



00014802202200023050060060

Return Address:

6627 SE 97th Ave,
97266, Portland, OR

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Lenny Zengerle, being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is son

Relationship to decedent

of Bernhard D. Zengerle
Decedent/Grantor

, who died on 4/11/20

Date

at

City

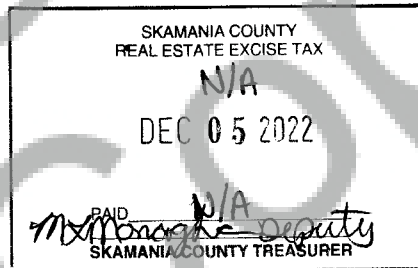
Skamania
County

WA
State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See Exhibit A



Assessor's Property Tax Parcel/Account Number: 03080830030000
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page 1 of ____)

Lenny Bernhard Zengerle, 22, son

6627 SE 97th Ave., 97266 Portland, OR

Full name, age, relationship, address

Zoé Roxanne Zengerle, 19, daughter

34b rue de Genève 07210 Feunoy-Velayrè, FRANCE

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated : 9/19/22

Lenny Bernhard Zengerle
Affiant's full name

503-841-1990

Telephone number

6627 SE 97th Ave.

Portland

Street

OR

97266

City

State

Zip Code

LZ

9/19/22

Signature

Date

State of Oregon

County of Multnomah

I know or have satisfactory evidence that Lenny B. Zengerle
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 09/19/2022

Karen Silva

Signature of Notary Public

(SEAL OR
STAMP)

Residing at: Portland

Notary Public in and for the State of Oregon

My appointment expires: 01/04/2025

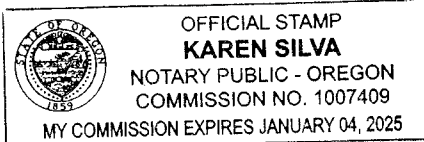


EXHIBIT A

A tract of land located in the Northwest Quarter of the Southwest Quarter of Section 8, Township 3 North, Range 8 East of the Willamette Meridian, Skamania County, Washington, described as follows:

BEGINNING at the intersection of the North line of Government Lot 4 of said Section 8 with the Easterly Right of Way line of the Wind River Highway as presently located and established; thence North 40 degrees 2 ½ feet West 17 feet along said Easterly Right of Way line; thence North 36 degrees 15 feet East 123 feet; thence North 53 degrees 17 feet East 128 feet, more or less, to intersection with the Southwesterly line of a tract of land conveyed to Ernest J. Nail by Deed dated September 29, 1956, and recorded at Page 311 of Book 42 of Deeds, records of Skamania County, Washington; thence South 42 degrees 38 feet East 270 feet, more or less, to intersection with the North line of the said Government Lot 4; thence North 88 degrees 20 feet West 346 feet, more or less, along the North line of the said Government Lot 4 to the Point of Beginning.

The property includes a 1976 14x70 mobile home, Model 1976 Govtr, Serial Number G670142BG220510. The mobile home shall be permanently affixed to the real estate and not severed or removed therefrom without the prior written consent of Beneficiary.

TOGETHER WITH AND SUBJECT TO AN EASEMENT FOR ACCESS AND UTILITIES AS RECORDED IN AUDITOR'S FILE NO. 2009172813 AND RERECORDED IN AUDITOR'S FILE NO. 2009172873.

Skamania County Assessor *mw*

Date 12/5/22 Parcel# 03080830030000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2020-063048

DATE ISSUED: 12/30/2021

FEE NUMBER: 136585052

FIRST AND MIDDLE NAME(S): BERNHARD DIETER
LAST NAME(S): ZENGERLE

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: APRIL 11, 2020 FOUND
HOUR OF DEATH: 11:59 AM FOUND
SEX: MALE AGE: 52 YEARS
SOCIAL SECURITY NUMBER: UNKNOWN

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

BIRTH DATE: MAY 06, 1967
BIRTHPLACE: HOCHSTADT GERMANY

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: IT CONSULTANT
INDUSTRY: IT
EDUCATION: MASTER'S DEGREE
US ARMED FORCES: UNKNOWN

INFORMANT: EVELYNE MANGOS
RELATIONSHIP: EX-WIFE
ADDRESS: 34B RUE DE GENENE, B113, 01210, FERNEY-VOLTAIRE,

CAUSE OF DEATH:
A: UNDETERMINED
INTERVAL: UNKNOWN
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: UNKNOWN
HOUR OF INJURY: UNKNOWN
INJURY AT WORK: NO
PLACE OF INJURY: UNKNOWN

LOCATION OF INJURY: MP 7.4 OKLAHOMA ROAD
CITY, STATE, ZIP: WILLARD, WASHINGTON 98605
COUNTY: SKAMANIA
DESCRIBE HOW INJURY OCCURRED: UNKNOWN

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE
FACILITY OR ADDRESS: MP 7.4 OKLAHOMA ROAD
CITY, STATE, ZIP: WILLARD, WASHINGTON 98605

RESIDENCE STREET: 52 NAIL ROAD
CITY, STATE, ZIP: CARSON, WA 98610
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: DIETER ZENGERLE
MOTHER: ISOLDE IRMA BALLEISEN

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA RIVER CREMATORY

CITY, STATE: WHITE SALMON, WASHINGTON
DISPOSITION DATE: OCTOBER 08, 2021

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

MANNER OF DEATH: UNDETERMINED
AUTOPSY: YES
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: YES
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ADAM N. KICK
TITLE: CORONER/ME
CERTIFIER ADDRESS: 240 NW VANCOUVER AVENUE
CITY, STATE, ZIP: STEVENSON, WASHINGTON 986480790
DATE SIGNED: SEPTEMBER 28, 2021

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 2020-0916
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: SEPTEMBER 29, 2021

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 information must match current information on record

Required	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: 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

- 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.
- 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.
- Proof documentation must be five or more years old or established within five years of birth.
- 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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- 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.
- 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

DEC 30 2021

Amy Person, M.D.
Klickitat County Health Department

Amy Person

