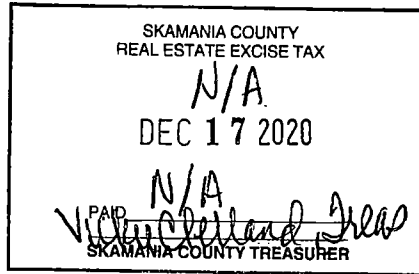


Larry A. Moehnke
PO. Box 84
Washougal, WA,
98671



**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 Radonna Debra Moehnke

I, (survivor's name) Larry A Moehnke affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 02053000151900
02053000152600 JM 12/17/2020

Lot 243 Wright SP BK 2/Pg 155
Skamania County, State Wa.

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 17 day of 12, 2020 at STEVENSON, WA
(month) (year) (city) (state)

Larry A Moehnke
(Signature of surviving spouse or registered domestic partner)

Larry A. Moehnke
(Printed name of surviving spouse or registered domestic partner)

PO Box 84 Washougal WA 98671
(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

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-041401

DATE ISSUED: 09/17/2020

FEE NUMBER:

FIRST AND MIDDLE NAME(S): RADONNA DEBRA

LAST NAME(S): MOEHNKE

COUNTY OF DEATH: CLARK

DATE OF DEATH: SEPTEMBER 05, 2020

HOUR OF DEATH: 11:38 PM.

SEX: FEMALE

AGE: 61 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: APRIL 07, 1959

BIRTHPLACE: CORVALLIS, OR

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: LARRY A MOEHNKE

OCCUPATION: HOMEMAKER

INDUSTRY: OWN HOME

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: LARRY A MOEHNKE

RELATIONSHIP: SPOUSE

ADDRESS: 182 WRIGHT ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:

A: ATRIOVENTRICULAR NODAL REENTRY TACHYCARDIA RESULTING IN CARDIAC ARREST

INTERVAL: 3 MINUTES

B: CORONARY ARTERY DISEASE

INTERVAL: 2 YEARS

C: RHEUMATIC VALVULAR DISEASE

INTERVAL: 2 YEARS

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FLUTTER, DIASTOLIC
HEART FAILURE, PULMONARY HYPERTENSION, NICOTINE DEPENDENCE,
CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY; SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE

FACILITY OR ADDRESS: WASHOUGAL FIRE DEPARTMENT

CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 182 WRIGHT ROAD

CITY, STATE, ZIP: WASHOUGAL, WA 98671

INSIDE CITY LIMITS: NO

COUNTY: SKAMANIA

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 31 YEARS

FATHER: DONALD L IRELAND

MOTHER: LORETTA K REDFIELD

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON

DISPOSITION DATE: SEPTEMBER 20, 2020

FUNERAL FACILITY: NEPTUNE CREMATION SERVICE

ADDRESS: 11211 SE 82ND AVENUE SUITE N

CITY, STATE, ZIP: HAPPY VALLEY, OREGON 97086

FUNERAL DIRECTOR: MALORY E. WOLF

MANNER OF DEATH: NATURAL

AUTOPSY: UNKNOWN

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: CYDNEY L. WOLF, DO

TITLE: DO

CERTIFIER ADDRESS: 700 NE 87TH AVENUE

CITY, STATE, ZIP: VANCOUVER, WA 98664

DATE SIGNED: SEPTEMBER 08, 2020

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATHY

DATE RECEIVED: SEPTEMBER 09, 2020

Affidavit for Correction

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

Mail to: **Center for Health Statistics**
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address: PO Box or Street Address City State Zip			
Telephone Number: ()		Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

Death Certificates

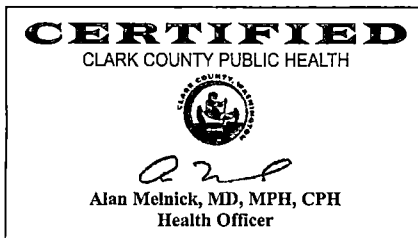
1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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