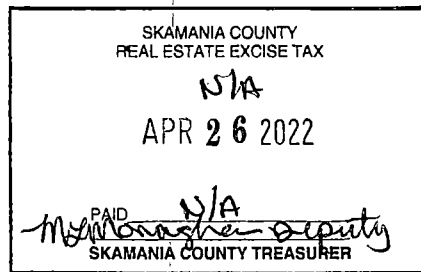




00012889202200008740030037

Return Address:
Leellen I. Tegge
61 Highland Road
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 ROBERT L. TEGGE

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

Parcel number(s) 02051920020200

LOT 23, SKAMANIA HIGHLANDS, RECORDED
IN BK A/PG 140 SKAMANIA COUNTY, WA

Skamania County Assessor

Date 4-26-22 Parcel# 02051920020200

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 25 day of April, 2022 at Washougal, WA
(month) (year) (city) (state)

Leellen Tegge
(Signature of surviving spouse or registered domestic partner)

LEELEN TEGGE
(Printed name of surviving spouse or registered domestic partner)

61 Highland Rd. Washougal WA 98671
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See RCW 82.45.197 on page 2 for statutory requirements.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-008089

DATE ISSUED: 02/15/2022

FEE NUMBER:

FIRST AND MIDDLE NAME(S): ROBERT LEROY
LAST NAME(S): TEGGE JR

COUNTY OF DEATH: CLARK
DATE OF DEATH: FEBRUARY 09, 2022
HOUR OF DEATH: 12:27 PM
SEX: MALE AGE: 67 YEARS

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: AUGUST 17, 1954
BIRTHPLACE: COTTONWOOD, ID

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: LEELLEN BERINGER

OCCUPATION: MECHANIC
INDUSTRY: AUTOMOTIVE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: LEELLEN TEGGE
RELATIONSHIP: SPOUSE
ADDRESS: 61 HIGHLAND ROAD WASHOUGAL, WA 98671

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: SOUTHWEST WASHINGTON MEDICAL CENTER,
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98664

RESIDENCE STREET: 61 HIGHLAND RD
CITY, STATE, ZIP: WASHOUGAL, WA 98671-7430
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 15 YEARS

FATHER: ROBERT FREDRICK TEGGE
MOTHER: CLAUDETTE JO SOUTHER

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: PFS CREMATORY

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: FEBRUARY 25, 2022

FUNERAL FACILITY: NATIONAL CREMATION SERVICE

ADDRESS: 9800 SW SHADY LANE
CITY, STATE, ZIP: TIGARD, OREGON 97223
FUNERAL DIRECTOR: KRISTINA K. TAYLOR

LOCAL DEPUTY REGISTRAR: LINDA L. POLAND
DATE RECEIVED: FEBRUARY 14, 2022

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
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 forgoing is true and correct.

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



CERTIFIED

Alan Melnick

Alan Melnick
Health Officer
Clark County Public Health

