

145305

BOOK 226 PAGE 677

FILED FOR RECORD  
SNAHAN CO. WASH  
BY *Stella McHuire*

RETURN ADDRESS:

John T. McHuire  
6920 Grum Mt. Rd.  
Woodland, Wa 98674

JUL 19 1 05 PM '02  
*J. Michael Garvison*  
AUDITOR  
J. MICHAEL GARVISON

Indexed  
Recorded  
Filed  
Date

Please Print or Type Information.

Document Title(s) or transactions contained therein:	
1.	<i>Affidavit Lock of Probate</i>
2.	
3.	
4.	
GRANTOR(S) (Last name, first, then first name and initials)	
1.	<i>George E. McHuire</i>
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
GRANTEE(S) (Last name, first, then first name and initials)	
1.	<i>Jessie R. McHuire</i>
2.	
3.	
4.	
<input type="checkbox"/> Additional Names on Page _____ of Document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section Township, Range, Quarter/Quarter)	
<i>Lot Five(S), Silver Star Addition,</i>	
<input checked="" type="checkbox"/> Complete Legal on Page <i>5</i> of Document.	
REFERENCE NUMBER(S) Of Document assigned or released:	
<input type="checkbox"/> Additional Numbers on Page _____ of Document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER	
<i>01-05-06-4-0-0105-00</i>	
<input type="checkbox"/> Property Tax parcel ID is not yet assigned.	
<input type="checkbox"/> Additional Parcel Numbers on Page _____ of Document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

**AFFIDAVIT**  
**Lack of Probate**  
 22374  
**REAL ESTATE EXCISE TAX**

State of Washington

JUL 19 2002

County of Skamania <sup>PAID</sup> Exempt  
by deputy

JESSIE R. McGUIRE, SKAMANIA COUNTY TREASURER, being first duly sworn, deposes and says:

1. The undersigned affiant is the SON <sup>SR</sup> Wife of GEORGE  
 (relationship to decedent) (decedent)  
E. McGUIRE, who died 7-19-89 1989 at WOODLAND  
 (date of death) (year) (city)  
 State of WA, then being a legal resident of WOODLAND  
SKAMANIA, WASHINGTON  
 (county) (state) (city)

**AFFIANT MUST PROVIDE A DEATH CERTIFICATE OF DECEDENT**

Gary H. Martin, Skamania County Assessor

2. Check the appropriate box below:

Date 7/19/02 Parcel # 1-5-b-4-105  
Lots 2 and 3

☐ Decedent and surviving spouse executed a Community Property Agreement dated \_\_\_\_\_, a copy of which is attached hereto.

☒ Decedent left no last Will.

☐ Decedent left a last Will which has neither been probated nor revoked; a copy of which is attached hereto.

☐ Decedent left a Will which was probated in \_\_\_\_\_ County, State of \_\_\_\_\_, A copy of an Order Admitting Will to Probate, Decree of Distribution or equivalent court documentation is attached hereto.

3. The heirs at law of the decedent, including spouse, natural or adopted children, children of any predeceased child, brothers and sisters, and any surviving parents are as follows:

JESSIE R. McGUIRE WIFE WOODLAND WA  
 (full name) (age) (relationship) (residence)



HEIRS AT LAW (continued)

<u>JOHN T. McGUIRE</u> (full name)	<u>54</u> (age)	<u>SON</u> (relationship)	<u>WOODLAND WA</u> (residence)
<u>Judy R. McGUIRE</u> (full name)	<u>53</u> (age)	<u>DAUGHTER</u> (relationship)	<u>WOODLAND WA</u> (residence)
<u>MICHAEL McGUIRE</u> (full name)	<u>    </u> (age)	<u>SON</u> (relationship)	<u>VANCOUVER WA</u> (residence)
<u>    </u> (full name)	<u>    </u> (age)	<u>    </u> (relationship)	<u>    </u> (residence)

(attach additional page for additional names)

4. All debts of the decedent and/or the marital community, including, but not limited to all expenses due to decedent's last illness, funeral and burial, and all applicable federal and state succession or inheritance taxes have been fully paid, except as follows:

1/4A

Gary H. Martin, Skamania County Assessor  
Date 7-17-02 Parcel # 1-5-6-4-105  
1515

5. The decedent ☒ had ☐ had never received from the State of Washington assistance consisting of nursing facility services, home and community-based services, related hospital and prescription drug services, or any other type of medical assistance.
6. As of the date of death, the value of all community property of the decedent was approximately \$     . The value of all separate property of the decedent was approximately \$     .
7. Other facts regarding the decedent, decedent's estate, or matters which pertain to the current transaction:



THIS AFFIDAVIT IS MADE TO INDUCE FIRST AMERICAN TITLE INSURANCE COMPANY (THE COMPANY) TO ISSUE ITS POLICIES OF TITLE INSURANCE ON REAL PROPERTY PASSING TO THE AFFIANT(S) IN RELIANCE UPON THE REPRESENTATIONS SET FORTH ABOVE. AFFIANT AGREES TO INDEMNIFY AND HOLD THE COMPANY HARMLESS FROM LOSS OR DAMAGE WHICH IT MAY SUFFER AS A RESULT OF SAID RELIANCE.

Jessie R McGuire  
Affiant's Full Name

4/19/2002  
Date

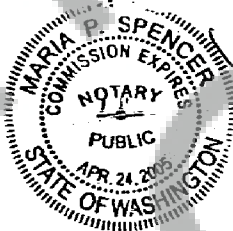
\_\_\_\_\_  
Affiant's Full Name

\_\_\_\_\_  
Date

STATE OF WASHINGTON, )  
COUNTY OF Skamania ) ss.

On this day personally appeared before me Jessie R. McGuire to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that She signed the same as her free and voluntary act and deed, for the use and purposes therein mentioned.

GIVEN under my hand and official seal this 19<sup>th</sup> day of April, 2002.



Maria P. Spencer  
Notary Public in and for the State of  
Washington, residing at Sevenson  
My appointment expires 4-24-05

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

393

VITAL RECORDS

CERTIFICATE OF DEATH BOOK 226 PAGE 681

LOCAL FILE NUMBER

1 NAME - FIRST, MIDDLE, LAST

George Ellis McGuire

2 SEX

Male

3 DEATH DATE (Mo., Day, Yr.)

Jul. 19, 1989

146

9 16423

STATE FILE NUMBER

4 AGE LAST BIRTH DAY (Yr.)

75

5 UNDER 1 YEAR

MO. DAYS

6 UNDER 1 DAY

HOURS MINS.

7 BIRTH DATE (Mo., Day, Yr.)

May 18, 1914

8 BIRTH STATE (If not in USA give country)

Colorado

9 CITIZEN OF WHAT COUNTRY?

U.S.A.

10 COUNTY OF DEATH

Cowlitz

11 CITY, TOWN OR LOCATION OF DEATH

Woodland

12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME

6920 Green Mt. Road

13 SICKNESS IN LAST 15 YEARS (Yes/No)

No

14 MARRIAGE STATUS - Married, Never Married, Widowed, Divorced, Single

Married

15 SURVIVING SPOUSE (If wife, give maiden name)

Jessie Ruth Mellish

16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)

No

17 SOCIAL SECURITY NO.

623-10-7712

18 HIGH SCHOOL GRADUATE? (Yes/No)

Yes

19 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIREMENT)

Electrician

20 KIND OF BUSINESS OR INDUSTRY

Journeyman Elect.

21 Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)

No

22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.)

White

23 RESIDENCE - NUMBER AND STREET

HPO.15L Ward Road

24 CITY/TOWN OR LOCATION

Washougal

25 INDEX CITY (Lat/Long)

No

26 COUNTY

Skamania

27 STATE

Washington

28 ZIP CODE

98671

29 FATHER'S NAME - FIRST, MIDDLE, LAST

Willis Thomas McGuire

30 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME

Ruth Young

31 INFORMANT - NAME

John McGuire

32 MAILING ADDRESS - STREET OR RFD NO.

6920 Green Mountain Rd.

33 CITY OR TOWN

Woodland, WA

34 STATE

WA

35 BURIAL, CREMATION, REMOVAL, OTHER (Specify)

Cremation

36 DATE (Mo., Day, Yr.)

07/29/89

37 CEMETERY, CREMATORY - NAME

Park Hill Cemetery

38 LOCATION - CITY, TOWN, STATE

Vancouver, Wash.

39 FUNERAL DIRECTOR SIGNATURE

W.K. Staples

40 NAME OF FACILITY

Evergreen Staples Funl Chapel

41 ADDRESS OF FACILITY

4700 St. John's Road

42 CITY, TOWN, STATE

Vancouver, Washington 98661

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

43 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X N.M. Helgerson M.D.

44 DATE SIGNED (Mo., Day, Yr.)

July 20/89

45 HOUR OF DEATH (24 Hrs.)

1215

46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

Dr. Norman M. Helgerson, M.D. 3305 Main Street, Vancouver, Washington 98663

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

47 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE

X

48 DATE SIGNED (Mo., Day, Yr.)

49 HOUR OF DEATH (24 Hrs.)

50 HOURS OF DEATH (24 Hrs.)

51 HOURS OF DEATH (24 Hrs.)

52 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

Dr. Norman M. Helgerson, M.D. 3305 Main Street, Vancouver, Washington 98663

53 PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE

54 IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(a) Glioblastoma multiforme

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

55 INTERVAL BETWEEN ONSET AND DEATH

3 months

56 INTERVAL BETWEEN ONSET AND DEATH

57 INTERVAL BETWEEN ONSET AND DEATH

58 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

59 AUTOPSY? (Yes/No)

60 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)

61 AGE, SEX, RACE, NO. UNDER, OR PENDING INVEST. (Specify)

62 INJURY DATE (Mo., Day, Yr.)

63 HOUR OF INJURY (24 Hrs.)

64 DESCRIBE HOW INJURY OCCURRED

65 INJURY AT WORK? (Yes/No)

66 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (Specify)

67 LOCATION - STREET OR RFD NO., CITY, TOWN, STATE

68 SIGNATURE

X

69 DATE RECEIVED (Mo., Day, Yr.)

JUL 27 1989



THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

DOH 01-003 (5-98)

OSHS 9-150 (Rev. 1-88) -1187-



BOOK 224. PAGE 682

LOT FIVE (5), SILVER STAR ADDITION, ACCORDING  
TO THE ONLY RECORDED PLAT THEREOF IN BOOK 64  
OF DEEDS, PAGE 167, RECORDS OF SAID COUNTY