



**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 Gail & Helen Robertson

I, (survivor's name) Lawrence Kenneth Robertson

affirm

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

Parcel number(s) 03081740430000

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

AUG 19 2021

PAID N/A
SKAMANIA COUNTY TREASURER

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 August, 2021 at Stevenson, WA
(month) (year) (city) (state)

Lawrence Kenneth Robertson

(Signature of surviving spouse or registered domestic partner)

Lawrence Kenneth Robertson

(Printed name of surviving spouse or registered domestic partner)

191 Vine Maple Loop Carson WA 98610
(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



CERTIFICATE NUMBER: 2021-036456

DATE ISSUED: 07/30/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): GAIL HELEN
LAST NAME(S): ROBERTSON

COUNTY OF DEATH: CLARK
DATE OF DEATH: JULY 27, 2021
HOUR OF DEATH: 11:17 AM
SEX: FEMALE AGE: 71 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3409 MAIN STREET UNIT 422
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98660

RESIDENCE STREET: 3409 MAIN STREET #422
CITY, STATE, ZIP: VANCOUVER, WA 98660
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 7 MONTHS

FATHER: CLAUDE GERALD BARNES
MOTHER: HELEN LOUISE HARRISON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: CLARK COUNTY CREMATORY

CITY, STATE: VANCOUVER, WASHINGTON
DISPOSITION DATE: JULY 29, 2021

FUNERAL FACILITY: ALL COUNTY CREMATION AND BURIAL SERVICE

ADDRESS: 605 E. BARNES STREET SUITE 206
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98661
FUNERAL DIRECTOR: NICHOLAS R. BROWN

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: NOVEMBER 09, 1949
BIRTHPLACE: BAKERSFIELD, CA

MARITAL STATUS: SEPARATED
SURVIVING SPOUSE: LAWRENCE KENNETH ROBERTSON

OCCUPATION: SOCIAL WORKER
INDUSTRY: STATE/GOVERNMENT
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: GREG ALAN ROBERTSON
RELATIONSHIP: SON/POA
ADDRESS: 1741 KANAKA CREEK ROAD STEVENSON, WA 98648

CAUSE OF DEATH:
A: UNKNOWN ETIOLOGY, NATURAL CAUSES
INTERVAL: UNKNOWN

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NADIA A. DAVIS, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 12607 SE MILL PLAIN BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98684
DATE SIGNED: JULY 29, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST.CYR
DATE RECEIVED: JULY 29, 2021

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE