affidavit for Correction This is a legal document. Complete in ink and do not alter.		Mail to: Center for Health Statistics P.O. Box 47814 Olympia, WA 98504-7814 360-236-4300					
		STATE OFFICE USE ONLY					
State File Number		Fee Number		Initials	Date	Affidavit Number	
Required	Required information must match current information on record						
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)						
	1. Name on Record: First Middle Last				2. Date of Event: MM/DD/YYYY		3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden				5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden		
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)						
7. Return Mailing Address: P.O. Box or Street Address City State Zip							
Telephone Number: ()				Email Address:			
Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:							
The record now shows:				The true fact is:			
8.				9.			
10.				11.			
12.				13.			
14.				15.			
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct							
16a. Signature:				16b. Signature of 2 nd parent (if required):			
Printed name:		Date:		Printed name:		Date:	
INSTRUCTIONS – go to www.doh.wa.gov for more information							
Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof							
Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:							
<ul style="list-style-type: none"> Birth/Marriage/Divorce record Military record (DD-214) School transcripts Social Security Numident Report Certificate of Naturalization Hospital/medical record Passport Green/Permanent Resident card (I-551) 							
Birth Certificates							
1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate. 2. The proof(s) must match the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe. 3. Documentary proof must be five or more years old or established within five years of birth.							
<u>Child under 18</u> <ul style="list-style-type: none"> If legal guardian(s), include certified court order proving guardianship Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* After age one, a court order is required to change the last name No proof is required to change the first or middle name* To correct parent's information, one documentary proof is required. To correct the sex of the child, one documentary proof from a medical provider is required 				<u>Adult (18 years or older)</u> <ul style="list-style-type: none"> Only the adult can change his or her birth certificate If the first or middle name is missing, three pieces of documentary proof are required If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required To correct parent's birth date, place of birth, or name, one documentary proof is required 			
*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.							
This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)							
Death Certificates							
1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change. 2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.							
Marriage/Dissolution (Divorce) Certificates							
1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof. 2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.							

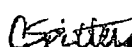
DOH 422-034 October 2015



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.

CERTIFIED

FEB 27 2017


Christopher Spitters, M.D.
 Klickitat County Health Department



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