

WHEN RECORDED RETURN TO:

Columbia Gorge Title
41 Russell Ave
Stevenson WA 98648

DOCUMENT TITLE(S)
LACK OF PROBATE

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page _____ of document.

Principal/(Grantor)/ORIGINAL TRUSTEE:

Stephen P. McDermott

33754
SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

☐ Additional names on page _____ of document.

APR 04 2019

Agent/GRANTEE(S)/NEW TRUSTEE:

Theresa S. McDermott

PAID Exempt
by deputy
SKAMANIA COUNTY TREASURER

☐ Additional names on page _____ of document.

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

PTN SEC 11, T2N, R5E, W.M.

☒ Complete legal is located on page 3 of Lack of Probate Affidavit.

TAX PARCEL NUMBER(S):

02-05-11-2-4-0300-00 Jim 4/4/19

☐ 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.

After recording, return to:

Stephen P. McDermott and Theresa S. McDermott

3777 Addy St. #9
Washougal WA 98671

Grantor (Name of Decedent): Stephen P. McDermott
 Grantee (Heirs): Theresa S. McDermott
 Abbreviated Legal Description: S 11 T2N R5 EWM
 Tax Parcel No.(s): 02051124030000

INHERITANCE LACK OF PROBATE AFFIDAVIT

(To Be Recorded for Excise Tax Affidavit Claiming Exempt Transfer of Ownership)

STATE OF WASH

COUNTY OF Clark

The undersigned, Theresa McDermott, executes this affidavit relating to the estate of Stephen P. McDermott (herein "Decedent"), who died on 3-19-18, in the County of Skamania, State of Washington, then being a resident of the City of Washougal, County of Skamania, State of Wash.

(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 a 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 (1) 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.

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

☐ other (identify:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law of the decedent that were living at the time decedent's death are listed below.
 [Use the reverse side or attach a list if necessary]

Name and relationship: JAMES T. SESE

Name and relationship: DUSTY L GILBERT

Name and relationship: PATRICK S. McDERMOTT

Name and relationship: _____

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:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Theresa S. McDermott
 Signature

4/3/2019
 Date

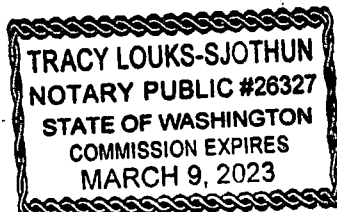
THERESA S. McDERMOTT
 Print Name

State of Washington

County of Clark

Signed and sworn to (or affirmed) before me on 4/3/19 by _____
 (name of person making statement).

Theresa S. McDermott



Tracy Louks-Sjothun
 Notary Public in and for the State of
 Washington,
 Residing at: Vancouver
 My appointment expires: March 9, 2023

ORDER NO. S18-0426KM

EXHIBIT "A"

A tract of land in the Northwest Quarter of the Southeast Quarter of Section 11, Township 2 North, Range 5 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at the Southwest corner of the Northwest quarter of the Southeast quarter; thence North 3° 43' 51" East to the South right of way line of Washougal River Road No. 1106, as traveled and established January 1, 1979; thence following said Southerly right of way in a Northeasterly direction to a point which intersects with the North right of way line of the Mabee Mines Road as traveled and established January 1, 1979; thence Southwesterly along North right of way line of Mabee Mines Road to a point on the South line of the Northwest quarter of the Southeast quarter of Section 11, Township 2 North, Range 5 East of the Willamette Meridian; thence South 89° 38' 44" West 250 feet, more or less, to the Southwest corner of the Northwest quarter of the Southeast quarter and the True Point of Beginning.

EXCEPT County Roads.

Skamania County Assessor

Date 4-4-19 Parcel# ~~8251~~
02051124030000
M

STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2018-012912

DATE ISSUED: 03/22/2018

FEE NUMBER:

FIRST AND MIDDLE NAME(S): STEPHEN PATRICK
LAST NAME(S): McDERMOTT

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: MARCH 19, 2018
HOUR OF DEATH: 09:45 AM
SEX: MALE AGE: 69 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: AUGUST 13, 1948
BIRTHPLACE: CLEVELAND, OH

MARITAL STATUS: MARRIED
SPOUSE: THERESA SESE

OCCUPATION: FENCE CONTRACTOR
INDUSTRY: FENCING INDUSTRY
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: THERESA McDERMOTT
RELATIONSHIP: WIFE
ADDRESS: 17032 WASHOUGAL RIVER ROAD, WASHOUGAL WA 98671

CAUSE OF DEATH:
A: ADENOCARCINOMA OF THE LUNG
INTERVAL: 2 YEARS

B: INTERVAL:

C: INTERVAL:

D: INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC OBSTRUCTIVE
PULMONARY DISEASE, CAROTID ARTERY DISEASE, ABDOMINAL AORTIC
ANEURYSM, CHEMOTHERAPY INDUCED ANEMIA, PREDIABETES, AORTIC VALVE
DISEASE, HYPERTENSION, HYPERLIPIDEMIA

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: HOME
FACILITY OR ADDRESS: 17032 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WASHINGTON 98671

RESIDENCE STREET: 17032 WASHOUGAL RIVER ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 9 YEARS

FATHER/PARENT: JOHN R McDERMOTT
MOTHER/PARENT: MARJORIE CHRISTOPHERSON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PORTLAND CREMATION CENTER

CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: MARCH 22, 2018

FUNERAL FACILITY: BROWN'S FUNERAL HOME, INC

ADDRESS: 410 NE GARFIELD STREET
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607
FUNERAL DIRECTOR: GRETEL BOHN

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: PROBABLY
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: SANDFORD B. PLANT, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 700 NE 87TH AVENUE
CITY, STATE, ZIP: VANCOUVER, WA 98664
DATE SIGNED: MARCH 20, 2018

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

LOCAL DEPUTY REGISTRAR: AIMEE N. WILKERSON
DATE RECEIVED: MARCH 21, 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 information must match current information on record

Required	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 Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <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 2nd parent (if required):

Printed name: Date: Printed name: 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.

DOH 422-034 October 2015



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

CERTIFIED

MAR 22 2018

Alan Melnick
Alan Melnick
Health Officer
Skamania Co. Public Health



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