



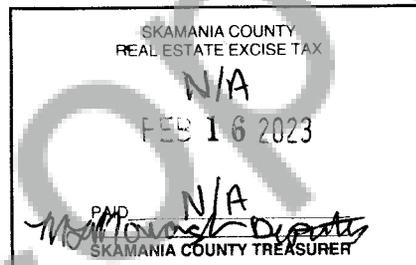
Return Address:
Wayne T. Petersen
PO Box 249
Carson, WA 98610

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

Unofficial Copy

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

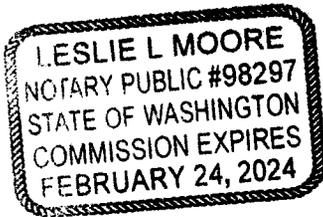
I know or have satisfactory evidence that Wayne Timmothy Petersen
(name of person)

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 <i>Victoria R. Lara</i>			Electronically Signed		OR License Number CO-3930	
	Registrar's Signature <i>Jennifer A. Woodward</i>				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 ↓						Days		
	a. Decompensated HFREF								
	b. Severe mitral regurgitation						Years		
	c.								
	d.								
	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 <i>Steven John Redmond</i>		Electronically Signed		Title of Certifier M.D.		License Number MD17365			
Amendment									



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: _____

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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