AFN #2016001303 Recorded Jul 06, 2016 10:11 AM DocType: ALP Filed by: Dennis A Gogolski Page: 1 of 2 File Fee: \$74.00 Auditor Robert J. Waymire Skamania County, WA

Dedvis A. Gogotski 15303 Washaugh River Kord Mashreyat, WA 18671-7157

REV 84 0015 (9-24-13)

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

State of Washington	4.3	
County of WHILLANIA	V 11 .	
Name of deceased Linda Darlene G	ogoLsRi	
Name of deceased Linch DARLENE G.  I, (survivor's name) Dennis Authory God	olski	affirm
that I am the sole and rightful heir to the property described a	as:	<b>\</b>
Parcel number(s) <b>02052320020000</b>	SKAMANIA CO	
0205 232 00 3 0000	REAL ESTATE EX	CISE TAX
	UII C 20	10
	JUL - <b>6</b> 20	10
	DAID DIA	~
	PAID_ CA depio	
1	SKAMANIA COUNTY T	∄EASURER
Leastify (or declars) under repulting for its and the	Call Give CXX 11	
I certify (or declare) under penalty of perjury under the laws foregoing is true and correct.	of the State of Washingto	n that the
	/	
Signed this 5th day of July, 2016 a	at Nashuga, (city)	KM.
(month) (year)	(city)	(state)
Mennistation Novolet		
(Signature of surviving spouse of registered	l domestic partner)	
	2	
Printed name of surviving spouse or register		
(Printed name of surviving spouse or register	ed domestic partner)	
15163 Machought LINEC Lond Washed (Address of surviving spouse or domestic partner)	DUCAL WA	98671-7157
(Address of surviving Spouse <del>or domestic partne</del> r)	(city) (state)	78611-7157 (zip)
Note: See Senate Bill (SB) 6851 on page 2 for s	statutory requirements.	

AFN #2016001303 Page: 2 of 2

*	al File Number D2		on State Certificate	of Death	State File Num	ber	
	1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix 2. De	ath Date		
	Linda	Darlene	GOGOLSKI	08	/17/2006		
	3. Sex (M/F) 4a. Age - Last E Female 59	Birthday 4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minute	5. Social Securi	ty Number	6. County of De	
	7. Birthdate 8a. Bi	rthplace (City, Town, or County)		**	ent's Education	Skaman	11a
	08/21/1946 Ro 10. Was Decedent of Hispanic Origin?	edwood Falls ? (Yes or No) If yes, specify.	Minnesota 11. Decedent's F		gh School C		Was Decedent eve
L	No 13a. Residence: Number and Street (e		White	* /		A	rmed Forces?
ecto	15202 Washougal Riv	ver Rd.			13b. City	or Town ashougal	
Ö	13c. Residence: County	13d. Tribal Reservation Nam			13f. Zip Cod	e + 4	13g. Inside City
Funeral	Skamania  14. Estimated length of time at resider	nce. 15. Marital Status at Tir	me of Death 16. Survivir	shington ng Spouse's Name (Give	9867	l	☐ Yes 💆 No
by Fu		Married	Denni	c Anthony Co	col alci		
led	Owner Operator		ile. (DU NOT USE RETIRED). 18	. Kind of Business/Indus Human Resour		ly Name)	
mplet	19. Father's Name (First, Middle, Last, St	uffix)	l l	. Mother's Name Before	First Marriage (First,		
CO	Kenneth A. Bailey 21. Informant's Name	22. Relationship to D		Madalyn dress: Number and Street of		n State Z	ip
art 1	Dennis Gogolski  24. Place of Death, if Death Occurred in a H	Husband	15202	. Washougal R	iver Rd. W	ashougal.	•
تة			Pla	oce of Death, if Death Occu Decedent's		an a Hospital:	
	25. Facility Name (If not a facility, give nur			26a. City, Town, o	r Location of Death	i I	7. Zip Code
	152020 Washougal Rt 28. Method of Disposition	iver Rd.  29. Place of Final Dispo	esition (Name of cemetery, cre	Washoug		WA City/Town, and S	98671
	Cremation	Columbia	River Cramator		1	Salmon,	Washingto
	31. Name and Complete Address of Fr Straub's Funeral Ho			(1.00(0)		32. Date of Disp	position 5/06
_	33. Funeral Director Signature X  34. Enter the chain of events – disease	In las	Cause of Death (See instruc	ctions and examples)			
	34. Enter the <u>chain of events</u> – diseas ventricular fibrillation without showing t	es, injuries, or complications he etiology DO NOT ABBRI	<ul> <li>that directly caused the EVIATE. Add additional line</li> </ul>	death. DO NOT enter the nes if necessary.	erminal events such	es cardiac arrest.	
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