



Return Address:  
Wanda Lee Palodichuk  
8772 Wind River Road  
Carson, WA 98610

## AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee Wanda Lee Palodichuk, 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 the surviving spouse  
*Relationship to decedent*  
of Peter John Palodichuk, who died on April 24 2024  
*Decedent/Grantor* *Date*  
at Carson Skamania Washington  
*City* *County* *State*

### REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

3 Parcels:

04072334090000 - 32 Jillian Road  
04072334160000 - 8772 Wind River Hwy  
04072334240000 - 61 Linde Road

See Exhibits 1 & 2 for Complete Legal Descriptions

Skamania County  
Real Estate Excise Tax

N/A  
MAY 15 2024

PAID N/A  
Skamania County Treasurer  
*Monaghan*

Assessor's Property Tax Parcel/Account Number: See Above for 3 Parcels  
(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 \_\_\_\_)

PAGE 3 FOR COMPLETE LEGALS

The following described real estate is, situated in the County of Skamania, State of Washington.

Situs Address: 61 Linde Road Tax Parcel Number: 04-07-23-3-4-2400-00

Parcel Number 1:

A tract of land located in the Northwest Quarter of the Northeast Quarter (NW  $\frac{1}{4}$  NE  $\frac{1}{4}$ ) of Section 26, Township 4 North, Range 7 EWM described as follows:

Beginning at the intersection of the north line of the said Section 26 with the center of the channel of Wind River; thence west along the north line of said section to intersection with a certain private road leading to real property formerly owned by Floyd A. Humpage and Amy M. Humpage, husband and wife, in Section 23, Township 4 North, Range 7 E.W.M.; thence in a southwesterly direction following said private road to intersection with the center of a certain road heretofore designated as the Hemlock Road as the same existed on and prior to July 6, 1953; thence in an easterly direction following the center of said road as the same was formerly located to the center of the channel of Wind River; thence following the center channel of Wind River northerly to the point of beginning; EXCEPT rights of way for existing roads;

TOGETHER WITH an easement and right of way for a water pipeline and the right to take one-half of the water flowing from a certain spring located near the west bank of Wind River at a point approximately 50 feet north of the south line of Section 23, Township 4 North, Range 7 EWM

Parcel Number 2:

A tract of land located in the Southwest Quarter of the Southeast Quarter (SW  $\frac{1}{4}$  SE  $\frac{1}{4}$ ) of Section 23, Township 4 North, Range 7 E.W.M., described as follows:

Beginning at the point marking the intersection of the south line of the said Section 23 with the center of certain private road, said point being 300 feet, more or less, distant west from the center of the channel of Wind River; thence 300 feet, more or less, following the south line of the said Section 23 east to the center of the channel of Wind River; thence in a northwesterly direction following the center of the channel of Wind River a distance of 190 feet; thence in a southwesterly direction to the point of beginning.

Parcel Number 3

Lot 5 and 6 of EDGEWATER PROPERTIES according to the official plat thereof of on file and of record at page 119 of Book A of Plats, Records of Skamania County, Washington.

Skamania County Assessor  
04072334090000  
Date 5/15/21 Parcel# 04072334160000  
04072334240000

Dated : May 15, 2024

Wanda Lee Palodichuk

*Affiant's full name*

509-427-8780

*Telephone number*

8772 Wind River Road

Carson

*City*

Washington

*State*

98610

*Zip Code*

Wanda Lee Palodichuk

*Signature*

5/15/24

*Date*

State of Washington

County of Skamania

I know or have satisfactory evidence that Wanda Lee Palodichuk

*(name of person)*

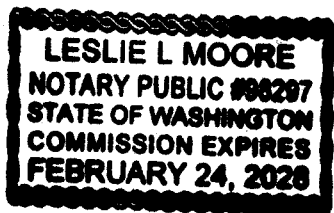
is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 5/15/24

Leslie L Moore

*Signature of Notary Public*

(SEAL OR  
STAMP)

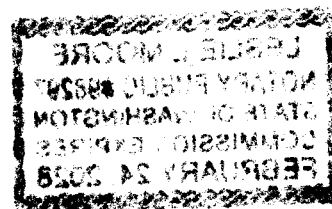


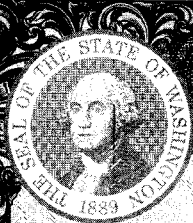
Residing at: Carson

Notary Public in and for the State of WA

My appointment expires: 02/24/2028

Unofficial  
Copy





# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: **2024-020620**

DATE ISSUED: **05/01/2024**

FEE NUMBER:

FIRST AND MIDDLE NAME(S): **PETER JOHN**

LAST NAME(S): **PALODICHUK**

COUNTY OF DEATH: **SKAMANIA**

DATE OF DEATH: **APRIL 24, 2024**

HOUR OF DEATH: **08:30 PM**

SEX: **MALE**

AGE: **82 YEARS**

SOCIAL SECURITY NUMBER: **[REDACTED]**

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

RACE: **WHITE**

BIRTH DATE: **JUNE 20, 1941**

BIRTHPLACE: **BELFIELD, ND**

MARITAL STATUS: **MARRIED**

SURVIVING SPOUSE: **WANDA LEE LINDE**

OCCUPATION: **MECHANIC**

INDUSTRY: **MECHANIC**

EDUCATION: **8TH GRADE OR LESS**

US ARMED FORCES: **YES**

INFORMANT: **WANDA LEE PALODICHUK**

RELATIONSHIP: **WIFE**

ADDRESS: **8772 WIND RIVER HWY CARSON WA 98610**

CAUSE OF DEATH:

A: **STAGE 4 ADENOCARCINOMA OF THE COLON**

INTERVAL: **YEARS**

B: **METASTASES TO LIVER**

INTERVAL: **YEARS**

C: **METASTASES TO BILATERAL LUNGS**

INTERVAL: **YEARS**

D: **METASTASES TO LYMPH NODES**

INTERVAL: **YEARS**

OTHER CONDITIONS CONTRIBUTING TO DEATH: **TYPE 2 DIABETES, CORONARY ARTERY DISEASE, HYPERTENSION**

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: **8772 WIND RIVER HWY**

CITY, STATE, ZIP: **CARSON, WASHINGTON 98610-3118**

RESIDENCE STREET: **8772 WIND RIVER HWY**

CITY, STATE, ZIP: **CARSON, WA 98610-3118**

INSIDE CITY LIMITS: **NO**

COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**

LENGTH OF TIME AT RESIDENCE: **47 YEARS**

FATHER: **PETER PALODICHUK**

MOTHER: **DOROTHY BODIN**

METHOD OF DISPOSITION: **CREMATION**

PLACE OF DISPOSITION: **CLARK COUNTY CREMATORY**

CITY, STATE: **VANCOUVER, WASHINGTON**

DISPOSITION DATE: **APRIL 30, 2024**

FUNERAL FACILITY: **ALL COUNTY CREMATION AND BURIAL SERVICE - VANCOUVER**

ADDRESS: **605 E. BARNES STREET SUITE 206**

CITY, STATE, ZIP: **VANCOUVER, WASHINGTON 98661**

FUNERAL DIRECTOR: **NICHOLAS R. BROWN**

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: **NOT APPLICABLE**

CERTIFIER NAME: **BRANDI L. O'BRIEN, ARNP**

TITLE: **ARNP**

CERTIFIER ADDRESS: **6410 NE HALSEY ST**

CITY, STATE, ZIP: **PORTLAND, WASHINGTON 97213**

DATE SIGNED: **APRIL 26, 2024**

CASE REFERRED TO ME/CORONER: **NO**

FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN: **NOT APPLICABLE**

LOCAL DEPUTY REGISTRAR: **LISA MITCHELL**

DATE RECEIVED: **APRIL 30, 2024**



# 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

<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:		2. Date of Event:	3. Place of Event:	
	First	Middle	Last	MM/DD/YYYY	(City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
	First	Middle	Last/Maiden	First	Middle
6. Name of Person Requesting Correction:		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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:	Printed name:
Date:	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

- 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.

\*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.

#### Adult (18 years or older)

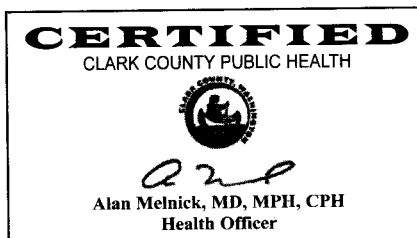
- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

#### 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.



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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