POOR ORIGINAL

202403210064
03/21/2024 04:00 PM Pages: 1 of 5 Fees: $307.50
Skagit County Auditor, WA

Return Address:
Karen J, Peterka
19028 Vashon Highway Southwest
Vashon, WA 98070

REVIEWED BY
SKAGIT COUNTY TREASURER
DEPUTY Candi Newcombe
DATE 03/21/2024

GNW 24-20128

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant grantee Karen J. Peterka (Name of affiant), being first duly sworn 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 Spouse (Relationship to decedent) of Gregory James Peterka (Decedent's name), who died on 12/25/2023 (Date) at Vashon (City) WA (State)

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Lot 112, Woodside PUD Divisions 1 & 2, recorded July 2016 under Skagit County AF N #201607270025.

Death Certificate attached as Exhibit "A."

Assessor's Property Tax Parcel Account Number: P133305/6038-000-112-0000
(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)

Karen J. Peterka

Full name, age, relationship, address

19028 Vashon Highway Southwest
Vashon, WA 98070

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: 3/19/24

Karen J Peterka
Affiant's full name

360-424-7790
Telephone number

19028 Vashon Highway Southwest
Street

Vashon WA 98070
City *State* *Zip Code*

Signature 3/19/24 *Date*

State of Washington County of KING

I know or have satisfactory evidence that Karen J. Peterka
Name of person

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

Dated: 03 19 2024

(SEAL OR STAMP)

PATRICK A CUNNINGHAM
Commission #58633
NOTARY PUBLIC
Exp. 06/22/2025
STATE OF WASHINGTON

Signature of Notary Public

Residing at: Vashon

Notary Public in and for the State of Washington

My appointment expires 06/22/2025

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2023-063246

DATE ISSUED: 02/16/2024
FEE NUMBER:

FIRST AND MIDDLE NAME(S): GREGORY JAMES
LAST NAME(S): PETERKA

COUNTY OF DEATH: KING
DATE OF DEATH: DECEMBER 25, 2023
HOUR OF DEATH: 09:02 AM
SEX: MALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [redacted]
BIRTHPLACE: SOUTH BEND, IN

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: KAREN JOINER

OCCUPATION: CIVIL ENGINEER
INDUSTRY: CIVIL ENGINEERING
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES: NO

INFORMANT: KAREN PETERKA
RELATIONSHIP: WIFE
ADDRESS: 19028 VASHON HIGHWAY SOUTHWEST, VASHON,

CAUSE OF DEATH:
A: MULTISYSTEM ATROPHY
INTERVAL: MONTHS TO YEARS
B: PARKINSON'S DISEASE
INTERVAL: YEARS
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: 19028 VASHON HIGHWAY SOUTHWEST
CITY, STATE, ZIP: VASHON, WASHINGTON 98070

RESIDENCE STREET: 19028 VASHON HIGHWAY SOUTHWEST
CITY, STATE, ZIP: VASHON, WA 98070
INSIDE CITY LIMITS: NO COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 1 MONTH

FATHER: WENCESLAUS PETERKA
MOTHER: [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: YAKIMA COUNTY CREMATORY

CITY, STATE: MOXEE, WASHINGTON
DISPOSITION DATE: DECEMBER 28, 2023

FUNERAL FACILITY: ISLAND FUNERAL SERVICE

ADDRESS: 18005 VASHON HIGHWAY SW
CITY, STATE, ZIP: VASHON, WASHINGTON 98070
FUNERAL DIRECTOR: TAYLOR M. RIVARD

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: CATHERINE JIN, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 2811 SOUTH 102ND STREET
CITY, STATE, ZIP: TUKWILA, WASHINGTON 98168
DATE SIGNED: DECEMBER 26, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: CATHERINE JIN, PHYSICIAN

LOCAL DEPUTY REGISTRAR: DARIN WISE
DATE RECEIVED: DECEMBER 27, 2023

DOH422-132YAK (10/21)

NOT VALID IF PHOTOCOPIED OR ALTERED

Health
DOH 422-034 August 2023

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

Required information must match current information on record

Record Type: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution (Divorce)

1. Name on Record	2. Date of Event	3. Place of Event

4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution)	5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)

6. Name of Person Requesting Correction: Relationship to Person on Record: ☐ Self ☐ Guardian ☐ Informant ☐ Hospital ☐ Parent(s) ☐ Funeral Director ☐ Other (specify) _____

7. Return Mailing Address:

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 2nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to 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 Numicent 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.

*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

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.

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

CERTIFIED

Neal Brag, M.D.
Health Officer
Yakima Health District

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