

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

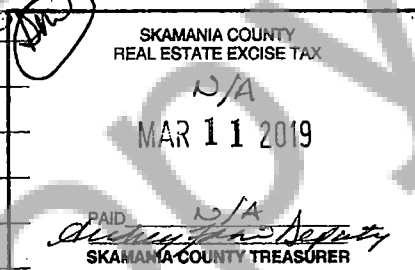
State of Washington

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 150th 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

TO BE COMPLETED BY FUNERAL FACILITY	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				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)



20181024028

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:

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

JENNIFER A. WOODWARD, Ph.D.

STATE REGISTRAR


ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE