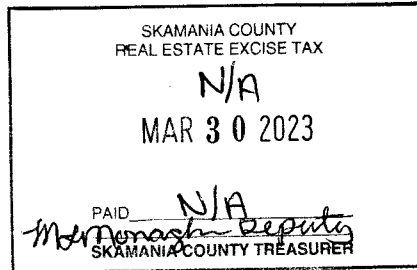


RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:

Jackson Jackson & Kurtz, Inc. PS
704 East Main, Suite 102
P. O. Box 340
Battle Ground, WA 98604



LACK OF PROBATE AFFIDAVIT

STATE OF WASHINGTON)
COUNTY OF CLARK)

: ss.

The undersigned Affiant/Grantee, **TIMOTHY D. MCCOY**, as surviving spouse of **JAN S. MCCOY**, Deceased, being first duly sworn, deposes and states as follows: I am the sole and rightful heir of Grantor, **JAN S. MCCOY**, to the real property described below. **JAN S. MCCOY** died on February 7, 2023, in Clark County, Washington. A copy of decedent's death certificate is submitted herewith. **JAN S. MCCOY** and I also executed a Community Property Agreement, a copy of which is attached hereto as Exhibit "A", wherein on the death of the first spouse, the decedent spouse's interest in any community property automatically transfers to the surviving spouse. **JAN S. MCCOY** also executed a Last Will and Testament dated January 12, 2021, and filed with the Skamania County, Washington, Superior Court under Case No. 23-4-00009-30, wherein she designated **TIMOTHY D. MCCOY** as sole beneficiary of her estate.

The real property that is the subject of this Affidavit is described as follows:

Assessor's Tax Parcel No.: 02053300310000

Abbreviated Legal Description:

W 532' SW-SW SEC 33,2-5; N 100' OF W 532' NW-NW OF SEC 4, 1-5

Full legal description (on page 2):

Legal Description:

The West 532 feet of the Southwest quarter of the Southwest quarter of Section 33, Township 2 North, Range 5 East of the Willamette Meridian; and the North 100 feet of the West 532 feet of the Northwest quarter of the Northwest quarter of Section 4, Township 1 North, Range 5 East of the Willamette Meridian.


TOGETHER WITH an easement and right of way for a private road 30 feet in width along the course of an existing easement for an underground electrical conduit granted to Public Utility District No. 1 of Skamania County, Washington, over and across other real property of Elmer Crispieri and Doris J. Crispieri, husband and wife, connecting with County Road No. 1111 designated as the Hoffman Road, and an easement for right of way for a private road of unspecified width over and across real property owned by James W. Hoffman as more particularly described in an instrument dated December 18, 1928, and recorded at page 79 of Book 3 of Agreements and Leases, records of Skamania County, Washington.

The names of all heirs of the decedent living at the time of the decedent's death, and their ages, relationship to decedent, and current addresses are as follows (includes surviving spouse, natural or adopted children, issue of predeceased child or adopted child, surviving parents, brothers, and sisters of decedent):

<u>Name and Address</u>	<u>Age</u>	<u>Relationship to Decedent/Status</u>
TIMOTHY D. MCCOY 252 Hoffman Road Washougal, WA 98671	Adult	Surviving spouse of decedent and sole heir and beneficiary of decedent's property pursuant to Community Property Agreement and decedent's Will
HEATHER S. DAVIS 37740 Lawson Ct Sandy, OR 97055	43	Daughter Not a beneficiary of decedent's estate
GRANT J. MCCOY 5732 W Marconi Ave Glendale, AZ 85306	42	Son Not a beneficiary of decedent's estate
BROOKLYNNE S. MCCOY 252 Hoffman Rd Washougal, WA 98671	22	Daughter Not a beneficiary of decedent's estate

The subject property was acquired by JAN S. MCCOY and the undersigned affiant, TIMOTHY D. MCCOY, husband and wife, during our marriage by Statutory Warranty Deed recorded in Book 124 at Pages 361-362 in the records of the Skamania County Auditor and was community property. Upon the death of JAN S. MCCOY, the undersigned affiant, TIMOTHY D. MCCOY, is now the sole owner of the subject property pursuant to the Community Property Agreement and the decedent's Last Will and Testament.

DATED this 28 day of March, 2023.


TIMOTHY D. MCCOY
252 Hoffman Road
Washougal, WA 98671

STATE OF WASHINGTON)


: ss.

COUNTY OF CLARK)

I certify that I know or have satisfactory evidence that **TIMOTHY D. MCCOY** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 28th day of March, 2023.

Notary Public
State of Washington
Nora Elaine Gillette
Commission No. 21020432
Commission Expires 06-01-25


NOTARY PUBLIC in and for the State
of Washington; my appointment
expires: 06-01-2025

AFTER RECORDING RETURN TO:

COMMUNITY PROPERTY AGREEMENT

THIS COMMUNITY PROPERTY AGREEMENT, made and entered into this 12th day of January, 2021, by and between **TIMOTHY D. MCCOY**, hereinafter called "Husband," and **JAN S. MCCOY**, hereinafter called "Wife," husband and wife, both of whom are domiciled in the State of Washington. In consideration of the love and affection they each bear toward the other, and in consideration of their mutual agreements set forth below, the parties agree as follows:

1. **Revocation of Prior Agreements.** If before this date the parties have executed a community property agreement, or any other agreement other than a Will or trust which is signed by both of them and which specifically provides for the disposition of their community property at the time either or both of them die, then any such agreement is terminated by this agreement.

2. **Property Covered:** This agreement shall apply to all community property now owned or hereafter acquired by Husband and Wife, even though some of the items may have been or may be registered in the name of one or the other or both. It shall also cover any separate property of either party, now owned or hereafter acquired, which shall become and be

considered community property upon the death of the party owning said separate property. All such community and separate property is referred to in this Agreement as the "subject property".

3. **Vesting at Death.** On the death of either Husband or Wife, all of the subject property shall vest in the survivor of them.

4. **Disclaimer.** Upon the death of either spouse, the surviving spouse may disclaim any interest passing under this Agreement in whole or in part, and the interest disclaimed shall pass under the terms and conditions of any validly executed Will which the decedent may have executed or in default thereof, according to the laws of intestacy as governed by the statutes of the State of Washington then in effect.


5. **Automatic Revocation.** In the absence of other evidence indicating the party's intent to terminate this agreement, it shall, nevertheless, be deemed mutually terminated and of no further force or effect upon either party's filing a petition, complaint, or other pleading for legal separation, dissolution of their marriage or divorce.

6. **Optional Revocation by One Party.** If either party becomes disabled, the other party shall have the power to terminate this Agreement, and each party designates the other as attorney in fact to become effective upon disability to exercise such power. Such termination shall be effective upon the delivery of written notice thereof to the disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purpose of this paragraph, a spouse shall be deemed disabled if such spouse's regularly attending physician signs a statement declaring that such spouse is unable to manage his or her own affairs; or if such spouse has no regularly attending physician, if such a statement is signed by two qualified physicians who have adequately examined the disabled spouse. An

adjudication of incompetence by a court of competent jurisdiction shall also be proof of a spouse's disability for purposes of this paragraph.

7. **Survivorship.** As used herein, the term "survivor," "survive," or "survivorship" shall mean living for a period of thirty (30) days following the death of the first of the aforementioned parties to die.


TIMOTHY D. MCCOY


JAN S. MCCOY

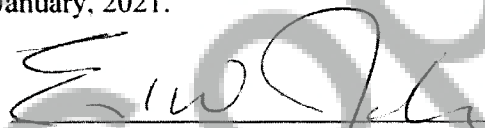
STATE OF WASHINGTON)

: ss.

COUNTY OF CLARK)

I certify that I know or have satisfactory evidence that TIMOTHY D. MCCOY and JAN S. MCCOY are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 13th day of January, 2021.


NOTARY PUBLIC in and for the State of Washington;
my appointment expires: 9-30-2024

Notary Public
State of Washington
EARL JACKSON
My Commission Expires
September 20, 2024

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 02/13/2023
FEE NUMBER:

CERTIFICATE NUMBER: 2023-006594

FIRST AND MIDDLE NAME(S): JAN SUE
LAST NAME(S): MCCOY

COUNTY OF DEATH: CLARK
DATE OF DEATH: FEBRUARY 07, 2023
HOUR OF DEATH: 01:40 AM
SEX: FEMALE AGE: 74 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 02, 1948
BIRTHPLACE: PORTLAND, OR

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: TIMOTHY DAVID MCCOY

OCCUPATION: HOMEMAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: TIMOTHY D MCCOY
RELATIONSHIP: HUSBAND
ADDRESS: 252 HOFFMAN ROAD, WASHOUGAL, WA 98671

CAUSE OF DEATH:
A: BREAST CANCER
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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: HOSPICE FACILITY
FACILITY OR ADDRESS: RAY HICKEY
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98686

RESIDENCE STREET: 252 HOFFMAN ROAD
CITY, STATE, ZIP: WASHOUGAL, WA 98671
INSIDE CITY LIMITS: NO COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 32 YEARS

FATHER: GEORGE STANLEY SWANSON
MOTHER: VIRGINIA JUANITA BRADLEY

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: CRAWFORD CEMETERY

CITY, STATE: BATTLE GROUND, WASHINGTON
DISPOSITION DATE: FEBRUARY 15, 2023

FUNERAL FACILITY: LAYNE'S FUNERAL SERVICES INC

ADDRESS: PO BOX 7
CITY, STATE, ZIP: BATTLE GROUND, WASHINGTON 98604
FUNERAL DIRECTOR: JAMES WALDROUPE

MANNER 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 RESPONSE

CERTIFIER NAME: JAMES T. CRIDER, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98668
DATE SIGNED: FEBRUARY 09, 2023

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

LOCAL DEPUTY REGISTRAR: A'NDREA R. LEE
DATE RECEIVED: FEBRUARY 09, 2023

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 Birth 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: PO Box or Street Address City State Zip			

Telephone Number: ()	Email Address:
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Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

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

14a. Signature:	14b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

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

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

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

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

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.
- Proof documentation must be five or more years old or established within five years of birth.
- This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgement of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, 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 proof documentation is required.
- To correct the sex of the child, one proof documentation 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 proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

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

Death Certificates

- Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified 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 proof documentation.
- 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
CLARK COUNTY PUBLIC HEALTH



Alan Melnick, MD, MPH, CPH
Health Officer

