

WHEN RECORDED RETURN TO:

Gayle Ruzicka
732 Maple Way
Steverson WA. 98648

Skamania County, WA
Total: \$106.50
ALP
Pgs=4

2019-002428

12/10/2019 01:40 PM

Request of: GAYLE RUZICKA



00001935201900024280040049

DOCUMENT TITLE(S)

Death Cert / Affidavit of Surviving Spouse

REFERENCE NUMBER(S) of Documents assigned or released:☐ Additional numbers on page ____ of document.**GRANTOR(S):**

DARRELL RUZICKA

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

DEC 10 2019

☐ Additional names on page ____ of document.

PAID

GRANTEE(S):

GAYLE E RUZICKA

SKAMANIA COUNTY TREASURER

☐ Additional names on page ____ of document.**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

NW4 SEC 36, T3N, R7E, WM & SE4 SW4 SEC 25, T3N
RANGE 7E. WM

☐ Complete legal on page ____ of document.**TAX PARCEL NUMBER(S):**

03073620030000

☐ Additional parcel numbers on page ____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

**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 Quentin Darrell Ruzicka

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

Parcel number(s) 03-07-36-2-0-0300-00

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 19 day of Nov, 2019 at Stevenson, WA
(month) (year) (city) (state)

Eva Gayle Ruzicka
(Signature of surviving spouse or registered domestic partner)

Eva Gayle Ruzicka
(Printed name of surviving spouse or registered domestic partner)

732 Maple Way Stevenson WA 98648
(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



CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT, BLACK INK

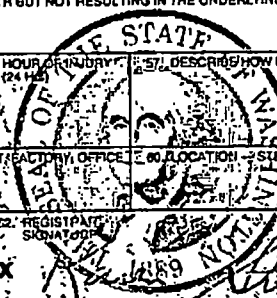
46

LOCAL FILE NUMBER

146

STATE FILE NUMBER

1. NAME First: Quentin Middle: Darrell Last: RUZICKA				2. SEX (M / F) M		3. DEATH DATE (Mo, Day, Yr) Dec 3, 2000	
4. AGE LAST BIRTHDAY (Yrs) 66		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. BIRTHDATE (Mo, Day, Yr) Jun 13, 1934		7. BIRTHPLACE (City, State or Foreign Country) Orefino, ID	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No				9. COUNTY OF DEATH Skamania			
10. CITY, TOWN OR LOCATION OF DEATH Steverson				11. PLACE OF DEATH — 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"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE 732 Maple Way			
12. SMOKING IN LAST 15 YEARS? (Yes / No) Yes							
13. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		14. SURVIVING SPOUSE (If wife, give maiden name) Gayle Polson		15. SOCIAL SECURITY NO. [REDACTED]		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 10 College (1-4 or 5+):	
17. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/ Operator		18. KIND OF BUSINESS OR INDUSTRY Janitorial Service		19. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		20. RACE (Specify) White	
21. RESIDENCE — NUMBER AND STREET 732 Maple Way		22. CITY/TOWN, OR LOCATION Steverson		23. INSIDE CITY LIMITS? (Yes / No) No		24. COUNTY Skamania	
25. LENGTH OF RES. IN CO. 3 yrs.		26. STATE WA		27. ZIP CODE 98648			
28. FATHER'S NAME — FIRST, MIDDLE, LAST William C. Ruzicka				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Vera McElwain			
30. INFORMANT — NAME Gayle Ruzicka- Wife		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 732 Maple Way Stevenson, WA 98648					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Dec 9, 2000		34. CEMETERY/CREMATORY — NAME Portland Memorial Crematory		35. LOCATION — CITY/TOWN, STATE Portland, Oregon	
36. FUNERAL DIRECTOR'S SIGNATURE [Signature]		37. NAME OF FACILITY Portland Funeral Alternatives		38. ADDRESS OF FACILITY 6635 SE 14th Ave Portland, OR			
39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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: Ray Fitzsimmons MD 40. DATE SIGNED (Mo., Day, Yr) December 4, 2000 41. HOUR OF DEATH (24 Hrs.) 1240 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ray Fitzsimmons, MD, Po Box 1519 White Salmon, WA 98672				43. 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: X 44. DATE SIGNED (Mo., Day, Yr) December 4, 2000 45. HOUR OF DEATH (24 Hrs.) 1240 46. PRONOUNCED DEAD (Mo., Day, Yr) December 4, 2000 47. HOUR PRONOUNCED DEAD (24 Hrs.) 1240 48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ray Fitzsimmons, MD, Po Box 1519 White Salmon, WA 98672 49. MEDICORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.		A. LUNG CANCER, metastatic DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH months	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE: Smoker				52. AUTOPSY? (Yes / No)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	
54. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM: DOCUMENTARY: EVIDENCE: REVIEWED BY: DATE:		62. REGISTRAR'S SIGNATURE [Signature]		63. DATE RECEIVED (Mo., Day, Yr) 12/8/2000			



DOH-10-111 (5/99)

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
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
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	

DOH 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

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. 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.
4. Proof must be five (or more) years old or established within five years of birth.
5. 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
6. 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.
7. 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).
8. This affidavit cannot be used to add a father to a birth certificate. Use the paternity affidavit - form DOH 110-001.

Death Certificates

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

Marriage/Dissolution (Divorce) Certificates

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

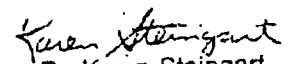
Please send the proof(s) and this form/certificate to:

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

JAN 4 2001


 Dr. Karen Steingart
 Health District Officer
 S.W. Wash Health Dist.
 HH209826