

Dennis A Gogolski
15202 Washougal River Road
Washougal, WA 98671-7157

**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 LINDA DARLENE GOGOLSKI

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

Parcel number(s) 02052320020000

02052320030000

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A
JUL - 6 2016

N/A
PAID C. A. Deputy
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 5th day of July, 2016 at Washougal, WA
(month) (year) (city) (state)

Dennis Anthony Gogolski
(Signature of surviving spouse or registered domestic partner)

Dennis Anthony Gogolski
(Printed name of surviving spouse or registered domestic partner)

15202 WASHOUGAL RIVER ROAD WASHOUGAL WA 98671-7157
(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

Local File Number		40		Washington State Certificate of Death		State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix				2. Death Date			
Linda Darlene GOGOLSKI				08/17/2006			
3. Sex (M/F)		4a. Age - Last Birthday		4b. Under 1 Year		5. Social Security Number	
Female		59		Months Days		[REDACTED]	
7. Birthdate		8a. Birthplace (City, Town, or County)		8b. (State or Foreign Country)		9. Decedent's Education	
08/21/1946		Redwood Falls		Minnesota		High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)						13b. City or Town	
15202 Washougal River Rd.						Washougal	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98671	
14. Estimated length of time at residence.		15. Marital Status at Time of Death		16. Surviving Spouse's Name (Give name prior to first marriage)			
23 Years		Married		Dennis Anthony Gogolski			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Owner Operator				Human Resources			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Kenneth A. Bailey				Madalyn Hunter			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dennis Gogolski		Husband		15202 Washougal River Rd. Washougal, WA 98671			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Decedent's Home			
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death		26b. State	
152020 Washougal River Rd.				Washougal		WA	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State		27. Zip Code	
Cremation		Columbia River Crematory		White Salmon, Washington		98671	
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607						8/25/06	
33. Funeral Director Signature X							
<i>CAH [Signature]</i>							
Cause of Death (See instructions and examples)							
34. Enter the <u>chain of events</u> - 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>ventricular fibrillation</i>				Interval between Onset & Death <i>minutes</i>			
Due to (or as a consequence of) b. <i>myocardial infarction</i>				Interval between Onset & Death <i>deep</i>			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. <i>atherosclerotic coronary artery disease</i>				Interval between Onset & Death			
Due to (or as a consequence of) d.				Interval between Onset & Death			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy?	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to 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		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street						Apt. No.	
City or Town:						County:	
State:						Zip Code + 4:	
46. Describe how injury occurred						47. If transportation injury, specify:	
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician				48b. Medical Examiner/Coroner			
<i>[Signature]</i>				X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)						50. Hour of Death (24hrs)	
CATHERINE STEFAN 2525 NE 139 th St. Vancouver, WA						0910	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY)	
						8-24-06	
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
ARNP						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature						58. Date Received (MM/DD/YYYY)	
<i>[Signature]</i>						8/25/06	
59. Amendments:							