

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
MAR 6 2019

PAID N/A
Vickie Clelland, Treasurer
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 SUSAN A DORN-HODGINS

I, (survivor's name) BRIAN L. HODGINS affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02072100101500 2m 3/6/19

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 6TH day of MARCH, 2019 at STEVENSON, WA
(month) (year) (city) (state)

Brian L. Hodgins
(Signature of surviving spouse or registered domestic partner)

BRIAN L. HODGINS
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 258 NO. BONNEVILLE, WA 98639
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

EXHIBIT A

LOT 13 OF ARIA OAKS, ACCORDING TO THE RECORDED PLAT THEREOF, RECORDED IN BOOK 'B'
OF PLATS, PAGE 114, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

Skamania County Assessor

Date 3-6-19 Parcel# 02072100101500
jm

Unofficial
Copy

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-005593

LOCAL FILE NUMBER: 425

DATE ISSUED: 02/08/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): SUSAN ANN
LAST NAME(S): DORN-HODGINS

COUNTY OF DEATH: CLARK
DATE OF DEATH: FEBRUARY 04, 2019
HOUR OF DEATH: 12:00 PM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 9610 NE 142ND AVENUE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98682

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

RESIDENCE STREET: 1013 LAKESIDE COURT
CITY, STATE, ZIP: NORTH BONNEVILLE, WA 98639
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: SEPTEMBER 11, 1944
BIRTHPLACE: SAN BERNARDINO, CA

FATHER/PARENT: LEE JUDSON HATCHER
MOTHER/PARENT: EVELYN LORINE SCHMID

MARITAL STATUS: MARRIED
SPOUSE: BRIAN LARRY HODGINS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: EVERGREEN MEMORIAL GARDENS CREMATORY

OCCUPATION: BANKER
INDUSTRY: BANK
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NO

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: FEBRUARY 08, 2019

INFORMANT: BRIAN LARRY HODGINS
RELATIONSHIP: HUSBAND
ADDRESS: PO BOX 258 NORTH BONNEVILLE, WASHINGTON 98639

FUNERAL FACILITY: EVERGREEN MEMORIAL GARDENS FUNERAL CHAPEL
ADDRESS: 1101 NE 112TH AVE
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684
FUNERAL DIRECTOR: JENNIFER L. WILSON

CAUSE OF DEATH:
A: GLIOBLASTOMA MULTIFORME
INTERVAL: 3 YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

CERTIFIER NAME: LEILA AUGUST, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2701 NW VAUGHN ST
CITY, STATE, ZIP: PORTLAND, OR 972105344
DATE SIGNED: FEBRUARY 07, 2019

LOCATION OF INJURY:
CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY
DATE RECEIVED: FEBRUARY 08, 2019

