

WHEN RECORDED RETURN TO:

Marilynn L. Weaver
50 29th Street, Apt. 265
East Wenatchee, WA 98802

DOCUMENT TITLE(S):
Inheritance Lack of Probate Affidavit

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR :
Charles R. Weaver

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
32061
AUG 29 2016

GRANTEE:
Marilynn L. Weaver, a single woman

PAID *Exempt*
Vicki Christland
SKAMANIA COUNTY TREASURER

LEGAL DESCRIPTION:

All of Lot 1, and the North 30 feet of Lot 2, Block 5, SECOND ADDITION TO HILL CREST
ACRE TRACTS, according to the duly recorded Plat thereof, recorded in Book A of Plats, Page
100, in the County of Skamania, State of Washington.

TAX PARCEL NUMBER(S):
03-75-36-2-3-1600-00

Skamania County Assessor
Date 8-29-16 Parcel# 3-75-36-2-3-1600
Jm

After recording, return to:

**INHERITANCE LACK OF PROBATE AFFIDAVIT
(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)**

STATE OF Washington)
COUNTY OF Skamania)

SS:

The undersigned, Marilynn L. Weaver, executes this affidavit relating to the estate of Charles R. Weaver (herein "Decedent"), who died on March 16, 2015, in the County of Chelan, State of Washington, then being a resident of the City of Stevenson, County of Skamania, State of Washington (A copy of the death certificate is attached hereto.)

The undersigned, being first duly sworn, on oath deposes and says:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the property described below.

Relationship of the Affiant to the Decedent

2. The undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
- ☐ Registered domestic partner of the Decedent
- ☐ Surviving child of the Decedent
- ☐ One of the joint tenants named in that certain instrument creating a joint tenancy with a right of survivorship identified in that certain deed recorded on _____ [mm/dd/yyyy], under Recording No. _____, in _____ County, Washington.
- ☐ other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

- (b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]

Name & relationship Marilynn L. Weaver surviving spouse

Name & relationship Teri Weaver St. Jean daughter

Name & relationship Kelly Richards Boreson granddaughter

Name & relationship Michel St. Jean grandson

Description of the Property

4. That among the items of real property owned by the Decedent at the time of death was real estate located in the County of SKAMANIA, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

See Attachment - to be provided by title company

5. Status of the Will (if any)

- ☒ The decedent left a Will that devises real property.
☐ The decedent left no Will that devises real property.

DATED: 7-22, 2016

Marilynn L. Weaver
 (Signature)

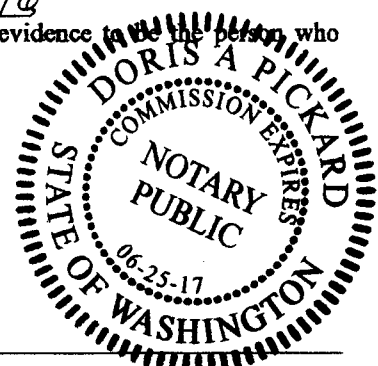
Marilynn L. Weaver
 (Print or type full name)

50 29th St #265, East Wenatchee, WA 98802
 (Full address and telephone number) 509-885-9610

State of Washington
 County of Chelan

SUBSCRIBED and SWORN TO before me this 22nd day of July, 2016
 by Marilynn L. Weaver, proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

Doris A. Pickard
 Notary Public in and for the State of Washington
 residing at 1101 Cherry Circle, East Wenatchee, WA 98802



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-007838

LOCAL FILE NUMBER: 15182

DATE ISSUED: 03/23/2015

FEE NUMBER: 4001490006

GIVEN NAMES: **CHARLES RICHARD**
LAST NAME: **WEAVER**

COUNTY OF DEATH: **CHELAN**
DATE OF DEATH: **MARCH 16, 2015**
HOUR OF DEATH: **05:40 A.M.**
SEX: **MALE**
AGE: **91 YEARS**

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **JUNE 09, 1923**
BIRTHPLACE: **SPRINGFIELD, CHRISTIAN CNTY, MISSOURI**

MARITAL STATUS: **MARRIED**
SPOUSE: **MARILYNN L. LOVING**

OCCUPATION: **FISHERIES RESEARCH BIOLOGIST**
INDUSTRY: **NATIONAL MARINE FISHERIES**
EDUCATION: **BACHELOR'S DEGREE**
US ARMED FORCES? **YES**

INFORMANT: **MARILYNN WEAVER**
RELATIONSHIP: **WIFE**
ADDRESS: **50 29TH STREET NW #265 EAST WENATCHEE, WASHINGTON 98802**

PLACE OF DEATH: **NURSING HOME / LONG TERM CARE FACILITY**
FACILITY OR ADDRESS: **SENIOR DELIGHT ADULT FAMILY HOME**
CITY, STATE, ZIP: **WENATCHEE, WASHINGTON 98801**

RESIDENCE STREET: **310 COLUMBIA VIEW AVENUE**
CITY, STATE, ZIP: **STEVENSON, WASHINGTON 98648**
INSIDE CITY LIMITS? **YES**

COUNTY: **SKAMANIA**
TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **51 YEARS**

FATHER: **CHARLES FELIX WEAVER**
MOTHER: **LUCILLE ELSEY**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **N.C.W. CREMATORY**
CITY, STATE: **EAST WENATCHEE, WA**
DISPOSITION DATE: **MARCH 19, 2015**

FUNERAL FACILITY: **TELFORD'S CHAPEL OF THE VALLEY**
ADDRESS: **711 GRANT ROAD**
CITY, STATE, ZIP: **EAST WENATCHEE WA 98802**
FUNERAL DIRECTOR: **RUSSELL H. EDWARDS**

CAUSE OF DEATH:

A. **END STAGE DEMENTIA, MULTI-INFARCT**
INTERVAL: **3 MONTHS**

B.
INTERVAL:

C.
INTERVAL:

D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
ANEMIA OF UNKNOWN ETIOLOGY

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: **NONE**

NUMBER(S): **NONE**
DATE(S): **NONE**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **NO**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **KARL W. LAMBERT, ARNP**
TITLE: **ARNP**
CERTIFIER

ADDRESS: **230 GRANT ROAD, SUITE B2**
CITY, STATE, ZIP: **EAST WENATCHEE WA 98802**
DATE SIGNED: **MARCH 19, 2015**

CASE REFERRED TO ME/CORONER: **YES**
FILE NUMBER: **CH2015 - 100**
ATTENDING PHYSICIAN:
KARL LAMBERT ARNP

LOCAL DEPUTY REGISTRAR:
MARIA LIMA
DATE RECEIVED: **MARCH 19, 2015**



DOH 01-003 (6/14)



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
www.doh.wa.gov

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record:	2. Date of Event:	3. Place of Event:
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4. Father/Parent Full Birth Name	5. Mother/Parent Full Birth Name
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The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
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6.	7.
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8.	9.
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10.	11.
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12.	13.
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14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)	Telephone Number:
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I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
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15. Signature:	16. Date:	17. Address:
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(Printed Name)		
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All vital records are registered as received. Most changes must be established by documentary proof submitted with the affidavit.		
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We do not accept a driver's license, Social Security card or hospital issued decorative birth certificate as documentary proof.		
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Examples of acceptable documentary proof:	Birth Record	Full Numident Report (Social Security Administration)	School Transcripts (Official)
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	Certificate of Naturalization	Marriage/Divorce Record	Alien Registration (front and back)
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	Military Record (DD-214)	Life Insurance Policy	Hospital/Medical Record
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	Passport		
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Birth Certificates			
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1. Only a parent, legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.			
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2. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.			
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3. <u>Child under 18</u>			
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<ul style="list-style-type: none"> • Guardian must submit certified court order giving them authority to act on behalf of child(ren). • Up to age one, the last name of the child can be changed once, to the mother/parent full birth name, father/parent full birth name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required. • Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed. • To correct parent's information, one documentary proof is required. Proof must be five (or more) years old or have been established within five years of birth. • To correct the sex of the child, submit one proof from a medical provider. 			
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<ul style="list-style-type: none"> • <u>Adult (18 years or older)</u> • Only the adult themselves can change the birth certificate. • If the first or middle name is absent, three pieces of documentary proof are required. • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required. • To correct parent's birth date, place of birth, or name, one documentary proof is required. • Proof must be five (or more) years old or have been established within five years of birth. 			
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4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH 422-032)			
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Death Certificates			
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1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.			
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2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.			
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Marriage/Dissolution (Divorce) Certificates			
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1. Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.			
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2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.			
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DOH 422-034 June 2014

CERTIFIED
CHELAN-DOUGLAS HEALTH DISTRICT

MAR 23 2015



Francis J. Collins
FRANCIS JV COLLINS, M.D.
HEALTH OFFICER & REGISTRAR

BB00168199

Last Will and Testament

of

CHARLES R. WEAVER

KNOW ALL MEN BY THESE PRESENTS, That I, **CHARLES R. WEAVER**, being over the age of twenty-one years, and a resident and inhabitant of Skamania County, State of Washington, of sound and disposing mind and memory, and not acting under duress, menace, fraud, or undue influence, do make, publish and declare this to be my **LAST WILL** and **TESTAMENT**, hereby annulling and revoking any and all Wills and codicils thereto heretofore made by me at any time.

ARTICLE I. DEBTS AND EXPENSES

I direct that my Personal Representative, hereafter named, shall first pay out of the proceeds of my estate all just debts by me owed at the time of my death, including the expenses of my last illness and burial.

ARTICLE II. BURIAL

I direct that my body be given proper disposition, befitting my station in life, but without unnecessary ostentation or expense.

ARTICLE III. FAMILY STATUS

I declare that I am married to **MARILYNN L. WEAVER**, and that we have one (1) child as issue of our marriage, namely: **THERESE ANN ST. JEAN**, who is over the age of eighteen (18) years.

ARTICLE IV. PERSONAL REPRESENTATIVE

I nominate and appoint my wife **MARILYNN L. WEAVER** as the Personal Representative of this, my **LAST WILL** and **TESTAMENT**. In the event she predeceases me or should she be unwilling or incapable or for any reason fail or refuse to act in such trust, I appoint my daughter **THERESE ANN ST. JEAN** to act as Personal Representative of my Will. I direct that no bond or other undertaking shall be required of my Personal Representative, in any event,


CHARLES R. WEAVER, Testator
LAST WILL AND TESTAMENT - Page 1 of 3

and that my Personal Representative shall serve as such without the intervention of any Court or Courts. I direct my Personal Representative to compensate himself or herself for services rendered in administering my estate from the net proceeds of my estate.

ARTICLE V. RESIDUARY DEVISE AND BEQUEST

My wife MARILYNN L. WEAVER and I are parties to a Community Property Agreement as provided by the statutes of the State of Washington. I intend that said Community Property Agreement shall be fully operative, but if such agreement shall be insufficient for any reason to transfer my entire estate to my wife MARILYNN L. WEAVER, then I hereby give, devise and bequeath unto my wife MARILYNN L. WEAVER all of my estate and property of whatsoever nature and wheresoever situate, such devise and bequest being contingent solely upon her surviving me. My wife MARILYNN L. WEAVER is executing her Last Will and Testament this date similar provisions as herein provided, but it is fully understood that our said Wills are not executed pursuant to a binding agreement, and either of us shall be fully free to revoke or amend our Wills in any particular manner, either before or after the death of either of us.

Should my wife MARILYNN L. WEAVER predecease me, then all of the rest residue and remainder of the property of which I may die possessed, whether real, personal or mixed, of whatsoever kind or nature, and wheresoever situate, I give, devise and bequeath unto my daughter THERESE ANN ST. JEAN, my granddaughter KELLY ANN RICHARDS, and my grandson MICHAEL JOSEPH ST. JEAN as their sole and separate property, per stirpes, by right of representation.


ARTICLE VI. EXCLUSIONS

I have intentionally omitted all my heirs who are not specifically mentioned as devisees herein and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may be lawfully determined to be my heirs at law and I hereby give, devise and bequeath One Dollar (\$1.00) to any person whomsoever claiming to be or proven to be my heir at law who contests the provisions hereof, such bequest to be given in lieu of anything said person would have taken under the provisions of this Will, or through intestacy.


IN WITNESS WHEREOF, I have hereunto set my hand and seal this 20th day of May, 2002, at Stevenson, Skamania County, Washington.

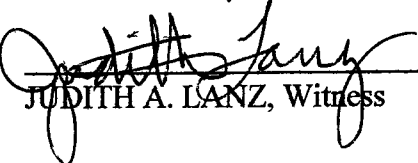

CHARLES R. WEAVER, Testator

The foregoing instrument, constituting of three (3) pages, was on the 20th day of


CHARLES R. WEAVER, Testator
LAST WILL AND TESTAMENT - Page 2 of 3

May, 2002, signed and sealed and published as, and declared to be, his **LAST WILL and TESTAMENT**, in the presence of us who at his request and in his presence and in the presence of each other, and who being of the opinion that he, at the time of executing this Will, was of sound and disposing mind and memory and was not acting under duress, menace, fraud or the undue influence of any person or persons, have subscribed our names as witnesses thereto.

 _____ residing in Skamania County, Washington
CHRISTOPHER R. LANZ, Witness

 _____ residing in Skamania County, Washington
JUDITH A. LANZ, Witness

 _____
CHARLES R. WEAVER, Testator
LAST WILL AND TESTAMENT - Page 3 of 3

Affidavit of Witness to Will

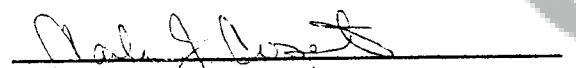
STATE OF WASHINGTON)
 : ss.
 County of Skamania)

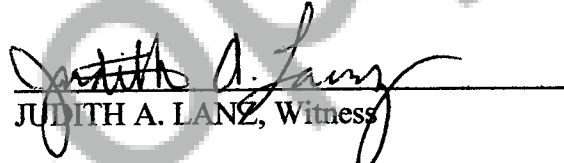
CHRISTOPHER R. LANZ and JUDITH A. LANZ each being first duly sworn on oath and each for him/herself depose and say:

I reside in Skamania County, Washington, and am of the age of majority. I am one of the subscribing witnesses to the above and foregoing instrument entitled LAST WILL and TESTAMENT of CHARLES R. WEAVER; that the said LAST WILL and TESTAMENT was signed and executed by the said CHARLES R. WEAVER at Stevenson, Skamania County, Washington on the date appearing thereon, in my presence and in the presence of the other subscribing witness, and the said CHARLES R. WEAVER thereupon published said instrument as his LAST WILL and TESTAMENT by declaring the same to be such and requesting me in attestation thereof to subscribe my name as a witness thereto. Thereupon, I then and there in the presence of the said testator and the other subscribing witness subscribed my name as witness to said LAST WILL and TESTAMENT.

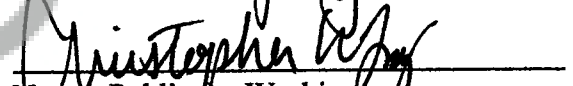

 CHRISTOPHER R. LANZ, Witness

SUBSCRIBED & SWORN to before me
 this 22nd day of July, 2002.


 Notary Public for Washington
 Residing at Stevenson
 My Commission expires 8/20/04


 JUDITH A. LANZ, Witness

SUBSCRIBED & SWORN to before me
 this 22nd day of July, 2002.


 Notary Public for Washington
 Residing at Stevenson, WA
 My Commission expires 8/20/04

