



00015313202300002160060069

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

Decedent/Grantor

, who died on 12/19/2022

Date

at Hood River

City

Hood River

County

Oregon

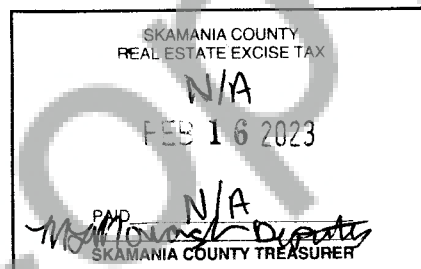
State

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

Full name, age, relationship, address

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>

Wayne T. Petersen
Signature

2-16-23
Date

State of Washington County of Skamania

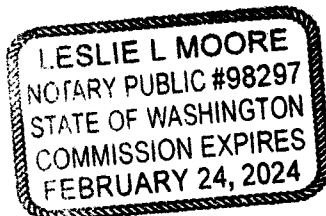
I know or have satisfactory evidence that Wayne Timmothy Petersen
(name of person)

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 Gary		First Wayne	Middle Petersen	Last Petersen	Suffix	Death Date December 19, 2022
	Sex Male		Age 77 years	Social Security Number [REDACTED]		County of Death Hood River	
	Birthdate April 06, 1945		Birthplace Silverton, Oregon		Was Decedent Ever in U.S. Armed Forces? No		
	Residence: 42 Walter Lane				City/Town Carson		
	Residence County Skamania		State or Foreign Country Washington		Zip Code + 4 98610		Inside City Limits? No
	Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage				
	Father's Name Peter L Petersen				Mother's Name Prior to First Marriage Mavis Olson		
	Informant's Name Wayne Petersen		Telephone Number Not Available		Relationship to Decedent Son		Mailing Address P.O. Box 249, Carson, WA 98610
	Place of Death Hospital-Inpatient		Facility Name Providence Hood River Memorial Hospital				
	Location of Death 811 13th Street		City/Town or Location of Death Hood River		State Oregon		Zip Code + 4 97031
	Method of Disposition Cremation		Place of Disposition Columbia Gorge Cremation		Location (City/Town and State) Hood River, Oregon		
	Name and Complete Address of Funeral Facility Gardner Funeral Home 156 NE Church Avenue, White Salmon, Washington 98672						
	Date of Disposition TBD		Funeral Director's Signature Victoria R. Lara		Electronic Signature [Signature]		OR License Number CO-3930
	Registrar's Signature Jennifer A. Woodward				Date Received January 06, 2023		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? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 0555
	CAUSE OF DEATH						Approximate Interval: Onset to Death
	IMMEDIATE CAUSE ↓ Decompensated HFREF						Days
	a. Due to (or as a consequence of) ↓ Severe mitral regurgitation						Years
	b. Due to (or as a consequence of) ↓						
	c. Due to (or as a consequence of) ↓						
	d. Due to (or as a consequence of) ↓						
	Other significant conditions contributing to death Ischemic heart disease, Afib, sick sinus syndrome						
	Manner of Death Natural		If Female		Did tobacco use contribute to death? Yes		
	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 Steven John Redmond 10150 SE 32nd Avenue, Milwaukie, Oregon 97222						
	Name and Title of Attending Physician if Other than Certifier						Date Signed January 06, 2023
	Medical Certifier Steven John Redmond		Electronic Signature [Signature]		Title of Certifier M.D.		License Number MD17365
Amendment							



20230200786

45-2CC (01/06)

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:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, PH.D.
STATE REGISTRAR



Unofficial
Copy



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