



After recording return to:

Jean Hill  
31 Rockwood Dr.  
Stevenson, WA  
98648

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

State of Washington

County of Skamania

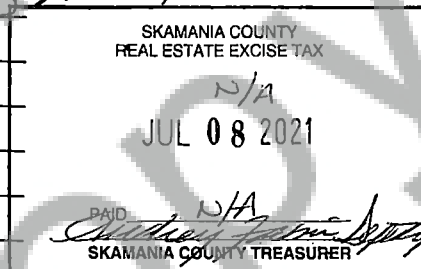
Name of deceased Robert Michael Hill

I, (survivor's name) Jean Hill

affirm

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

Parcel number(s) 03072520150000 9m 7/8/21



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 8<sup>th</sup> day of July, 2021 at Stevenson, WA  
(month) (year) (city) (state)

Jean Hill

(Signature of surviving spouse or registered domestic partner)

Jean Hill

(Printed name of surviving spouse or registered domestic partner)

31 Rockwood Dr. 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 OREGON

## CERTIFICATION OF VITAL RECORD

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

923554  
I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First Robert Middle Michael Last Hill		2. Death Date August 21, 2020	
3. Sex Male	4. Age 68 years	5. Social Security Number [REDACTED]	6. County of Death Multnomah
7. Birthdate May 14, 1952	8. Birthplace Salem, Oregon	9. Decedent's Education Associate's degree	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	12. Was Decedent Ever in U.S. Armed Forces? No
13. Residence, Number and Street 31 Rockwood Drive		14. City/Town Stevenson	
15. Residence County Skamania	16. State or Foreign Country Washington	17. Zip Code + 4 98648	18. Inside City Limits? No
19. Marital Status at Time of Death Married		20. Spouse's Name Prior to First Marriage Jean Haftomson	
21. Usual Occupation Nursery Foreman		22. Kind of Business/Industry Horticulture	
23. Father's Name Kenneth Michael Hill		24. Mother's Name Prior to First Marriage Edna May Gobert	
25. Informant's Name Jean Hill	26. Telephone Number Not Available	27. Relationship to Decedent Spouse	28. Mailing Address 31 Rockwood Drive, Stevenson, WA 98648
29. Place of Death Hospital-Inpatient		30. Facility Name Legacy Emanuel Medical Center	
31. Location of Death 2801 N Gantenbein Avenue		32. City/Town or Location of Death Portland	33. State Oregon
35. Method of Disposition Removal From State	36. Place of Disposition Columbia River Crematory	37. Location White Salmon, Washington	34. Zip Code + 4 97227
38. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Avenue, Camas, Washington 98607			
39. Date of Disposition August 25, 2020	40. Funeral Director's Signature Christian M. Dierickx		41. OR License Number RR-1812
42. Registrar's Signature [Signature]	43. Date Received SEP 10 2020	44. Local File Number 04448	
45. Amendment			

46. Was case referred to Medical Examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Time of Death 5:54 PM	
CAUSE OF DEATH							
50. 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.							
Final disease or condition resulting in death: <u>Myocardial infarction</u> a. Due to (or as a consequence of) <u>hypertension</u> b. Due to (or as a consequence of) <u>pneumonia</u> c. Due to (or as a consequence of) <u></u> d. Due to (or as a consequence of) <u></u>							
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above: <u></u>							
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		53. If Female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		54. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
55. Date of Injury (mm/dd/yyyy)		56. Time of Injury		57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		58. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)							
60. Describe how injury occurred							
61. If transportation injury, specify. <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
62. Name and Address of Certifier (Number & Street or RFD No., City/Town, State, Zip + 4) 511 W. GLADWIN ST #220 PORTLAND, OR 97209							
63. Name and Title of Attending Physician if Other than Certifier KAC CRUSAN							
64. Title of Certifier MD		65. License Number M016501		66. Date Signed (mm/dd/yyyy) 08/21/2020			
67. Medical Certifier - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
68. Medical Examiner - 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.							
69. 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:

SEP 10 2020

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JENNIFER A. WOODWARD, PH.D.  
STATE REGISTRAR

45-2DP (01/05)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial  
Copy



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