

Skamania County, WA
Total: \$106.50
ALP
Pgs=4

2019-001485

08/19/2019 12:38 PM

Request of: JOHN CHARLES SWEENEY



WHEN RECORDED RETURN TO:

John Charles Sweeney
P.O. Box 203
CARLEN WA. 98610

DOCUMENT TITLE(S)

Death Cert / Affidavit of Surviving Spouse
REFERENCE NUMBER(S) of Documents assigned or released:

[] Additional numbers on page ____ of document.

GRANTOR(S):

Maxine Marie Sweeney

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

NA
AUG 19 2019

[] Additional names on page ____ of document.

GRANTEE(S):

John Charles Sweeney

PAID Cy Deputy
SKAMANIA COUNTY TREASURER

[] Additional names on page ____ of document.

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

Lot 3 Mathany SP #1 BK 3 PG 254

[] Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

03082822 030400
03082130160200

Skamania County Assessor

Date 8-19-19 Parcel# 03082822030400

[] 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.

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of SKAMANIA

Name of deceased Maxine Marie Sweeney

I, (survivor's name) John Charles Sweeney affirm
that I am the sole and rightful heir to the property described as:

Parcel number(s) 03082822 030400

for contract purposes and MTH
APN 2004154727 10/08/2004
EXCISE # 24316 10/08/2004
03082130160200

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 19th day of Aug, 2019 at Stevenson, WA
(month) (year) (city) (state)

John C Sweeney
(Signature of surviving spouse or registered domestic partner)

John C Sweeney
(Printed name of surviving spouse or registered domestic partner)

P.O. Box 203 CARON WA 98610
(Address of surviving spouse or domestic partner) (city) (state) (zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix		2. Death Date					
Maxine Marie SWEENEY		June 27, 2012					
3. Sex (MF)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death		
Female	59	Months Days	Hours Minutes		Skamania		
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education			
Dec. 31, 1952	Vancouver	Washington		High School Graduate			
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify:				11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No				White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.)					13b. City or Town		
132 Old Airport Road					Carson		
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country		13f. Zip Code + 4	13g. Inside City Limits?		
Skamania		Washington		98610	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		
14. Estimated length of time at residence:		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)			
16 Years		Married		John C. Sweeney			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))				18. Kind of Business/Industry (Do not use Company Name)			
Pharmacy Clerk				Pharmacy			
19. Father's Name (First, Middle, Last, Suffix)				20. Mother's Name Before First Marriage (First, Middle, Last)			
Glen Bevans				Thelma Lamm			
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Chuck Sweeney		Husband		PO Box 203 Carson, WA 98610			
24. Place of Death, if Death Occurred in a Hospital:				Place of Death, if Death Occurred Somewhere Other than a Hospital:			
				Decedent's Residence			
25. Facility Name (If not a facility, give number & street or location)				26a. City, Town, or Location of Death	26b. State	27. Zip Code	
132 Old Airport Road				Carson	WA	98610	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State			
Cremation		Columbia River Crematory		White Salmon, Washington			
31. Name and Complete Address of Funeral Facility						32. Date of Disposition	
Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672						June 28, 2012	
33. Funeral Director Signature <i>[Signature]</i>							
Cause of Death (See Instructions and examples)							
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Esophageal Cancer							
Due to (or as a consequence of):							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. IMMUNOSUPPRESSION							
Due to (or as a consequence of):							
c. Chronic Renal Disease							
Due to (or as a consequence of):							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
36. Autopsy?				37. Were autopsy findings available to complete the Cause of Death?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?			
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:				Apt. No.			
City or Town:				County: State: Zip Code + 4:			
46. Describe how injury occurred				47. If transportation injury, specify:			
				<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated:				48b. Medical Examiner/Coroner: 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) and manner stated:			
x <i>Ray FitzSimmons MD</i>				x			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)				50. Hour of Death (24hrs)			
Ray FitzSimmons PO Box 1519 White Salmon, WA 98672				0900			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (MM/DD/YYYY)			
				06/28/2012			
53. Title of Certifier		54. License Number		55. ME/Coroner File Number		56. Was case referred to ME/Coroner?	
MD		MD00016986				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY)			
x				JUN 28 2012			
59. Amendments							

Affidavit for Correction

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

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: ☐ Birth ☐ Death ☐ Marriage ☐ Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

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.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof: Certificate of Naturalization Medical Record School Transcripts
Hospital Records Military Record (DD-214) Voter's Registration Card (if it bears an effective date)
Insurance Records Birth Record Alien Registration Card (front and back)
Marriage/Divorce Records Passport We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Proof must be five (or more) years old or have been established within five years of birth.
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates:

- 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.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

CERTIFIED

JUL 03 2012

Alan Melnick
Health Officer
Skamania Co. Public Health

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