

Skamania County, WA
Total: \$208.50
ALP
Pgs=6

2023-001526

10/23/2023 11:11 AM

Request of: COLUMBIA GORGE TITLE



WHEN RECORDED MAIL TO:
Peggy McNeil
PO Box 13
Stevenson WA 98648

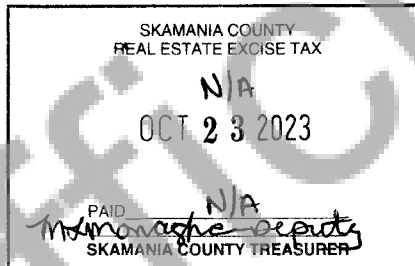
DOCUMENT TITLE(S)
Inheritance Lack of Probate Affidavit

GRANTOR(S):

James Joseph McNeil JR, deceased

GRANTEE(S):

Peggy D McNeil, a widow



ABBREVIATED LEGAL DESCRIPTION:

Lot 4 & E 65' Lot 3 Blk 2 2ND ADDN TO HILL CREST Bk A/Pg 100

See Attached Page 4 for Full Legal Description---

TAX PARCEL NUMBER(S):

03-75-36-2-3-0500-00 *DM*

After recording, return to:

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

STATE OF Washington
COUNTY OF Skamania SS:

The undersigned, Peggy B. McNeil, executes this affidavit relating to the estate of James J. McNeil (herein "Decedent"), who died on 8/5/23, in the County of Spokane, State of Wa, then being a resident of the City of City of Stevenson, County of Spokane, State of Wa. (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 the 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 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:) _____

Names of All Heirs of the Decedent

3. That all the heirs at law and next of kin of the decedent that were living at the time decedent's death are listed below. Heirs at law and next of kin of decedent include, but are not limited to:
(a) a spouse or registered domestic partner, and

(b) children, adopted children, the children of any predeceased child or adopted child (if decedent left no surviving children, then the undersigned has listed below all of the surviving parents, brothers and sisters of decedent).

[Use the reverse side or attaching a list if necessary]]

Name & relationship Chad Mc Neal

Name & relationship Son

Name & relationship _____

Name & 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 Spokane, State of Washington, and described as follows:

[INSERT either complete legal description, or refer to attachment for full legal description]

Parcel No.: 03-75-36-2-3-0500-00

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.

DATED: 10/13/23, 2023

Peggy Mc Neal
(Signature)

PEGGY MCNEIL
(Print or type full name)

PO Box 13 Stevenson WA
(Full address and telephone number) 98648

State of Washington
County of Spokane

SUBSCRIBED and SWORN TO before me this 13 day of October, 2023,
by Peggy Mc Neal, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Tami Blake
Notary Public in and for the State of Washington
residing at 08-09-2024

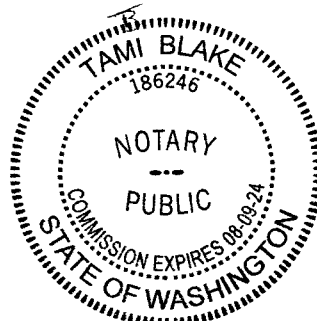


EXHIBIT "A"

The East 65 feet of Lot 3 and all of Lot 4, Block 2, SECOND ADDITION TO HILL CREST ACRE TRACTS, according to the recorded plat thereof, recorded in Book 'A' of Plats, Page 100, in the County of Skamania, State of Washington.

TOGETHER with that portion of Vacated Columbia View Avenue being 40 feet wide lying South of the East 65 feet of Lot 3 and all of that portion lying South of Lot 4, as recorded by instrument recorded in Book 114, Page 819, Skamania County records.

Skamania County Assessor *OM*

Date 10/23/23 Parcel# 03753623050000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 08/18/2023
FEE NUMBER: 167414916

CERTIFICATE NUMBER: 2023-039029

FIRST AND MIDDLE NAME(S): JAMES JOSEPH
LAST NAME(S): MCNEIL JR

COUNTY OF DEATH: SKAMANIA
DATE OF DEATH: AUGUST 05, 2023
HOUR OF DEATH: 07:30 AM
SEX: MALE AGE: 78 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

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

BIRTH DATE: DECEMBER 16, 1944
BIRTHPLACE: JERSEY CITY, NJ

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: PEGGY DARLENE FLOOD

OCCUPATION: CONSTRUCTION
INDUSTRY: CONSTRUCTION
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: PEGGY DARLENE MCNEIL
RELATIONSHIP: WIFE
ADDRESS: 523 NE OAK, STEVENSON, WASHINGTON, 98648

CAUSE OF DEATH:
A: ACUTE ON CHRONIC HYPOXIC RESPIRATORY FAILURE
INTERVAL: MONTHS TO YEARS

B: NON-SMALL CELL LUNG CANCER RIGHT LUNG WITH UNKNOWN STAGING AND OR METASTASES, COPD
INTERVAL: MONTHS TO YEARS

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: PULMONARY HTN, HEART
FAILURE WITH REDUCED EJECTION FRACTION

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: DECEDENT'S HOME
FACILITY OR ADDRESS: 523 NE OAK ST
CITY, STATE, ZIP: STEVENSON, WASHINGTON 98648-6350

RESIDENCE STREET: 523 NE OAK ST
CITY, STATE, ZIP: STEVENSON, WA 98648-6350
INSIDE CITY LIMITS: YES COUNTY: SKAMANIA
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: JAMES JOSEPH MCNEIL SR
MOTHER: MARY B GANNON

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLUMBIA GORGE CREMATION

CITY, STATE: HOOD RIVER, OREGON
DISPOSITION DATE: AUGUST 14, 2023

FUNERAL FACILITY: GARDNER FUNERAL HOME INC

ADDRESS: 1270 NORTH MAIN AVENUE
CITY, STATE, ZIP: WHITE SALMON, WASHINGTON 98672
FUNERAL DIRECTOR: VICTORIA LARA

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

CERTIFIER NAME: BRANDI L. O'BRIEN, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 6410 NE HALSEY ST
CITY, STATE, ZIP: PORTLAND, OREGON 97213
DATE SIGNED: AUGUST 11, 2023

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: BRANDI OBRIEN, ARNP

LOCAL DEPUTY REGISTRAR: LISA S. MITCHELL
DATE RECEIVED: AUGUST 14, 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
-------------------	------------	----------	------	------------------

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:		

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 Acknowledgment 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

AUG 18 2023

Joel McCullough, M.D.
Klickitat County Health Department
Joel McCullough

