



Michael H. Holbrook  
Box 337  
Wishram Wa 98673

**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 Douglas Earl Holbrook

I, (survivor's name) Amy L. Holbrook

affirm

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

Parcel number(s) 96001047 000 000 (SW)  
Cabin 47# Government  
Mineral Springs

SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX

N/A  
SEP 27 2021

PAID N/A  
Real Estate  
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 27 day of Sept, 2021 at Stevensson, Wa  
(month) (year) (city) (state)

Michael H Holbrook P.O.V.

(Signature of surviving spouse or registered domestic partner)

Michael H. Holbrook

(Printed name of surviving spouse or registered domestic partner)

Box 337 / 315 Coffield Ave Wishram Wa 98673  
(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 DEPARTMENT OF HUMAN SERVICES  
CENTER FOR HEALTH STATISTICS  
CERTIFICATE OF DEATH

543664

I.D. TAG NO.

STATE FILE NUMBER

1. Legal Name First Douglas Middle Earl Last Holbrook Suffix		2. Death Date September 28, 2009	
3. Sex Male	4. Age 76 years	5. Social Security Number	
6. County of Death Wasco	7. Birthdate May 12, 1933		
8. Birthplace Gresham, Oregon		9. Decedent's Education High school grad. or GED	
10. Was Decedent of Hispanic Origin? No		11. Decedent's Race(s) White	
12. Was Decedent Ever in U.S. Armed Forces? Yes		13. Residence: Number and Street 315 Coffield Canyon	
14. City/Town Wishram		15. Residence County Klickitat	
16. State or Foreign Country Washington		17. Zip Code + 4 98673	
18. Inside City Limits? Yes		19. Marital Status at Time of Death Married	
20. Spouse's Name Prior to First Marriage Amy Lavonne Rivers		21. Usual Occupation Conductor	
22. Kind of Business/Industry Rail Road Industry		23. Father's Name Earl George Holbrook	
24. Mother's Name Prior to First Marriage Della Cristine Buhlinger		25. Informant's Name Amy L Holbrook	
26. Telephone Number Not Available		27. Relationship to Decedent Spouse	
28. Mailing Address 315 Coffield Canyon, PO Box 337, Wishram, WA 98673		29. Place of Death Nursing Facility	
30. Facility Name Oregon Veterans' Home		31. Location of Death 700 Veterans Dr.	
32. City/Town or Location of Death The Dalles		33. State Oregon	
34. Zip Code + 4 97058		35. Method of Disposition Cremation	
36. Place of Disposition Win-Quatt Crematory		37. Location The Dalles, Oregon	
38. Name and Complete Address of Funeral Facility Spencer, Libby & Powell Funeral Home 1100 Kelly Ave, The Dalles, Oregon 97058			
39. Date of Disposition October 02, 2009		40. Funeral Director's Signature Mark E. Powell	
41. OR License Number CO-3621		42. Registrar's Signature Idolena Perry	
43. Date Received October 14, 2009		44. Local File Number 203	
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 8:00pm			
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.			
Approximate Interval: Onset to Death			
Final disease or condition resulting in death IMMEDIATE CAUSE a. pneumonia 3 days			
Due to (or as a consequence of) b. Parkinson's Dx 5 years			
Due to (or as a consequence of) c.			
Due to (or as a consequence of) d.			
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above.			
52. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <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 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) Nicole Pashek, NP, 1825 E. 19th St #3, The Dalles, OR 97058			
63. Name and Title of Attending Physician if Other than Certifier			
64. Title of Certifier Nicole Pashek ANP			
65. License Number 200852061 NP			
66. Date Signed (MM/DD/YYYY) 10/07/2009			
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. M. Pashek ANP			
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			

45-2DP (01/06)

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY  
REGISTERED AT THE OFFICE OF THE WASCO COUNTY REGISTRAR.

DATE ISSUED:

OCT 14 2009

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Kathi Hall  
KATHI HALL  
COUNTY REGISTRAR  
WASCO COUNTY, OREGON

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