

GUY PAPIENFUSE  
PO BOX 1831  
VANCOUVER, WA 98668

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
APR 25 2019

PAID N/A  
W. McClelland, 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 CINDY PAPIENFUSE

I, (survivor's name) GUY PAPIENFUSE affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02052000) 90100 (DN)

LOT ONE WARREN TRACTS, ACCORDING TO THE PLAT  
THEREOF RECORDED IN BOOK 'B' OF PLATS PAGE 41,  
RECORDS OF SKAMANIA CO., WA.

Skamania County Assessor

Date 4-25-19 Parcel # 2-5-20-1901

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 9 day of 4, 2019 at STEVENSON, WA  
(month) (year) (city) (state)

Guy Papenfuse  
(Signature of surviving spouse or registered domestic partner)

GUY PAPIENFUSE  
(Printed name of surviving spouse or registered domestic partner)

PO BOX 1831 VANCOUVER WA 98668  
(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 HEALTHOFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

Washington State Department of  
Health  
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last <b>Cynthia Ann Papenfuse</b>	2. SEX (M / F) <b>Female</b>	3. DEATH DATE (Mo, Day, Yr) <b>August 3, 2002</b>
4. AGE LAST BIRTHDAY (Yrs) <b>46</b>	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo, Day, Yr) <b>10/28/1955</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Cheyenne, Wyoming</b>	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>No</b>
10. COUNTY OF DEATH <b>Clark</b>	11. CITY, TOWN OR LOCATION OF DEATH <b>Vancouver</b>	12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>S.W. Washington Medical Center</b>
13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>No</b>	14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>	15. SURVIVING SPOUSE (If wife, give maiden name) <b>Guy Papenfuse</b>
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>4</b>	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Realtor</b>
19. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Sales</b>	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>	21. RACE (Specify) <b>White</b>
22. RESIDENCE — NUMBER AND STREET <b>10804 SE 23rd Circle</b>	23. CITY/TOWN, OR LOCATION <b>Vancouver</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>
25A. COUNTY <b>Clark</b>	25B. LENGTH OF RES. IN CO. <b>38yrs</b>	26. STATE <b>WA</b>
27. ZIP CODE <b>98660</b>	28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>George W. Bushaw</b>	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Shirley Ann Smith</b>
30. INFORMANT — NAME <b>Guy Papenfuse</b>	31. MAILING ADDRESS <b>P.O. BOX 1831</b>	32. CITY OR TOWN <b>Vancouver</b>
33. STATE <b>Washington</b>	34. ZIP <b>98668</b>	35. LOCATION — CITY/TOWN, STATE <b>Portland, Oregon</b>
36. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>Cremation</b>	37. DATE (Mo, Day, Yr) <b>8/7/2002</b>	38. CEMETERY/CREMATORY — NAME <b>Portland Memorial Crematory</b>
39. FUNERAL DIRECTOR SIGNATURE <b>[Signature]</b>	40. NAME OF FACILITY <b>Vancouver Funeral Chapel</b>	41. ADDRESS OF FACILITY <b>110 E. 12th St. Vancouver, WA</b>
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		
42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature]</b>		
43. DATE SIGNED (Mo, Day, Yr) <b>8/5/02</b>		
44. HOUR OF DEATH (24 Hrs) <b>09:45</b>		
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Kathryn Kolibaba M.D.</b>		
46. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) <b>Marcus Braun, M.D. 210 SE 136th AVE Vancouver, WA. 98684</b>		
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
47. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X [Signature]</b>		
48. DATE SIGNED (Mo, Day, Yr)		
49. HOUR OF DEATH (24 Hrs)		
50. PRONOUNCED DEAD (Mo, Day, Yr)		
51. ME/CORONER FILE NUMBER		
52. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death). <b>A. Hodgkins Disease</b> DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF:		
53. INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>		
54. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <b>54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)</b> <b>55. INJURY DATE (Mo, Day, Yr)</b> <b>56. HOUR OF INJURY (24 Hrs)</b> <b>57. DESCRIBE HOW INJURY OCCURRED:</b> <b>58. INJURY AT WORK? (Yes / No)</b> <b>59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)</b> <b>60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE</b> <b>61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE</b> <b>62. REGISTRAR SIGNATURE</b> <b>63. DATE RECEIVED (Mo, Day, Yr)</b> <b>AUG 05 2002</b>		

**AFFIDAVIT FOR CORRECTION**

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>		<b>STATE OFFICE USE ONLY</b>		
Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with _____ for _____		1. STATE FILE NUMBER		
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth); WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY		15.		
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

**Birth Certificates**

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian (if the child is under 18), or the adult themselves (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.
- Proof must be five (or more) years old or established within five years of birth.
- Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
- Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

**Death Certificates**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

**Marriage/Dissolution (Divorce) Certificates**

- Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person! See description of proofs in births above. A person's own birth certificate is also acceptable proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must provide the proof.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.

**CERTIFIED**

AUG 05 2002

*Karen R. Steingart, MD*  
 Dr. Karen Steingart  
 Health District Office  
 S.W. Washington Health District

II00474655