

NA
SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
NA
MAR 20 2019

CRISTINA MIU
4207 SE Woodstock
blvd. #514
Portland OR 97206

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Cy deputis
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 Daniel Miu

I, (survivor's name) Cristina Miu affirm

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

Parcel number(s) 02053300250800 Death cert AF 2015000320 2/26/2015

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 _____ day of _____, _____ at _____, _____
(month) (year) (city) (state)

(Signature of surviving spouse or registered domestic partner)

(Printed name of surviving spouse or registered domestic partner)

(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number <i>a</i>		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <i>Daniel Miu</i>		2. Death Date <i>December 31, 2014</i>					
3. Sex (M/F) <i>Male</i>	4a. Age - Last Birthday <i>54</i>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <i>[REDACTED]</i>	6. County of Death <i>Clark</i>		
7. Birthdate <i>December 8, 1960</i>	8a. Birthplace (City, Town, or County) <i>Bucharest</i>	8b. (State or Foreign Country) <i>Romania</i>		9. Decedent's Education <i>Bachelor's Degree</i>			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <i>No</i>				11. Decedent's Race(s) <i>White</i>		12. Was Decedent ever in U.S. Armed Forces? <i>No</i>	
13a. Residence: Number and Street (e.g., 824 SE 5 th St.) (Include Apt. No.) <i>151 Silver Star Lane</i>				13b. City or Town <i>Washougal</i>			
13c. Residence: County <i>Clark</i>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <i>Washington</i>	13f. Zip Code + 4 <i>98671</i>	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence. <i>5 Months</i>		15. Marital Status at Time of Death <i>Married</i>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <i>Cristina Cotor</i>			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <i>Architect</i>				18. Kind of Business/Industry (Do not use Company Name) <i>Design</i>			
19. Father's Name (First, Middle, Last, Suffix) <i>Ion Bidila</i>				20. Mother's Name Before First Marriage (First, Middle, Last) <i>Ioana Miu</i>			
21. Informant's Name <i>Cristina Miu</i>		22. Relationship to Decedent <i>Wife</i>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <i>151 Silver Star Lane, Washougal, Washington 98671</i>			
24. Place of Death, if Death Occurred in a Hospital: <i>Hospital - Inpatient</i>				25. Facility Name (If not a facility, give number & street or location) <i>Southwest PeaceHealth Hospital</i>			
26a. City, Town, or Location of Death <i>Vancouver</i>				26b. State <i>WA</i>		27. Zip Code <i>98664</i>	
28. Method of Disposition <i>Removal From State</i>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <i>Beavercreek Memorial Cemetery</i>		30. Location-City/Town, and State <i>Beavercreek, Oregon</i>			
31. Name and Complete Address of Funeral Facility: <i>Family Memorial Mortuary 1304 East Powell Boulevard, Gresham, Oregon 97030</i>				32. Date of Disposition <i>January 6, 2015</i>			
33. Funeral Director Signature X <i>[Signature]</i>				Suzy O'Connor			
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>a. Cardiac arrest</i> Interval between Onset & Death <i>[blank]</i>							
Due to (or as a consequence of): <i>b. Acute respiratory failure</i> Interval between Onset & Death <i>[blank]</i>							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <i>c. Aspiration pneumonia</i> Interval between Onset & Death <i>[blank]</i>							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Sepsis, Myeloid leukemia</i>							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
41. Date of Injury (mm/dd/yyyy) <i>[blank]</i>		42. Hour of Injury (24hrs) <i>[blank]</i>		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) <i>[blank]</i>		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street: <i>[blank]</i>				Apt. No. <i>[blank]</i>			
City or Town: <i>[blank]</i> County: <i>[blank]</i> State: <i>[blank]</i> Zip Code + 4: <i>[blank]</i>				46. Describe how injury occurred <i>[blank]</i>			
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <i>[Signature]</i>				48b. Medical Examiner/Coroner - 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. <i>[Signature]</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <i>REBIKA BITJUKCHIC 400 NE Mother Joseph Pl</i>				50. Hour of Death (24hrs) <i>0939</i>			
51. Name and Title of Attending Physician if other than Certifier (Type or Print) <i>VANC 98664</i>				52. Date Signed (mm/dd/yyyy) <i>12/31/2014</i>			
53. Title of Certifier <i>MD</i>		54. License Number <i>60147891</i>		55. ME/Coroner File Number <i>[blank]</i>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (mm/dd/yyyy) <i>JAN 02 2015</i>			
59. Amendments							

DOH/CHS 003 March 2012

DOH-01-003 (1/14)



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
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record: First Middle Last	2. Date of Event:	3. Place of Event: City or County
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4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)
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The record is incorrect or incomplete as follows:

6. The record now shows:	7. The true fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: (Printed Name)	16. Date:	17. Address:
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.

We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.

Examples of acceptable documentary proof:

Birth Record	Numident Report (Social Security Administration)	School Transcripts (Official)
Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
Military Record (DD-214)	Life Insurance Policy	
Passport	Hospital/Medical Record	

Birth Certificates

- Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child under 18
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth.
- Adult (18 years or older)
 - Only the adult themselves can change the birth certificate.
 - If the first or middle name is absent, 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.
 - Proof must be five (or more) years old or have been established within five years of birth.
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)**

Death Certificates

- 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). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH 422-034 January 2014

CERTIFIED

JAN 02 2015

Alan Melnick
Health Officer
Clark County Public Health

AA00188530

Unofficial Copy

the following described real estate, situated in the County of SHAMANIA, State of Washington:
a portion of the Northwest Quarter of the Southeast Quarter of Section 33, Township 2 North, Range 5 East, Williamette Meridian, described as follows:
A six acre parcel, lot # 1 of the Daniel Min Short Plat, recorded in Book # 3, page 328, on May 29, 1998; Together with easement recorded in book 171, page 646, file # 129986 on 12/12/97.
Assessor's Property Tax Parcel/Account Number(s): Tax lot parcel 02 05 33 00 2508 00