



After recording, return to:

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P.O. Box 758  
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## INHERITANCE LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

The undersigned, John Charles Sweeney, executes this affidavit relating to the estate of his deceased spouse, Maxine M. Sweeney (Decedent), who died on June 27, 2012 in Skamania County, Washington, then being a resident of Carson, Washington. (A copy of Decedent's death certificate is attached.)

I, John Charles Sweeney, having been first duly sworn upon oath, depose and say:

1. This Affidavit is to be recorded as an affirmation of facts showing that I am the rightful heir to the real estate as hereinafter described in Section 4.

2. I am the lawful surviving spouse of the Decedent. Decedent and I had one child together: our son, Nathan Charles Sweeney. Decedent had no other children.

3. That all the heirs at law and next of kin of the Decedent who were living at the time of Decedent's death are listed below:

John Charles Sweeney                      Spouse

Nathan Charles Sweeney                      Son

4. That the Decedent at the time of death had an interest in real estate located in the County of Skamania, State of Washington, and described in that certain Real Estate Contract dated October 8, 2004 wherein John Charles Sweeney and Maxine M. Sweeney, husband and wife, are the Seller and Rita M. Schaff, a single person, is the Buyer recorded as Skamania County Auditor's File No. 2004154727 on October 8, 2004.

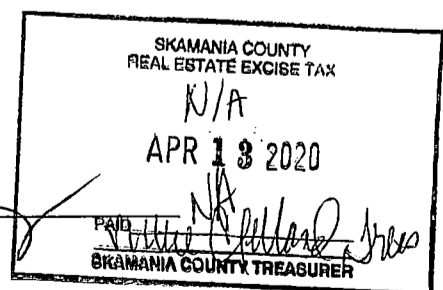
5. Pursuant to the Amended Order Adjudicating the Intestacy of Rita Carpenter (aka Rita Schaff) pursuant to RCW 11.28.110 entered in Skamania County Superior Court Case No. 12-4-0005-0 filed June 23, 2012, the real estate described in Section 4 above was the community property of Paul Carpenter (aka Paul Cochran Carpenter, Jr.) and Rita Carpenter (aka Rita Schaff) and vested in Paul Carpenter (aka Paul Cochran Carpenter, Jr.) upon the death of Rita Carpenter (aka Rita Schaff).

6. Beverly Carpenter is the administrator of the Estate of Paul Cochran Carpenter, Jr. pursuant to Skamania County Superior Court Case No. 19-4-00020-30.

7. The Decedent left no Will that devises real estate.

DATED: 4/6, 2020.

John Charles Sweeney  
P.O. Box 203  
Carson, WA 98610



STATE OF WASHINGTON )  
 ) ss.  
County of Skamania )

SUBSCRIBED and SWORN TO before me this 16 day of APRIL, 2020 by John Charles Sweeney, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

LISA M. AUSTIN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION NUMBER 151815  
COMMISSION EXPIRES FEB. 15, 2024



*Lisa M Austin*  
Notary Public in and for the State of Washington  
Residing at STEVENSON WA  
My commission expires: 2/15/2024

LISA M AUSTIN  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION NUMBER 151815  
COMMISSION EXPIRES FEB. 15, 2024

Unofficial Copy

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Washington State Certificate of Death

1. Legal Name (Last, First, Middle) <b>Maxine Marie SWEENEY</b>		2. Death Date <b>June 27, 2012</b>	
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>59</b>	4b. Under 1 Year Months: <b>0</b> Days: <b>0</b>	4c. Under 1 Day Hours: <b>0</b> Minutes: <b>0</b>
7. Birth Date <b>Dec. 31, 1952</b>		8a. Birthplace (City, Town, or County) <b>Vancouver</b>	8b. (State or Foreign Country) <b>Washington</b>
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: <b>No</b>		11. Decedent's Race(s) <b>White</b>	12. Was Decedent ever in U.S. Armed Forces? <b>No</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>132 Old Airport Road</b>		13b. City or Town <b>Carson</b>	
13c. Residence: County <b>Skamania</b>	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country <b>Washington</b>	13f. Zip Code + 4 <b>98610</b>
14. Estimated length of time at residence <b>16 Years</b>		15. Marital Status at Time of Death <b>Married</b>	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>John C. Sweeney</b>
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Pharmacy Clerk</b>		18. Kind of Business/Industry (Do not use Company Name) <b>Pharmacy</b>	
19. Father's Name (First, Middle, Last, Suffix) <b>Glen Bevans</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Thelma Lamm</b>	
21. Informant's Name <b>Chuck Sweeney</b>	22. Relationship to Decedent <b>Husband</b>	23. Mailing Address: Number and Street or RFD No. City or Town State <b>PO Box 203 Carson, WA 98610</b>	
24. Place of Death: if Death Occurred in a Hospital <b>Decedent's Residence</b>		24. Place of Death: if Death Occurred Somewhere Other than a Hospital	
25. Facility Name (If not a facility, give number & street or location) <b>132 Old Airport Road</b>		26a. City, Town, or Location of Death <b>Carson</b>	26b. State <b>WA</b>
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Columbia River Crematory</b>	
31. Name and Complete Address of Funeral Facility <b>Gardner Funeral Home 1270 N. Main Ave / POB 390 White Salmon, WA 98672</b>		32. Date of Disposition <b>June 28, 2012</b>	
33. Funeral Director Signature 			
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> <b>Metastatic Esophageal Cancer</b> Interval between Onset & Death: <b>Months</b> <b>Due to (or as a consequence of):</b> <b>Chronic Renal Disease</b> Interval between Onset & Death: <b>Years</b> <b>Underlying Cause (disease or injury that initiated the events resulting in death) LAST</b> <b>Chronic Renal Disease</b> Interval between Onset & Death: <b>Years</b> <b>Due to (or as a consequence of):</b>			
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death	40. Did tobacco use contribute to death? <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)	
45. Location of Injury: Number & Street: City or Town: _____ County: _____ State: _____ Zip Code + 4: _____		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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. <b>Ray FitzSimmons MD</b>		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.	
49. Name and Address of Certifier: Physician, Medical Examiner or Coroner (Type or Print) <b>Ray FitzSimmons PO Box 1519 White Salmon, WA 98672</b>		50. Hour of Death (24hrs) <b>0900</b>	
51. Name and Title of Attending Physician (If other than Certifier) (Type or Print)		52. Date Signed (mm/dd/yyyy) <b>06/28/2012</b>	
53. Title of Certifier <b>MD</b>	54. License Number <b>MB00016986</b>	55. Informant File Number	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature 		58. Date Received (mm/dd/yyyy) <b>JUN 28 2012</b>	
59. Amendments			

