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

2021-002393

07/08/2021 01:57 PM

Request of: JEAN HILL

00009522202100023930030036

afer recording return to:

Jean Hill

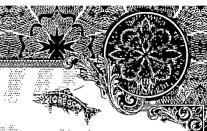
BI Rockwood Dr.

Stevensin, WA
98048

## 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 Hi	TI TI
I, (survivor's name) Jean Hill	affirm
that I am the sole and rightful heir to the property describ	and an
Parcel number(s) 03072520150000	Jm 7/8/21
	SKAMANIA COUNTY REAL ESTATE EXCISE TAX
	N/A
	JUL 0 8 2021
	1 1/4 /
	SKAMANIA COUMY TREASURER
I certify (or declars) and a set to g	
I certify (or declare) under penalty of perjury under the la foregoing is true and correct.	
Signed this $8^{+}$ day of $\frac{\text{July}}{\text{(month)}}$ , $\frac{2021}{\text{(year)}}$	at Stellanenia (12)
(month) (year)	$\frac{31(\sqrt{2150})}{(\text{city})}, \frac{\sqrt{31}}{(\text{state})}$
Jean Hill	
(Signature of surviving spouse or register	ered domestic partner)
Jean Hill	
(Printed name of surviving spouse or regis	stered domestic partner
	Ť.
31 Rockwood Dr. Stelladdress of surviving spouse or domestic partner)	venson WA 98640
Address of surviving spouse or domestic partner)	(city) (state) (zin)
Note: See Senate Bill (SB) 6851 on page 2 f	or statutory requirements.
REV 84 0015 (9-24-13)	, <u>, , , , , , , , , , , , , , , , , , </u>





## OREGON HEALTH AUTHORITY

LD: TAG NO	CERTIFIC	CATE OF DEATH		STATE FILE NUMBER
1, Legal Name First Robert	Michael Last Michael Hill		6772 A 2000 A 2000	eath Date August 21, 2020
3. Sex 4. Age Male 4 68 ye	5. Social Security Num	per	Aka Mike Hill  6. County of Death  Multnoman	G ### \$77
7. 8 Birthdate 8. Birth Sa Sa Sa	nplace		Decedents Educa     Associate's d	ation
10. Was Decedent of Hispanic Origin?	11. Decedent	s Race(s)	12. Was De	ecedent Ever in med Forces? No
No 13. Residence; Number and Street 31 Rockwood Drive	VOICE	14. City/Town Stevensor	1000	med Forces / NO
15. Residence County	16. State or Foreign Country.	17. Zlp Code +4		Inside City Umits?
Skarnania 19. Marital Status at Time of Death	Washington 20. Spouse's Name	Prior to First Marriage	- A   A   A   A   A   A   A   A   A   A	No W
Married 21. Usual Occupation	Jean:Haftor	22. Kind of Busine	ss/industry	
Nursery Foreman  23. Father's Name		Horticulture 24: Mother's Name Prior to F	irst Marrlage	74 Ev. (4)
Kenneth Michael Hill  25. Informant's Name  Jean Hill	25. Telephone Number: 27. Re	Edna May Gobert ationship to Decedent   28. Mailing A ise   31. Rockw	ddress	WW.00C40
29. Place of Dealh	30. Facili	tv·Name'	and a management	150n, WA 98048
Hospital-Inpatient	32. Cit	Cover or Location of Death	33. State 34.	Zip Code + 4
2801 N Ganteribein Avenue 35. Method of Disposition 3 Removal From State		and	Oregon 37. Location	97227
38. Name and Complete Address of Funer			White Salmon,	200 A.V. 100
Straub's Funeral Home  39. Date of Disposition 40.	Funeral Director's Signature	325 NE 3rd Avenue, Cama	S, Washington 98	3607: :::::::::::::::::::::::::::::::::::
August 25, 2020 42. Registrar & Signature	Christian M	DIGITAL A.	*   RR-1812	7.27
· Clarke Jamber	グール ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	43. Date Received 1 0 2020	<i>iiii</i>	04448
45. Amendment				
46. Was case perented to Medical Examine	47. Autopsy2	. Were autopsy findings available to death? ☐ Yes ☐ No	complete the cause of	49. Time of Death
□ Yes ŒNo 🍀		death? ☐ Yes ☐ Nö' ''''  CAUSE OF DEATH		554AC
☐ Yes	☐ Yes ☐ No  Injuries, Or complications - that titre est or ventricular fibritation without	death?	ER TERMINAL EVENTS	1 5541A
50. Enter the chain of events - diseases, in such as cardiac arrest, respirabily ains.  Final disease or condition	Tyes Two	death?	ER TERMINAL EVENTS	Approximate Interval:
50. Enter me chain of events - diseases, in such as cardiac arrest, respiratory affer Final disease or condition:  Final disease or condition:  resulting in death—  Sequentially list conditions, if any, bust leading to the cause listed on line a, b.	injuries, for complications - that the set or ventricular, fibrillation without DIATE CAUSE # Myo case (or as a consequence of) + Myo case	death?	ER TERMINAL EVENTS	Approximate Interval:
50. Enter me chain of events - diseases, it such as cardiac arrest, respiratory aims.  Final disease or condition: resulting in death-) Sequentially list conditions, if any, leading to the cause listed on line a. b. ENTER THE UNDERLY ING: CAUSE LAST (disease or injury. that initiated the events resulting in Dow to	Thurse, OF complications - that the set of ventricular, fibrillation without DIATE CAUSE V Nyoca (or as a consequence of) V Nyoca (or as a consequence of) V	death?	ER TERMINAL EVENTS	Approximate Interval:
50. Enter me chain of events - diseases, in such as cardiac arrest, respiratory aims.  Final disease or condition: resulting in death-)  Sequentially list conditions, if any, leading to the cause listed on line a. b. ENTER THE UNDERLYING: CAUSE LAST (disease or injury. c. that initiated the events resulting in death).  Due to death).	The No	death? ☐ Yes ☐ Nö  AUSE OF DEATH  City caused the death. DO NOT ENT  Shawing the eliology. DO NOT ABB  AUSE OF SEATH  AUSE OF SEA	ER TERMINAL EVENTS	Approximate Interval:
50. Enter the chain of events - diseases, it such as cardiac arrest, respiratory aims Final disease or condition: Final disease or condition: resulting in death - Sequentially list conditions, if any, bearing to the cause listed on line a. b. ENTER THE UNDERLYING Due to CAUSE LAST (disease or injury. c. that initiated the events resulting in death).  51.: Other significant conditions contribution	The No	death? □ Yes □ Nö  AUSE OF DEATH  ctly caused the death. DO NOT ENTE  showing the elfology. DO NOT and  place of the color of the color  place of the color  Doderlying cause then above	ER TERMINAL EVENTS REVIATE	Approximate Interval: Onset to Death
50. Enter the chain of events - diseases, in such as cardiac arrest, respiratory aire Final disease or condition: resulting in death.) Sequentially list conditions, if any, leading to the cause listed on line a. b. ENTER THE UNDERLYING: CAUSE LAST (disease or niury, that initiated the events resulting in death).  51. Other significant conditions contribution  52. Manner of Death.  53. If the contribution of the contributio	pluries, Or complications - that titre est or ventricular, fibrilation without DIATE: CAUSE V N you (or as a consequence of) V (or as a consequence of) V q to death, but not resulting in the I Fernale preparat within past year Union	geath?	ER TERMINAL EVENTS REVIATE	Approximate Interval:
50. Enter the chain of events - diseases, in such as cardiac arrest, respiratory aire Final disease or condition: resulting in death.) Sequentially list conditions, if any, leading to the cause listed on line a. b. ENTER THE UNDERLYING: CAUSE LAST (disease or niury, that initiated the events resulting in death).  51. Other significant conditions contribution  52. Manner of Death.  53. If the contribution of the contributio	In the Interest of the Interes	Geath? □ Yes □ Nö  AUSE OF DEATH City caused the death. DO NOT ENTE showing the elidoigy, DO NOT ABLE  Didderlying cause given above.  Didderlying cause given above.	ER TERMINAL EVENTS LEVIATE  2. Did lobac me desuh.	Approximate Interval: Onset to Death Onset to Death  co use contribute to death?  Protection  B. Injury at Work?
So. Enter the chain of events - diseases, in such as cardiac arrest, respiratory after such as cardiac arrest, respiratory after Final disease or condition:  Final disease or condition:  IMME arrest thing is conditions, if any, but is conditions, if any, but is conditions, if any, but is adding to the cause listed on line a. b.  ENTER THE UNDERLYING:  CAUSE LAST (disease or injury.  that initiated the events resulting in Due to death).  31. Other significant conditions contribution  52. Manner of Death  Charling Homicide Not Sudder Personnel Not Sudder Personnel Not Sudder Not	Typines, Or complications - that three as for ventricular, theritation without (or as a consequence of) + V (or as a consequence of)	Geath? □ Yes □ Nö  AUSE OF DEATH City caused the death. DO NOT ENTE showing the elidoigy, DO NOT ABLE  Didderlying cause given above.  Didderlying cause given above.	ER TERMINAL EVENTS LEVIATE  2. Did lobac me desuh.	Approximate Interval: Onset to Death  Course; contribute to death?
Tres offs	Typines, Or complications - that this est or ventricular, tibrilation without DIATE CAUSE V N yo CA (or as a consequence of) V V (or as a consequence of) V (or as a conseq	death?	ER TERMINAL EVENTS REVIATE  54. Did tobac we death   Yes   No   No   No   No   No   No   No   No	Approximate Interval: Onset to Death  Course; Contribute to death?  Processory  Injury at Work?  Yes   No   Unknown
50. Enter the chain of events - diseases, in such as cardiac arrest, respiratory after such as cardiac arrest, respiratory after such as cardiac arrest, respiratory after Final disease or condition:  Final disease or condition:  Final disease or condition:  Final disease or condition:  Securettally list conditions, if any, leading to the cause tisted on line a.  Due to CAUSE LAST (disease or injury, chat hitared the events resulting in death).  51. Other significant conditions contribution  52. Manner of Death	In the Internal of the program of th	death?	ER TERMINAL EVENTS LEVIATE  S4. Did tobjac re death   Yes	Approximate Interval: Onset to Death  Onset to Death  Death  Death  Onset to D
Tes offs	In the Internal of the program of th	Geath? □ Yes □ Nö  CAUSE OF DEATH City caused the death. DO NOT ENTE Showing the elidology, DO NOT ABBE  Company of the elidology of the company  Company of the company of the company of the company  Company of the company of t	ER TERMINAL EVENTS REVIATE    54. Did tobac   re death   Pes   No.   No.   aurant, wooded area)   51	Approximate Interval: Onset to Death  Course; Contribute to death?  Processory  Injury at Work?  Yes   No   Unknown
50. Enter the chain of events diseases, in such as cardiac arrest, respiratory aire Final disease or condition: resulting in death.)  Sequentially list conditions, if any, leading to the cause tisted on line a. b. Due to CAUSE LAST (disease or injury, chat hituared the events resulting in death.)  51. Other significant conditions contribution of the cause tisted on line a. b. Due to CAUSE LAST (disease or injury).  52. Manner of Death		Geath? Yes No.  AUSE OF DEATH City caused the death. DO NOT AND showing the didology. DO NOT ABBE  AUTO CAUSE Them above.  Toddertying cause them above.  Toddertying cause them above.  Toddertying cause them above.	FR TERMINAL EVENTS  REVIATE  S4. Did Intrace  The Control of the Control  The Contr	Approximate Interval: Onset to beath Onset to beath  co use contribute to death?  Protocoly Portunder  Injury at Work? Yes   No   Unknown  y, specify. Passenger   Pédestrian
50. Enter the chain of events diseases, in such as cardiac arrest, respiratory after sevental in death.)  Seventally list conditions, if any, leading to the cause tisted on line a. Due to CAUSE LAST (disease or nipury, chat huarde the events resulting in death.)  51. Other significant conditions contribution of the c		Geath?	TERMINAL EVENTS REVIATE  SEPARATE  SEPARATE  No Pes  Separati, wooded area)  Signification injur  Differ(Operator)  Other (Specify)  7 7 10-9	Approximate Interval: Onset to Death  Co use; contribute to death?  Priobably  Politicism: Injury at Work?   Yes   No   Unknown  y; specify.   Passenger   Pédestrian.
50. Enter the chain of events diseases, in such as cardiac arrest, respiratory after seventh as cardiac arrest, and the seventh of the cause tisted on line a.  Divide the cause tisted on		Geath?	TERMINAL EVENTS REVIATE  SECURITE  SECURITE  SECURITE  No.   Security  No.   S	Approximate Interval: Onset to Death

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.

SEP 1 0 2020

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

JEMME A WOODWARD, PH.D. STATE REGISTRAR





DATE ISSUED:

\*007007157\*

007007157