

Skamania County, WA  
Total: \$207.50  
ALP  
Pgs=5

**2023-000144**

02/01/2023 09:39 AM

Request of: COLUMBIA GORGE TITLE



**WHEN RECORDED RETURN TO:**

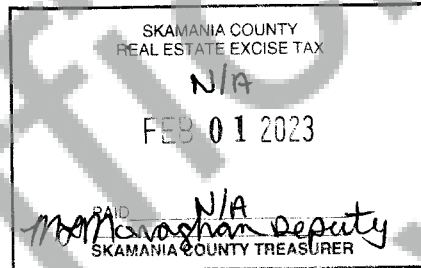
**Algis Steponaitis**  
**PO Box 472**  
**Stevenson, WA 98648**

**DOCUMENT TITLE(S):**  
**Inheritance Lack of Probate Affidavit**

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

**GRANTOR:**  
**Petra Maria Jakobs**

**GRANTEE :**  
**Algis E Steponaitis, a widower**



**LEGAL DESCRIPTION:**

That portion of the North Half of the East Half of the Southwest Quarter of the Northeast Quarter of Section 26, Township 4 North, Range 7 East of the Willamette Meridian, in the County of Skamania, State of Washington lying Easterly of the Wind River.

EXEMPTING THEREFROM that portion lying within the right of way of the Wind River Highway.

**TAX PARCEL NUMBER(S):**  
**04-07-26-1-0-0900-00**

After recording, return to:

**INHERITANCE LACK OF PROBATE AFFIDAVIT**  
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF Washington )

SS:

COUNTY OF Skamania )

The undersigned, Algis E Steponaitis, executes this affidavit relating to the estate of Petera Jakobs (herein "Decedent"), who died on 11/1/21, in the County of Skamania, State of Washington then being a resident of the City of Stevenson, County of Skamania, State of Washington (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

**Relationship of the Affiant to the Decedent**

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on \_\_\_\_\_ [mm/dd/yyyy], under Recording No. \_\_\_\_\_, in \_\_\_\_\_ County, Washington.
- ☐ other (identify:) \_\_\_\_\_

**Names of All Heirs of the Decedent**

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:  
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Algis E. Steponaitis Husband

Name & relationship Melanie Jacobs Daughter

Name & relationship \_\_\_\_\_

Name & relationship \_\_\_\_\_

**Description of the Property**

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of Skamania State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

**5. Status of the Will (if any)**

- ☐ The decedent left a Will that devises real property.  
☒ The decedent left no Will that devises real property.

DATED: 1/18, 2023  
19

(Signature)

Algis E. Steponaitis

(Print or type full name)

115 Russell Ave, Stevenson WA 98648 Tel: 509-427-7111  
(Full address and telephone number) P.O. Box 472

State of Washington  
County of Skamania

SUBSCRIBED and SWORN TO before me this 19th day of January, 2023  
by Algis Steponaitis, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Ettacadelex

Notary Public in and for the State of WA  
residing at Carson  
WP 10/12/25





# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-056323

DATE ISSUED: 11/09/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **PETRA MARIA**

LAST NAME(S): **JAKOBS**

COUNTY OF DEATH: **SKAMANIA**

DATE OF DEATH: **NOVEMBER 01, 2021**

HOUR OF DEATH: **05:56 AM**

SEX: **FEMALE**

AGE: **61 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT SPANISH/HISPANIC/LATINO**

RACE: **WHITE**

BIRTH DATE: **FEBRUARY 13, 1960**

BIRTHPLACE: **BUTZBACH GERMANY**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **ALGIS STEPONAITIS**

OCCUPATION: **GENETICIST**

INDUSTRY: **RESEARCH**

EDUCATION: **DOCTORATE OR PROFESSIONAL DEGREE**

US ARMED FORCES: **NO**

INFORMANT: **ALGIS STEPONAITIS**

RELATIONSHIP: **HUSBAND**

ADDRESS: **115 SW RUSSELL AVE. STEVENSON, WA 98648**

CAUSE OF DEATH:

A: **ALZHEIMER'S DEMENTIA**

INTERVAL: **9 YEARS**

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: **DECEDENT'S HOME**

FACILITY OR ADDRESS: **115 SW RUSSELL AVE.**

CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**

RESIDENCE STREET: **115 SW RUSSELL AVE.**

CITY, STATE, ZIP: **STEVENSON, WA 98648**

INSIDE CITY LIMITS: **YES**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **28 YEARS**

FATHER: **CHRISTIAN JAKOBS**

MOTHER: **HELGA BRUNING**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**

CITY, STATE: **WHITE SALMON, WASHINGTON**

DISPOSITION DATE: **NOVEMBER 08, 2021**

FUNERAL FACILITY: **STRAUB'S FUNERAL HOME & COLUMBIA RIVER  
CREMATION**

ADDRESS: **325 NE THIRD AVE**

CITY, STATE, ZIP: **CAMAS, WASHINGTON 98607**

FUNERAL DIRECTOR: **CHRISTIAN M. DIERICKX**

MANNER OF DEATH: **NATURAL**

AUTOPSY: **NO**

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: **NOT APPLICABLE**

DID TOBACCO USE CONTRIBUTE TO DEATH: **NO**

PREGNANCY STATUS IF FEMALE: **NO RESPONSE**

CERTIFIER NAME: **TROY WITHERITE, MD**

TITLE: **PHYSICIAN**

CERTIFIER ADDRESS: **65371 HIGHWAY 14**

CITY, STATE, ZIP: **WHITE SALMON, WASHINGTON 98672**

DATE SIGNED: **NOVEMBER 05, 2021**

CASE REFERRED TO ME/CORONER: **YES**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **LISA S. MITCHELL**

DATE RECEIVED: **NOVEMBER 08, 2021**



# Affidavit for Correction

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

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

## 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

<b>Required</b>	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:		14b. Signature of 2 <sup>nd</sup> parent (if required):	
Printed name:	Date:	Printed name:	Date:

### INSTRUCTIONS - go to [www.doh.wa.gov](http://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**  
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH  
Health Officer



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