

Return Address:
John Chuck Sweeney
PO Box 203
Carson, WA 98610



AFFIDAVIT (LACK OF PROBATE)

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

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. POWELL *Relationship to decedent*
of Maurine M. Sweeney *Date*, who died on 6/25/2012
Decedent/Grantor *Decedent/Grantor*
at Carson *State*
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Abbreviated Legal Description: Lot 3 Mathany S.P. #1 Blk. 3 1/2 - 25

Skamania County Assessor

Date 10-7-25 Parcel# 03083822030400

Skamania County

Real Estate Excise Tax

NIA

OCT 07 2025

110

Skamania County Treasurer

Assessor's Property Tax Parcel/Account Number: 03082822030 400
(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 98010

Full name, age, relationship, address

Dated: 10-7-25

John C. Sweeney

Affiant's full name

541-399-2017

Telephone number

PO Box 203

Carson

WA Street

City

State

98610

Zip Code

John C. Sweeny
Signature

10/7/25

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)

RJ

Signature of Notary Public

Residing at: Stevens, WA

Notary Public in and for the State of WA

My appointment expires: 7 / 5 / 2028

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

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Washington State Certificate of Death					State File Number	
Local File Number	First	Middle	Last	Suffix	2. Death Date	
	Maxine	Marie	SWEENEY		June 27, 2012	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year Months	4c. Under 1 Day Hours	5. Social Security Number	6. County of Death	
Female	59			537-58-3830	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 5th 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						
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)	Due to (or as a consequence of):					
a. Metastatic Esophageal Cancer	months					
Underlying cause, if any, leading to the cause listed on line a. Enter the	interval between Onset & Death					
UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	years					
b. Immuno Suppression	interval between Onset & Death					
c. Chronic Renal Disease	years					
d.	interval between Onset & Death					
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"/> Not pregnant within past year	<input type="checkbox"/> Yes <input type="checkbox"/> Probably				
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined	<input type="checkbox"/> Pregnant at time of death	<input type="checkbox"/> No <input type="checkbox"/> Unknown				
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending	<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death					
41. Date of Injury (MMDDYYYY)	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:	County:	State:	Apt No:			
City or Town:			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 Ray FitzSimmons MD	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 (MMDDYYYY)	
					06/28/2012	
53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?			
MD	MD00016986	SE 1889	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
57. Registrar Signature					58. Date Received (MMDDYYYY)	
X					JUN 28 2012	
59. Amendments						

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

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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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)

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) 5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)

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: Self Parent Guardian Informant Telephone Number:
 Funeral Director Other (Specify)

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

15. Signature: 16. Date: 17. Address:

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.

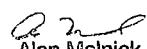
Marriage/Dissolution (Divorce) Certificates:

- 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.

DOH/CHS 023a 6/11/10

CERTIFIED

JUL 03 2012


Alan Melnick
Health Officer

Skamania Co. Public Health
0000109836