



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

State of ~~Washington~~ Oregon

County of Washington Co.

Name of deceased John C. Andrews

I, (survivor's name) Patricia A. Andrews affirm

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

Parcel number(s) 07063522012900

Lot 29, SWIFT CREEK ESTATES, according to the recorded Plat thereof, recorded in Book B of Plats, Page 72, in the County of Skamania, State of Washington.

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 7 day of June, 2020 at Portland, OR
(month) (year) (city) (state)

Patricia A. Andrews

(Signature of surviving spouse or registered domestic partner)

Patricia A. Andrews

(Printed name of surviving spouse or registered domestic partner)

7501 SW Canyon Road Portland OR 97225
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

894309

ID TAG NO

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-036310

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First John	Middle Crane	Last Andrews	Suffix	Death Date December 22, 2019
Sex Male	Age 94 years	Social Security Number [REDACTED]		County of Death Multnomah	
Birthdate September 05, 1925		Birthplace East Orange, New Jersey		Was Decedent Ever in U.S. Armed Forces? Yes	
Residence: 7501 SW Canyon Road			City/Town Portland		
Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97225	Inside City Limits? Yes
Marital Status at Time of Death Married		Spouse's Name Prior to First Marriage Patricia Ann Swanke			
Father's Name Walter Andrews			Mother's Name Prior to First Marriage Helen Hinchman		
Informant's Name Stephen Crane Andrews		Telephone Number Not Available	Relationship to Decedent Son	Mailing Address 17182 SW Soren Court, Beaverton, OR 97007	
Place of Death Nursing Facility		Facility Name Robison Jewish Health Center			
Location of Death 6125 SW Boundary		City/Town or Location of Death Portland		State Oregon	Zip Code + 4 97221
Method of Disposition Donation and cremation		Place of Disposition Oregon Health Sciences University Crematory		Location (City/Town and State) Portland, Oregon	
Name and Complete Address of Funeral Facility First Call Mortuary Services Inc		4835 NE Pacific Street, Portland, Oregon 97213			
Date of Disposition TBD	Funeral Director's Signature Samantha R Haxton			Electronically Signed	OR License Number CO-3994
Registrar's Signature Jennifer A. Woodward			Date Received January 07, 2020		Local File Number
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.

January 08, 2020

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



Unofficial
Copy



006671789

006671789