

RETURN DOCUMENT TO:

SANDRA OTTMAN C/O JAN VANMARTER  
P.O. BOX 20486  
PORTLAND, OR 97294

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

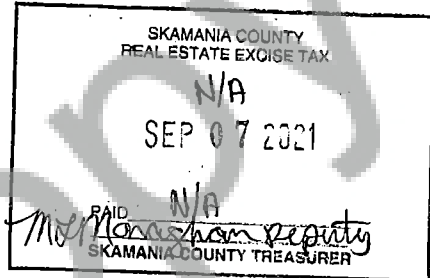
State of Washington

County of SKAMANIA

Name of deceased J.S. OTTMAN (JOHN SHERMAN OTTMAN)

I, (survivor's name) SANDRA OTTMAN affirm  
that I am the sole and rightful heir to the property described as:

Parcel number(s) 04 07 35 00 10 01 00 65



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 2nd day of Sept., 2021 at Portland, Oregon  
(month) (year) (city) (state)

Sandra Ottman  
(Signature of surviving spouse or registered domestic partner)

SANDRA OTTMAN  
(Printed name of surviving spouse or registered domestic partner)

4494 SE 51ST ST. LINCOLN CITY OR 97367-1400  
(Address of surviving spouse or domestic partner) (city) (state) (zip)

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

## **RCW 82.45.197**

### **Exemptions - Inheritance - Documents required.**

In order to receive an exemption from the tax in this chapter on real property transferred as a result under RCW 82.45.010(3)(a), the following documentation must be provided:

- (1) If the property is being transferred under the terms of a community property agreement, a copy of the recorded agreement and a certified copy of the death certificate;
- (2) If the property is being transferred under the terms of a trust instrument, a certified copy of the death certificate and a copy of the trust instrument showing the authority of the grantor;
- (3) If the property is being transferred under the terms a probated will, a certified copy of the letters testamentary or in the case of intestate administration, a certified copy of the letters of administration showing that the grantor is the court-appointed executor, executrix, or administrator, and a certified copy of the death certificate;
- (4) In the case of joint tenants with right of survivorship and remainder interests, a certified copy of the death certificate is recorded to perfect title;
- (5) If the property is being transferred pursuant to a court order, a certified copy of the court order requiring the transfer, and confirming that the grantor is required to do so under the terms of the order;
- (6) If the community property interest of the decedent is being transferred to a surviving spouse or surviving domestic partner absent the documentation set forth in subsections (1) through (5) of this section, a certified copy of the death certificate and a signed affidavit from the surviving spouse or surviving domestic partner affirming that he or she is the sole and rightful heir to the property; or
- (7) If the property is being transferred pursuant to a transfer on death deed, a certified copy of the death certificate is recorded to perfect title.

For tax assistance or to inquire about the availability of this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

970841

ID TAG NO.

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

136-2021-024117

STATE FILE NUMBER

Legal Name		First	Middle	Last	Suffix	Death Date	
		John	Sherman	Ottman		July 30, 2021	
Sex	Age	Social Security Number			County of Death		
Male	82 years				Multnomah		
Birthdate		Birthplace		Was Decedent Ever in U.S. Armed Forces?			
February 06, 1939		Portland, Oregon		No.			
Residence:				City/Town			
4494 SE 51st Street				Lincoln City			
Residence County		State or Foreign Country		Zip Code + 4		Inside City Limits?	
Lincoln		Oregon		97367		Yes	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage					
Married		Sandra Good					
Father's Name				Mother's Name Prior to First Marriage			
Clifford Ottman				Alma Kepner			
Informant's Name		Telephone Number		Relationship to Decedent		Mailing Address	
Sandra Ottman		Not Available		Spouse		4494 SE 51st Avenue, Lincoln City, OR 97367	
Place of Death		Facility Name					
Hospital-Inpatient		Legacy Emanuel Medical Center					
Location of Death		City/Town or Location of Death		State		Zip Code + 4	
2801 N Gantenbein Avenue		Portland		Oregon		97227	
Method of Disposition		Place of Disposition		Location (City/Town and State)			
Cremation		PFS Crematory		Portland, Oregon			
Name and Complete Address of Funeral Facility							
Zeller Chapel Of The Roses 2107 NE Broadway St, Portland, Oregon 97232							
Date of Disposition		Funeral Director's Signature				OR License Number	
TBD		Astin Jene Kowaleski				CO-3973	
Registrar's Signature				Date Received		Local File Number	
Jennifer A. Woodward				August 11, 2021			
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.

August 12, 2021

DATE ISSUED:

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

Jennifer A. Woodward  
JENNIFER A. WOODWARD, Ph.D.  
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Unofficial  
Copy



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