Skamania County, WA
Total:$205.50
ALP
Pgs=3
Request of: KATHRYN C ALLEN

2021-004191
12/22/2021 12:51 PM

00011684202100041910030032

When recorded return to:
Kathryn C. Allen
PO Box 475
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 John Wesley Allen

I, Kathryn C. Allen affirm that I am the sole and rightful heir to the property describes as:

Tax Parcel Number: 03753630010000

Legal: Lots 1 and 2 and that portion of Lot 5 lying southerly of Strawberry Road as presently located, all in Strawberry Hill Tracts in Section 36, Township 3 North, Range 7 ½ East of the Willamette Meridian, according to the official plat thereof on file and of record in Book "A" of Plats, on page 43, records of Skamania County Washington.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 22nd day of December, 2021.

Kathryn C. Allen

Kathryn C. Allen
PO Box 475
Stevenson, WA 98648

Skamania County Assessor
Date 12-22-21 Parcel# 03753630010000
ZH

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
DEC 22 2021
PAID N/A
M McMorrow Deputy
SKAMANIA COUNTY TREASURER

CERTIFICATION OF VITAL RECORD

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

399631 — I.D. TAG NO.
07 — Local File Number
136 — State File Number

4cc 1-24-05 10

DECEDENT

1. DECEDENT'S NAME: First: John; Middle: Wesley; Last: ALLEN
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): Jan. 19, 2005
4. SOCIAL SECURITY NUMBER: [redacted]
5a. AGE-Last Birthday (Years): 80
5b. Under 1 Year: Mos. / Days
5c. Under 1 Day: Hours / Mins.
6. BIRTHPLACE (City and State or Foreign Country): Canada
7. DATE OF BIRTH (Month, Day, Year): April 2, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No
9a. PLACE OF DEATH (Check only one): ☐ HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Mid-Columbia Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: The Dalles
9d. COUNTY OF DEATH: Wasco
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Sales
10b. KIND OF BUSINESS/INDUSTRY: Autos & Parts
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
12. SPOUSE (If Married, Widowed): Kathryn Biggar
13a. RESIDENCE - STATE: Washington
13b. COUNTY: Skamania
13c. CITY, TOWN OR LOCATION: Stevenson
13d. STREET AND NUMBER: 6291 Loop Road
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13f. ZIP CODE: 98648
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17. FATHER - NAME: First: Edwin; Middle:; Last: Allen
18. MOTHER - NAME: First: Diva; Middle:; Maiden: Stevens
19. INFORMANT - NAME and relationship to deceased: Kathryn Allen-Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Mausoleum ☐ Burial ☒ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Columbia River Crematory
20c. LOCATION - City or Town, State: White Salmon WA

REGISTRAR

21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH:
21b. OREGON LICENSE NO. (Of Licensee): 1961
22. NAME, ADDRESS AND ZIP OF FACILITY: Gardner Funeral Home, POB 390 White Salmon, WA 98672
23. DATE FILED (Month, Day, Year): JANUARY 24, 2005
24. REGISTRAR'S SIGNATURE:

RESERVED FOR REGISTRAR'S USE

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN

27. TIME OF DEATH: 1159 AM
28. WAS MEDICAL EXAMINER NOTIFIED? ☒ Yes ☐ No
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature): John L. Jacobson, MD
30. DATE SIGNED (Month, Day, Year): 1/19/05
31a. TIME OF DEATH: M
31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour):
32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature):
33. DATE SIGNED (Month, Day, Year): COUNTY
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print): JOHN L. JACOBSON, MD 1100 E. 19th St., The Dalles, OR 97058
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.
PART I (a) Ventricular Fibrillation — Interval between onset and death: 30 min.
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerotic Coronary Artery Disease — Interval between onset and death: many decades
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.

37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☐ No ☒ Unknown
38. AUTOPSY: ☐ Yes ☒ No
39. If YES were findings considered in determining cause of death? ☐ Yes ☒ No ☐ N/A

40. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other ☐ Pending Investigation ☐ Undetermined Manner ☐ Legal Intervention
41a. DATE OF INJURY (Month, Day, Year):
41b. TIME OF INJURY: M
41c. INJURY AT WORK? ☐ Yes ☐ No
41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CAUSE OF DEATH INSTRUCTIONS ON REVERSE SIDE OF GREEN AND PINK COPY

RESERVED FOR REGISTRAR'S USE

45-2-Rev (3/00)

ORIGINAL-VITAL STATISTICS COPY

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

DATE ISSUED: JAN 24 2005

Kathi Hall
KATHI HALL
COUNTY REGISTRAR
WASCO COUNTY, OREGON

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER

STATE OF OREGON 1859

WASCO COUNTY BOARD OF HEALTH STATE OF OREGON 1919 THE DALLES, OREGON

000017254