

Doc # 2006163096  
Page 1 of 6  
Date: 09/26/2006 10:22A  
Filed by: MILDRED MAGUIRE  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$37.00

Return Address:

millie Maguire  
21 Nail Rd  
Carson, WA 98610

Document Title(s) or transactions contained herein: Death Cert. Affidavit Lack of Probate		REAL ESTATE EXCISE TAX 26270 SEP 26 2006 PAID <u>exempt</u>
GRANTOR(S) (Last name, first name, middle initial) James A. Maguire Sr.		Vickie Clelland, Deputy COUNTY TREASURER
<input type="checkbox"/> Additional names on page _____ of document.		
GRANTEE(S) (Last name, first name, middle initial) Mildred L. Maguire		
<input type="checkbox"/> Additional names on page _____ of document.		
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) NW 1/4 SW 1/4 Sec. 8, T3N R8E W1M		
<input checked="" type="checkbox"/> Complete legal on page 1 of document.		
REFERENCE NUMBER(S) of Documents assigned or released:		
<input type="checkbox"/> Additional numbers on page _____ of document.		
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 03080830020100 6.5.		
<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.		

A tract of land located in the Northwest Quarter of the Southwest Quarter (NW $\frac{1}{4}$  SW $\frac{1}{4}$ ) of Section 8, Township 3 North, Range 8 E. W. M., described as follows:

Beginning at the intersection of the north line of Government Lot 4 of the said Section 8 with the easterly right of way line of the Wind River Highway as more particularly described in deed dated October 22, 1956, and recorded at page 352 of Book 42 of Deeds, Records of Skamania County, Washington; thence north  $40^{\circ} 02' 15''$  west 200 feet along said easterly right of way line; thence north  $36^{\circ} 15'$  east 123 feet; thence north  $53^{\circ} 17'$  east 128 feet, more or less, to intersection with the southwesterly line of a tract of land conveyed to Ernest Nail and Georgia Nail, husband and wife, by deed dated September 29, 1956, and recorded at page 311 of Book 42 of Deeds, Records of Skamania County, Washington; thence along the southwesterly line of said Nail tract south  $42^{\circ} 38'$  east to intersection with the north line of said Government Lot 4; thence north  $88^{\circ} 20'$  west 346 feet, more or less, along the north line of said Government Lot 4 to the point of beginning;

EXCEPT that portion thereof conveyed to James E. Gale and Jacqueline A. Gale, husband and wife, by deed dated October 27, 1965, and recorded at page 78 of Book 55 of Deeds, Records of Skamania County, Washington;

AND SUBJECT TO an easement for a private road granted to Ernest Nail and Georgia Nail, husband and wife, and an easement for an electric power line granted to Public Utility District No. 1 of Skamania County, Washington.

Gary H. Martin, Skamania County Assessor

Date 9/26/06 <sup>CS</sup> Parcel # 3-8-8-3-201

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

OFFICE  
USE  
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2003-1037  
LOCAL FILE NUMBER



## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: James Middle: Albert Last: Maguire, Jr.				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) July 8, 2003		
4. AGE LAST BIRTHDAY (Yrs) 63		5. UNDER 1 YEAR MOS - DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 1/31/1940		8. BIRTHPLACE (City, State or Foreign Country) Westwood, CA		
11. CITY, TOWN OR LOCATION OF DEATH White Salmon				12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input checked="" type="checkbox"/> EMERG. RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Skyline Hospital			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Mildred Luceille Prichard		18. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+)		
16. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Gunsmith		19. KIND OF BUSINESS OR INDUSTRY Firearms		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White		
22. RESIDENCE — NUMBER AND STREET 21 Nail road		23. CITY/TOWN, OR LOCATION Carson		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Skamania		
				25B. LENGTH OF RES. IN CO. 50yrs		26. STATE WA		
						27. ZIP CODE 98610		
28. FATHER'S NAME — FIRST, MIDDLE, LAST James Albert Maguire, Sr.				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Violet Marguerite Thornhill				
30. INFORMANT — NAME Millie Maguire		31. MAILING ADDRESS 21 Nail Road Carson, WA 98610						
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 7/9/2003		34. CEMETERY/CREMATORY — NAME Columbia River Crematory		35. LOCATION — CITY/TOWN, STATE White Salmon, Washington		
36. FUNERAL DIRECTOR'S SIGNATURE 		37. NAME OF FACILITY Gardner Funeral Home		38. ADDRESS OF FACILITY POB 390		39. ADDRESS OF FACILITY White Salmon, WA 98672		
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X  M.D.				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X				
40. DATE SIGNED (Mo., Day, Yr) 7/9/03		41. HOUR OF DEATH (24 Hrs.) 0450		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Russell Smith, M.D. 211 Skyline Drive White Salmon, WA 98672				49. ME/CORONER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. ACUTE PULMONARY EDEMA						
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Specify: List conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF:		C. DUE TO, OR AS A CONSEQUENCE OF:		D. DUE TO, OR AS A CONSEQUENCE OF:		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED MEDICAL EXAMINER? CORONER? (Yes / No)		INTERVAL BETWEEN ONSET AND DEATH		
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. DESCRIBE HOW INJURY OCCURRED:		INTERVAL BETWEEN ONSET AND DEATH		
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY — AT HOME, FARM, STREET, OR OFF — STREET OR RFD NO., CITY/TOWN, STATE		60. DATE RECEIVED (Mo., Day, Yr) JUL 09 2002		61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		



THIS IS A TRUE & CORRECT COPY 30-01-08 Angel Maser

**AFFIDAVIT  
Lack of Probate**

State of Washington

County of Skamania

\_\_\_\_\_, being first duly sworn, deposes and says:

1. The undersigned affiant is the Wife of James A.  
(relationship to decedent) (decedent)  
Maguire, who died July 8, 2003, at White Salmon,  
(date of death) (year) (city)  
State of Washington, then being a legal resident of Carson,  
Skamania, Washington  
(county) (state) (city)

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

2. Check the appropriate box below:

☐ 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:

Mildred L. Maguire \_\_\_\_\_ Wife Carson  
(full name) (age) (relationship) (residence)

# HEIRS AT LAW (continued)

<u>Lona Jade Maguire</u> (full name)	<u>42</u> (age)	<u>daughter</u> (relationship)	<u>Stobler</u> (residence)
<u>Colin Jay Maguire</u> (full name)	<u>41</u> (age)	<u>Son</u> (relationship)	<u>No Bonneville</u> (residence)
<u>N/A</u> (full name)	<u></u> (age)	<u></u> (relationship)	<u></u> (residence)
<u>N/A</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:
  
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 \$ 101,400.00. The value of all separate property of the decedent was approximately \$ N/A.
  
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.

MILDRED L. MAGUIRE

Mildred L. Maguire  
Affiant's Full Name

9/26/06  
Date

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

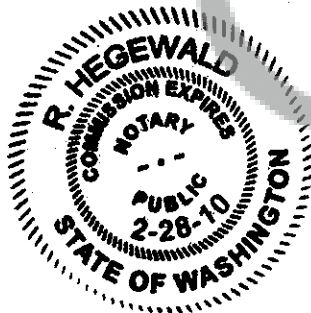
\_\_\_\_\_  
Date

STATE OF WASHINGTON, )

COUNTY OF Skamania ) ss.

On this day personally appeared before me Mildred L. Maguire 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 26<sup>th</sup> day of September, 2006.



[Signature]  
Notary Public in and for the State of WA  
Washington, residing at N. Bonnaville  
My appointment expires 2/28/10