

WHEN RECORDED RETURN TO:

JOHN T. MCGUIRE

823 N 1st Ave

Kelso WA 98624

DOCUMENT TITLE(S)

Lack of Probate Affidavit

REFERENCE NUMBER(S) of Documents assigned or released:

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Stella R. McGuire

OCT 24 2018

☐ Additional names on page _____ of document.

GRANTEE(S):

John T. McGuire

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☒ Complete legal on page 5 of document.

TAX PARCEL NUMBER(S):

010506410010300
010506410011500

ym 10/24/18

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

This is a two-part form. The first affidavit is for title company internal use. The second, shorter affidavit is for recording in connection with claiming an exemption from real estate excise tax.

LACK OF PROBATE AFFIDAVIT (STATE OF WASHINGTON)
FOR SEPARATE PROPERTY, COMMUNITY PROPERTY, JOINT TENANCY OR TRANSFER ON DEATH DEEDS

Title Insurance Commitment No.: _____, County: _____

STATE OF Washington)

SS:

COUNTY OF Skamania)

The undersigned, John T. McGuire, executes this affidavit relating to the estate of Stella R. McGuire (herein "Decedent"), who died on 9/26/18, in the County of Cowlitz, State of Washington

(A copy of the death certificate is attached hereto.)

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

That the undersigned is (check one):

- ☒ the lawful surviving spouse of the Decedent
☐ Surviving child of the Decedent
☐ Registered domestic partner 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): _____

That the undersigned has listed below all of the heirs at law and next of kin of Decedent, including but not limited to:

1. spouse or registered domestic partner; and
2. children, adopted children, the issue of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving grandchildren, parents, brothers and sisters of decedent); and
3. all parties who would have been heirs at law if the decedent had not been married or a registered domestic partner on the date of death; see RCW 11.04.015:

That the heirs at law and next of kin of the decedent are (list all parties, using the reverse side or attaching a list if necessary):

Name & relationship John T. McGuire, Spouse
 Address: 823 N 1st Ave, Kelso, WA 98626
 Name & relationship Theresa Ann R. Mathiesen - Daughter
 Address: 41004 NE 149th Ave, Auburn, WA 98601
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____
 Name & relationship _____
 Address: _____

That immediately prior to the date of death the Decedent was an owner of the real estate described in the above referenced Title Insurance Commitment (herein the "Real Estate"), and that the Decedent's ownership interest was [check one]:

- ☒ Community property
☐ Separate property
☐ Joint tenancy property

CHECK ALL BOXES WHICH APPLY IN EACH SECTION:

1. That on the date the Real Estate was purchased the Decedent was:
 - ☒ married to John T. McGuire
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
2. That on the date of death the Decedent was:
 - ☒ married to John T. McGuire
 - ☐ unmarried, not a registered domestic partner
 - ☐ unmarried, a registered domestic partner of _____
3. That on the date of death the Decedent was a citizen of the following country Phillipenes and a permanent resident of USA (if Decedent was a resident different from that of their citizenship).
4. ☐ That the decedent left a Will, a copy of which is attached hereto.
☒ That the decedent left no Will.
☐ That the decedent executed a Community Property Agreement. It was recorded under _____ County recording number _____ (if unrecorded, attach a copy)
5. ☒ That the decedent's estate is not being probated.
☐ That the decedent's estate is subject to probate proceedings in _____ County, State of _____ under Probate No. _____
6. If title transferred pursuant to a Transfer on Death Deed:
 - ☐ That there was no consideration (monetary, non-monetary, in-kind, etc.) given for the deed
 - ☐ That there was consideration given in the amount of \$ _____, including the value of monetary, non-monetary, in-kind, and other consideration.
7. ☒ That the estate of the decedent is exempt from State and/or Federal succession or inheritance taxes.
☐ That State and/or Federal succession or inheritance taxes in the amount of \$ _____ have been paid. Copies of the release/discharge are attached hereto.
☐ That State and/or Federal succession or inheritance taxes are due in the approximate amount of \$ _____, but have not been paid.
8. ☒ That the decedent has not received assistance from the State of Washington for medical care.
☐ That the decedent has received assistance from the State of Washington for medical care.
☐ That the State of Washington has been fully reimbursed for assistance for medical care.
9. If title was owned by the decedent in joint tenancy:
 - ☐ That at all times from the date on which the joint tenancy was created to the death of the Decedent, each of the joint tenants recognized that the Real Estate was held in joint tenancy,
 - ☐ That the interest of no one or more of the joint tenants has ever been independently conveyed, encumbered or otherwise separated from the interest of the other joint tenant(s), either voluntarily or involuntarily, whether by specific act or by operation of law;

☐ That the joint tenancy continued in full force until the death of the Decedent and, if there are two or more surviving joint tenants, including the undersigned, the joint tenancy continues in effect as to the interests of the surviving joint tenants.

That the undersigned knows of his/her own knowledge, and so states, that each and all of the obligations against the estate of the Decedent (including, but not limited to: all the debts of decedent; all of the expenses of Decedent's last illness, funeral and burial; promissory notes; installment contracts and mortgages; and state and federal succession taxes upon Decedent's estate, if applicable) have been paid in full, except as follows (*use reverse side or attach a list if necessary*): _____

That the value of the Decedent's estate at date of death, including all real and personal property, was approximately \$ 800⁰⁰, including the value of community property of Decedent and Decedent's surviving spouse or domestic partner, if any, of approximately \$ 543,800⁰⁰, and including the value of Decedent's separate property, if any, of approximately \$ 0, and including the full value of all other property, if any, held by the Decedent in joint tenancy of approximately \$ 0

This affidavit is made to induce _____ TITLE INSURANCE COMPANY (the Company) to insure real property covered by the Company's commitment for title insurance number set forth above, in which Decedent held an interest at the time of the Decedent's death. The undersigned urges the Company to issue its policy of title insurance in full reliance upon the representations set forth herein. The undersigned, for himself/herself and for the undersigned's heirs, executors and administrators, indemnifies the Company or any other person, including a purchaser of the Real Estate, for any loss arising from reliance on any misstatement of fact herein.

DATED: 10-24, 2018

[Signature]
(Signature)

Joseph McGuire
(Print or type full name)

823 W. 1st Ave. Kelso WA 98526
(Full address and telephone number)
360 601-4242

SUBSCRIBED and SWORN to before me this 24 day of Oct, 2018
Betty Whitney
Notary Public in and for the State of WA.
Residing Stevenson at _____



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-042353

LOCAL FILE NUMBER: 00850

DATE ISSUED: 10/02/2018
FEE NUMBER: 08WFH0103FIRST AND MIDDLE NAME(S): STELLA RELACIO
LAST NAME(S): MCGUIRECOUNTY OF DEATH: COWLITZ
DATE OF DEATH: SEPTEMBER 26, 2018
HOUR OF DEATH: 05:00 AM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: FILIPINOBIRTH DATE: AUGUST 01, 1944
BIRTHPLACE: VICTORIAS NEGROS OCCIDENTAL PHILIPPINESMARITAL STATUS: MARRIED
SPOUSE: JOHN MCGUIREOCCUPATION: CARE GIVER
INDUSTRY: ELDERLY CARE
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: NOINFORMANT: THERESA MATTHIENEN
RELATIONSHIP: DAUGHTER
ADDRESS: 1087 LEWIS RIVER RD. #114, WOODLAND, WA, 98674CAUSE OF DEATH:
A: ASPIRATION PNEUMONIA
INTERVAL: 72 HOURS
B: MULTIPLE CEREBROVASCULAR ACCIDENTS
INTERVAL: 1 WEEK
C: HYPERTENSION
INTERVAL: 20 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ADULT DIABETES

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: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: WOODLAND CARE CENTER
CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674RESIDENCE STREET: 823 N 1ST ST
CITY, STATE, ZIP: KELSO, WA 98626
INSIDE CITY LIMITS: YES COUNTY: COWLITZ
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 8 YEARSFATHER/PARENT: QUIRICO RELACIO
MOTHER/PARENT: PURIFICATION MACALDEMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: LONGVIEW MEMORIAL PARK CREMATORYCITY, STATE: LONGVIEW, WASHINGTON
DISPOSITION DATE: OCTOBER 02, 2018

FUNERAL FACILITY: WOODLAND FUNERAL HOME

ADDRESS: 660-A GOERIG STREET
CITY, STATE, ZIP: WOODLAND, WASHINGTON 98674
FUNERAL DIRECTOR: HAYLEY STAUCHMANNER 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 RESPONSECERTIFIER NAME: ELLIS W. JOHNSON, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 527 2ND ST
CITY, STATE, ZIP: WOODLAND, WA 98674
DATE SIGNED: SEPTEMBER 28, 2018CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 18-528
ATTENDING PHYSICIAN: NOT APPLICABLELOCAL DEPUTY REGISTRAR: RACHEL A. PATTERSON
DATE RECEIVED: OCTOBER 01, 2018



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	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)				

7. Return Mailing Address: P.O. 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 now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

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.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, 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 documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

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 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

*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 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). The informant may change marital status with proof. Marital status requires a certified copy of a 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 documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

CERTIFIED

Dr. Jennifer Vines, MD, MPH
Health Officer/Registrar
Cowlitz County Health Department
Longview, WA

DOH 422-034 October 2015



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



0 2 0 5 0 0 9 9

Legal Description:

Parcel: 01050640011500 and 01050640010300

**Lots 1 and 3 of the JC's Short Plat AFN 2005157844
Skamania County Washington, Lots 5 and 6 Silver
Star Acres (A-153) in the N ½ SE ¼ of section 6 T1n
R5e W.M. Skamania County Washington.**

Unofficial
Copy