



00022436202500016740060060

Return Address:

John Chuck Sweeney
PO Box 203
Carson, WA 98600

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee John Charles Sweeney being first duly sworn
Name of Affiant

deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real

property described below, and is S. Poulos

Relationship to decedent

of Maxine M Sweeney

Decedent/Grantor

, who died on 10/27/2012

Date

at Carson

City

Skamania

County

WA

*State***REAL PROPERTY SUBJECT TO THE AFFIDAVIT:**

Abbreviated Legal Description:

Lot 3 Mathany S.P. #1 Blk 3 PG 254

Skamania County Assessor

Date 10-2-25 Parcel# 03082822030400

LM

Skamania County

Real Estate Excise Tax

N/A

OCT 07 2025

PAID

N/A

KSA, Chief Deputy Treasurer
Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 03082822030400
(Attach full legal description of the property)

☒ Decedent left no Last Will and Testament.

☐ Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.

Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

(Page 1 of ____)

John C. Sweeney -77- spouse

PO Box 203 Carson, WA 98006

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Dated: 10-7-25

John C. Sweeney

Affiant's full name

541-399-2017

Telephone number

PO Box 203

Carbon WA 98110
City State Zip Code

John C. Sweeney 10/7/25
Signature Date

State of Washington County of Skamania

I know or have satisfactory evidence that John C. Sweeney
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 10 / 7 / 2025

(SEAL OR
STAMP)

NOTARY PUBLIC
STATE OF WASHINGTON
REANNON JONES
MY COMMISSION EXPIRES
JULY 05, 2028
COMMISSION # 24022128

[Signature]
Signature of Notary Public

Residing at: Stevenson, WA

Notary Public in and for the State of WA

My appointment expires: 7 / 5 / 2028

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 Maxine Marie SWEENEY		2. Death Date June 27, 2012					
3. Sex (WF) Female	4a. Age - Last Birthday 59	4b. Under 1 Year Months Days 	4c. Under 1 Day Hours Minutes 	5. Social Security Number 537-58-3830		6. County of Death Skamania	
7. Birthdate Dec. 31, 1952		8a. Birthplace (City, Town, or County) Vancouver		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No				11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No	
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 132 Old Airport Road						13b. City or Town Carson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable) 		13e. State or Foreign Country Washington		13f. Zip Code + 4 98610	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk							
14. Estimated length of time at residence. 16 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) John C. Sweeney			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Pharmacy Clerk				18. Kind of Business/Industry (Do not use Company Name) Pharmacy			
19. Father's Name (First, Middle, Last, Suffix) Glen Bevans				20. Mother's Name Before First Marriage (First, Middle, Last) Thelma Lamm			
21. Informant's Name Chuck Sweeney		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 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) 132 Old Airport Road				26a. City, Town, or Location of Death Carson		26b. State WA	
27. Zip Code 98610							
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory				30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Gardner Funeral Home 1270 N. Main Ave./POB 390 White Salmon, WA 98672						32. Date of Disposition 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				Interval between Onset & Death months	
		Due to (or as a consequence of):				Interval between Onset & Death	
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				Interval between Onset & Death years	
		Due to (or as a consequence of):				Interval between Onset & Death	
		c. Chronic Renal Disease				Interval between Onset & Death years	
		Due to (or as a consequence of):				Interval between Onset & Death	
		d.					
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 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		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)		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. <i>Ray FitzSimmons MD</i>				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. <i>X</i>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Ray FitzSimmons PO Box 1519 White Salmon, WA 98672						50. Hour of Death (24hrs) 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 MD		54. License Number MD00016986		55. ME/Coroner File Number 		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) 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:

The Record now shows:	The True fact is:
6.	7.
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
0000109836

DOH/CHS 023a 6/11/10