

**Affidavit of Surviving Spouse or Domestic Partner  
for Claiming an Exemption Based on  
Inheritance of Real Estate**

State of Washington

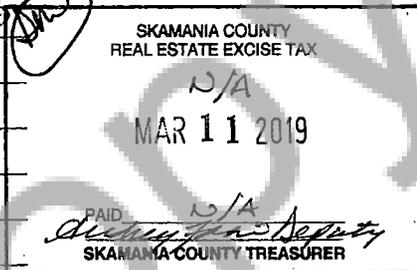
County of SKAMANIA

Name of deceased GAYLEN J. KILTOW

I, (survivor's name) BONNIE A. KILTOW affirm

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

Parcel number(s) 62071100510700



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 6 day of March, 2019 at Portland, OR  
(month) (year) (city) (state)

Bonnie A. Kiltow  
(Signature of surviving spouse or registered domestic partner)

BONNIE A KILTOW  
(Printed name of surviving spouse or registered domestic partner)

1816 NE 150<sup>th</sup> AV PORTLAND OR 97230  
(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**  
**CERTIFICATE OF VITAL RECORD**



839047  
 I.D. TAG NO.

**OREGON HEALTH AUTHORITY**  
**CENTER FOR HEALTH STATISTICS**  
**CERTIFICATE OF DEATH**

136-2018-027529  
 STATE FILE NUMBER

<b>TO BE COMPLETED BY FUNERAL FACILITY</b>	Legal Name			First	Middle	Last	Suffix	Death Date
				Gaylen	John	Kiltow		October 16, 2018
	Sex	Age	Social Security Number			County of Death		
	Male	68 years	[REDACTED]			Multnomah		
	Birthdate:		Birthplace		Was Decedent Ever in U.S. Armed Forces?			
	January 01, 1950		Portland, Oregon		No			
	Residence:		City/Town					
	1816 NE 150th Avenue		Portland					
	Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
	Multnomah		Oregon		97230		Yes	
	Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
	Married		Bonnie A. Brown					
	Father's Name			Mother's Name Prior to First Marriage				
	Roy Kiltow			Eleanor Millberger				
	Informant's Name		Telephone Number	Relationship to Decedent	Mailing Address			
Bonnie A. Kiltow		Not Available	Spouse	1816 NE 150th Avenue, Portland, OR 97230				
Place of Death			Facility Name					
Nursing Facility			Portland Health and Rehabilitation Center					
Location of Death			City/Town or Location of Death		State	Zip Code + 4		
12441 SE Stark St			Portland		Oregon	97233		
Method of Disposition		Place of Disposition		Location (City/Town and State)				
Cremation		Omega Crematory		Portland, Oregon				
Name and Complete Address of Funeral Facility								
Omega Funeral & Cremation Service 223 SE 122nd Ave, Portland, Oregon 97233								
Date of Disposition		Funeral Director's Signature			Electronically Signed	OR License Number		
TBD		David J Lafollette				CO-3552		
Registrar's Signature			Date Received		Local File Number			
Jennifer A. Woodward			October 19, 2018					
Amendment								

45-2CCS (01/06)



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

October 23, 2018

DATE ISSUED:

*Jennifer A. Woodward*  
 JENNIFER A. WOODWARD, PH.D.  
 STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE