

When Recorded Return to:
Crystal M Anderson-Cunanan
51 Kingfisher Ln.
Washougal, WA
98671

Skamania County, WA
Total: \$105.50
ALP
Pgs=3

2021-002172
06/21/2021 11:10 AM

Request of: CRYSTAL ANDERSON-CUNANAN



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

State of Washington

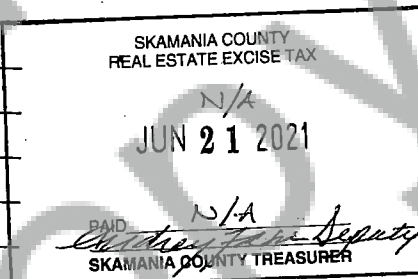
County of SKAMANIA

Name of deceased CEORIC M. CUNANAN

I, (survivor's name) CRYSTAL M. ANDERSON-CUNANAN affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02053230110400

2m 6/21/21



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 21st day of JUNE, 2021 at STEVENSON, WA
(month) (year) (city) (state)

Crystal M. Anderson-Cunanan
(Signature of surviving spouse or registered domestic partner)

(Printed name of surviving spouse or registered domestic partner)

51 KINGFISHER LN WASHOUGAL WA 98671
(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

CERTIFICATION OF VITAL RECORD

895315

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2019-035964

/ STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

Legal Name	First Cedric	Middle Matias	Last Cunanan	Suffix	Death Date December 29, 2019
Sex Male	Age 59 years	Social Security Number	County of Death Multnomah		Was Decedent Ever in U.S. Armed Forces? No
Birthdate May 31, 1960	Birthplace San Francisco, California				
Residence: 51 Kingfisher Lane	City/Town Washougal				
Residence County Skamania	State or Foreign Country Washington	Zip Code + 4 98671	Inside City Limits? Yes		
Marital Status at Time of Death Married	Spouse's Name Prior to First Marriage Crystal Marie Anderson				
Father's Name Romeo Anderson Cunanan	Mother's Name Prior to First Marriage Purita Matias				
Informant's Name Crystal Anderson-Cunanan	Telephone Number Not Available	Relationship to Decedent Spouse	Mailing Address 51 Kingfisher Lane, Washougal, WA 98671		
Place of Death Hospital-Inpatient	Facility Name OHSU Hospitals and Clinics				
Location of Death 3181 SW Sam Jackson Park Road	City/Town or Location of Death Portland	State Oregon	Zip Code + 4 97239		
Method of Disposition Cremation	Place of Disposition Cascade Cremation Center	Location (City/Town and State) Tualatin, Oregon			
Name and Complete Address of Funeral Facility Crown Memorial Center, Cremation & Burial - Eastside, 1433 SE 122nd Avenue, Portland, Oregon 97233					
Date of Disposition TBD	Funeral Director's Signature James B Han	Electronically Signed	OR License Number CO-3753		
Registrar's Signature Jennifer A. Woodward	Date Received January 02, 2020	Local File Number			
Amendment					

TO BE COMPLETED BY MEDICAL CERTIFIER

Was case referred to Medical Examiner? No	Autopsy? No	Were autopsy findings available to complete the cause of death?	Time of Death 1443
CAUSE OF DEATH IMMEDIATE CAUSE ↓ a. respiratory failure			Approximate Interval: Onset to Death weeks
Due to (or as a consequence of) ↓ b. metastatic prostate cancer			years
Due to (or as a consequence of) ↓ c.			
Due to (or as a consequence of) ↓ d.			
Other significant conditions contributing to death			
Manner of Death Natural	If Female Not Applicable	Did tobacco use contribute to death? Unknown	
Date of Injury	Time of Injury	Place of Injury	Injury at Work?
Location of Injury			
Describe how injury occurred		If transportation injury, specify.	
Name and Address of Certifier Kyle Buchwalder 3181 SW Sam Jackson Park Road, Portland, Oregon 97239			
Name and Title of Attending Physician If Other than Certifier		Date Signed January 02, 2020	
Medical Certifier Kyle Buchwalder	Electronically Signed	Title of Certifier M.D.	License Number PG193318
Amendment			

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.

DATE ISSUED:

January 06, 2020

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



Unofficial
Copy



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