

When recorded return to:

Jaques Sharp  
P.O. Box 457  
Hood River, OR 97031

**SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**

*N/A*  
APR 02 2019

*N/A*  
PAID *By Deputy*  
SKAMANIA COUNTY TREASURER

**AFFIDAVIT OF SURVIVING SPOUSE FOR CLAIMING  
AN EXEMPTION BASED ON INHERTANCE OF  
REAL ESTATE -**

STATE OF WASHINGTON

COUNTY OF SKAMANIA

JAMES H. PETERSEN, DECEASED

I, DENA M. GADOMSKI, affirm that I am the sole and rightful heir to the property described as:

Skamania County Assessor

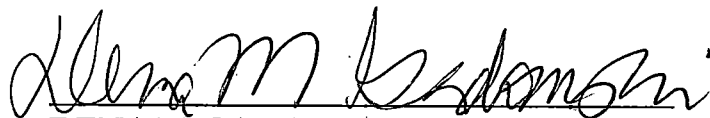
Parcel Number 03102320041500

*YM*  
Date 3-25-19 Parcel# 03102320041500

Abbreviated Legal: Lot 10 ORIGINAL TOWNSITE OF UNDERWOOD BK  
A/PG 14 + .14 AC R/W

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

Signed this 20th day of March, 2019, at Hood River, Oregon.



DENA M. GADOMSKI, Surviving Spouse  
112 Weather Rock Road  
Underwood, WA 98651



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
D2 21						7 61685	
1. Legal Name (Include AKA's if any): First Middle LAST Suffix		James Harold PETERSEN		2. Death Date		March 22, 2007	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Male	53	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
June 19, 1953	Emmett	Idaho		Doctorate - PhD			
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 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town			
112 Weather Rock Road				Underwood			
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country		13f. Zip Code + 4	
Skamania				Washington		98651	
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)			
8 Years		Married		Dena Marie Gadomski			
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)			
Fishery Biologist				U.S. Geological Survey			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Malcolm John Petersen				Edith Mae Dyke			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Dena Gadomski		Wife		112 Weather Rock Road Underwood, WA 98651			
24. Place of Death, if Death Occurred in a Hospital:				25. Facility Name (If not a facility, give number & street or location)			
				5501 Cook Underwood Road			
26a. City, Town, or Location of Death				26b. State		27. Zip Code	
Underwood				WA		98651	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, WA			
31. Name and Complete Address of Funeral Facility				32. Date of Disposition			
Gardner Funeral Home POB 390 White Salmon, WA 98672				3/31/2007			
33. Funeral Director Signature: <i>[Signature]</i>							
34. 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. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Seizure Disorder, etiology undetermined							
Due to (or as a consequence of):							
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							
b. Due to (or as a consequence of):							
c. Due to (or as a consequence of):							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
36. Autopsy?				37. Were autopsy findings available to complete the Cause of Death?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input 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"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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?	
03/22/2007		Unknown		Decedent's Place of Employment		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street							
5551 Cook-Underwood Rd.							
City or Town:		County:		State:		Zip Code + 4:	
Underwood		Skamania		WA		98651	
46. Describe how injury occurred				47. If transportation injury, specify:			
Collapsed at work				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.				48b. Medical Examiner/Coroner - 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.			
X				X <i>[Signature]</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Lance FitzJarrald, Dep. Coroner PO Box 790 Stevenson, WA 98648				Unknown			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				03/30/2007			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
Deputy Coroner				07-0402 SK		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature				58. Date Received (MM/DD/YYYY)			
X <i>[Signature]</i>				6/29/07			
59. Amendments							

DOH/CHS 003 Rev 2/06/2004

DOH-01-003 (5/99)





# Affidavit for Correction

This is a legal Document. Complete in ink and do not alter.

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: ☐ Self ☐ Parent ☐ Guardian ☐ Informant ☐ Funeral Director ☐ Other (Specify) Telephone Number:

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

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Record  
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)  
Insurance Records Birth Record Alien Registration Card (front and back)  
Marriage/Divorce Records Passport

### Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
  - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

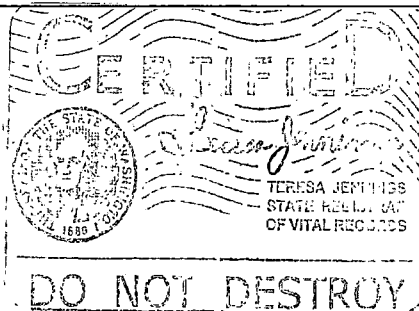
### Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

### Marriage/Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev. 9/2002)



PP00158519

NOV 19 2007