



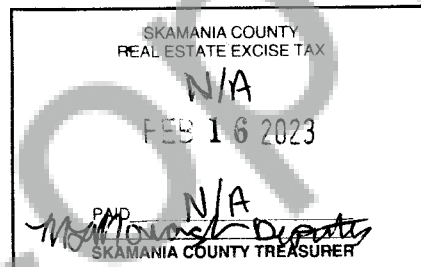
Return Address:  
Wayne T. Petersen  
PO Box 249  
Carson, WA 98610

### AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wayne T. Petersen, 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 Gary W. Petersen, who died on 12/19/2022  
*Decedent/Grantor* *Date*  
at Hood River Hood River Oregon  
*City* *County* *State*

#### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:  
42 Walter Lane, Carson, Washington 98610  
Skamania County Washington



Assessor's Property Tax Parcel/Account Number: 03-08-21-3-0-2102-00  
(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 4)

Tyler James Petersen, 24 years, Grandson

1002 Amherst Ave. Wenatchee, WA 98801

*Full name, age, relationship, address*

Jazylin Petersen, 22 years old, Granddaughter

1002 Amherst Ave. Wenatchee, WA 98801

*Full name, age, relationship, address*

Kari Petersen, 47 years old, Daughter in Law

1002 Amherst Ave. Wenatchee, WA 98801

*Full name, age, relationship, address*

James T. Petersen, 56 years old, Son

1002 Amherst Ave. Wenatchee, WA 98801

*Full name, age, relationship, address*

David Petersen, 64 years old, Brother

~~LNA. 624 10th Street NE, East Wenatchee, WA~~ 1999 Jensen Way # 47  
Woodburn OR 97071

*Full name, age, relationship, address*

Raymond Petersen, 89 years old, Brother

5702 64th Ave NE, Marysville, WA 98276

*Full name, age, relationship, address*

Suzanne Carol Townsend, ?, Sister

PO Box 854, Molalla, OR 97038

*Full name, age, relationship, address*

Roxanne Alenikov, ?, Sister

5581 Hwy 211, Hubbard, OR 97032

*Full name, age, relationship, address*

Michael Petersen, ?, Brother (503-798-5217)

Unknown, Idaho

*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*

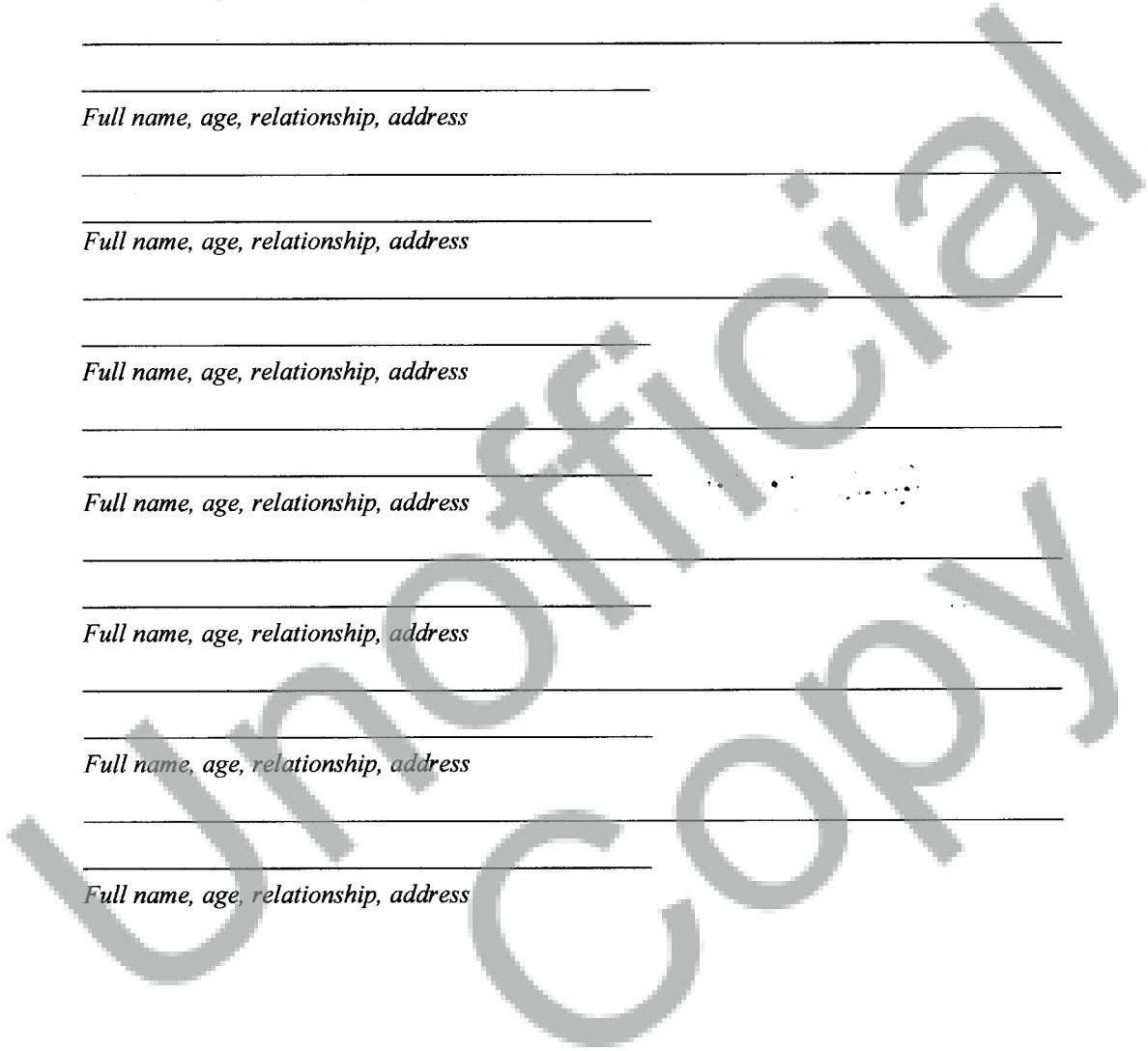
*Full name, age, relationship, address*

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*Full name, age, relationship, address*

*Full name, age, relationship, address*

*Full name, age, relationship, address*



Dated : \_\_\_\_\_

Wayne Timmothy Petersen

*Affiant's full name*

360-600-3411

*Telephone number*

42 WALTER LN (PO BOX 249 Carson, WA 98610)

<u>Carson</u>	<u>WA</u>	<u>98610</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

<u><i>Wayne T. Petersen</i></u>	<u>2-16-23</u>
<i>Signature</i>	<i>Date</i>

State of Washington County of Skamania

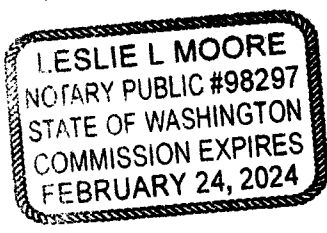
I know or have satisfactory evidence that Wayne Timmothy Petersen  
(name of person)

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: 02/16/2023

*Leslie L Moore*  
*Signature of Notary Public*

(SEAL OR STAMP)



Residing at: Carson

Notary Public in and for the State of WA

My appointment expires: 02/24/2024

# STATE OF OREGON

## CERTIFICATION OF VITAL RECORD

1039008  
I.D. TAG NO.

### OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2022-043082  
STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY	Legal Name <b>Gary</b>		First <b>Wayne</b>	Middle <b>Petersen</b>	Last <b>Petersen</b>	Suffix	Death Date <b>December 19, 2022</b>	
	Sex <b>Male</b>	Age <b>77 years</b>	Social Security Number [REDACTED]		County of Death <b>Hood River</b>			
	Birthdate <b>April 06, 1945</b>		Birthplace <b>Silverton, Oregon</b>			Was Decedent Ever in U.S. Armed Forces? <b>No</b>		
	Residence: <b>42 Walter Lane</b>				City/Town <b>Carson</b>			
	Residence County <b>Skamania</b>		State or Foreign Country <b>Washington</b>		Zip Code + 4 <b>98610</b>		Inside City Limits? <b>No</b>	
	Marital Status at Time of Death <b>Widowed</b>		Spouse's Name Prior to First Marriage					
	Father's Name <b>Peter L Petersen</b>				Mother's Name Prior to First Marriage <b>Mavis Olson</b>			
	Informant's Name <b>Wayne Petersen</b>		Telephone Number <b>Not Available</b>		Relationship to Decedent <b>Son</b>		Mailing Address <b>P.O. Box 249, Carson, WA 98610</b>	
	Place of Death <b>Hospital-Inpatient</b>			Facility Name <b>Providence Hood River Memorial Hospital</b>				
	Location of Death <b>811 13th Street</b>			City/Town or Location of Death <b>Hood River</b>		State <b>Oregon</b>		Zip Code + 4 <b>97031</b>
	Method of Disposition <b>Cremation</b>		Place of Disposition <b>Columbia Gorge Cremation</b>			Location (City/Town and State) <b>Hood River, Oregon</b>		
	Name and Complete Address of Funeral Facility <b>Gardner Funeral Home 156 NE Church Avenue, White Salmon, Washington 98672</b>							
	Date of Disposition <b>TBD</b>		Funeral Director's Signature <i>Victoria R. Lara</i>			Electronically Signed OR License Number <b>CO-3930</b>		
	Registrar's Signature <i>Jennifer A. Woodward</i>				Date Received <b>January 06, 2023</b>		Local File Number	
	Amendment Decedent-SSN was 540505989; amended electronically by F.Dir., J.A. Woodward, State Reg., nb, 1/27/2023.							

TO BE COMPLETED BY MEDICAL CERTIFIER	Was case referred to Medical Examiner? <b>No</b>		Autopsy? <b>No</b>		Were autopsy findings available to complete the cause of death?		Time of Death <b>0555</b>	
	<b>CAUSE OF DEATH</b>						Approximate Interval: Onset to Death	
	<b>IMMEDIATE CAUSE ↓</b>						<b>Days</b>	
	a. <b>Decompensated HFREF</b>							
	b. <b>Severe mitral regurgitation</b>						<b>Years</b>	
	c.							
	d.							
	Other significant conditions contributing to death <b>Ischemic heart disease, Afib, sick sinus syndrome</b>							
	Manner of Death <b>Natural</b>		If Female <b>Not Applicable</b>		Did tobacco use contribute to death? <b>Yes</b>			
	Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
Location of Injury								
Describe how injury occurred						If transportation injury, specify.		
Name and Address of Certifier <b>Steven John Redmond 10150 SE 32nd Avenue, Milwaukie, Oregon 97222</b>								
Name and Title of Attending Physician if Other than Certifier						Date Signed <b>January 06, 2023</b>		
Medical Certifier <i>Steven John Redmond</i>		Electronically Signed		Title of Certifier <b>M.D.</b>		License Number <b>MD17365</b>		
Amendment								

45-2CC (01/06)



\*20230200786\*



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

February 01, 2023

DATE ISSUED: \_\_\_\_\_

*Jennifer A. Woodward*  
JENNIFER A. WOODWARD, PH.D.  
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Unofficial  
Copy



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