158975

Thomas Miller Beckwith and Betty Beckwith

File No. 34863

Affidavit of Termination of Joint Tenancy

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

The undersigned, being first duly sworn, on oath deposes and says:

That I, Cheryl Knox, am not related to the deceased joint tenant, Betty Beckwith.

That the instrument which created the joint tenancy with right of survivorship was a Grant Deed from Thomas Miller Beckwith to Thomas Miller Beckwith and Betty A. Beckwith.

That the property subject to the joint tenancy with right of survivorship is real property located in the county of Eureka, state of Nevada, which has the following property description:

S 1/2 of the SW1/4 of Section 1, Township 30 North, Range 48 MDB&M in the county of Eureka, State of Nevada.

That Betty A. Beckwith, the deceased joint tenant, died on October 19, 1994, in Des Moines, Washington.

That attached to this affidavit is a certified copy of the death certificate of Betty A. Beckwith.

Cheryl Knox

SUBSCRIBED AND SWORN to before me this 7th day of September, 1995.

~~Amy Quinlan~~, NOTARY PUBLIC in and for the State of Washington, residing at ~~Bothell~~ Redmond. My commission expires 3/29/99.

Affidavit of Termination of Joint Tenancy - 1

APN 05-170-19

Lifetime Advocacy Plus
11000 Lake City Way NE, Ste. 401
Seattle, WA 98125-2076
(206) 367-8055

BOOK 286 PAGE 327

158303

Superior Court of Washington
County of King

CERTIFIED COPY

FILED
94 JUN -9 AM 9:01
KING COUNTY
SUPERIOR COURT CLERK
SEATTLE, WA

IN RE THE GUARDIANSHIP OF

THOMAS M. BECKWITH

INCAPACITATED PERSON

92-4-04954-3

LETTERS OF GUARDIANSHIP

By order of the King County Superior Court:

LIFETIME ADVOCACY PLUS

is / are authorized to act as Guardian(s) of the

- ☐ Person only
- ☐ Estate only
- ☒ Person and Estate

(Letter is void if boxes are altered.)

of the above-named incapacitated person, according to law.

These Letters are effective until review date of: MARCH 1, 1997

WITNESS my hand and seal of said Court: JUNE 9, 1994

M. JANICE MICHELS
King County Superior Court Clerk

By: ______________ Deputy Clerk
BILL STREAM

TO GUARDIAN: SEE REVERSE FOR IMPORTANT INSTRUCTIONS

STATE OF WASHINGTON)
County of King)

I, M. JANICE MICHELS, Clerk of the Superior Court of the State of Washington, for the County of King, do hereby certify that I have compared the foregoing copy with the original instrument as the same appears on file and of record in my office, and that the same is a true and perfect transcript of said original and of the whole thereof. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Seal of said Superior Court at my office at Seattle on this date JUN - 9 1994.

M. JANICE MICHELS, Superior Court Clerk

By: ______________ Deputy Clerk

SEAL Affixed

• NOT OFFICIAL WITHOUT RAISED SEAL •

R.C.W. 11.88.100
WP51\FORMS

BOOK 284 PAGE 200 BOOK 286 PAGE 328

Forms code: LTRGDN
Revised: 10/91

KING COUNTY SUPERIOR COURT

This court has entered an order designating you as a guardian in this proceeding. You have assented to this appointment by giving an oath and posting a bond, as required. In general, your duties as guardian are to look out for the best interest of the incapacitated person and to maintain his or her property in an appropriate and prudent manner.

Special Instructions:

1. If you are Guardian of the Estate:

   a) You must keep the ward's funds separate from your own. You should put the ward's funds in a separate checking or savings account, as appropriate, and make all payments by check.

   b) You may not sell or give away any of the ward's property without a court order.

   c) You may not spend any of the principal or income for any purpose without a court order.

   d) You must file an inventory within 90 days of your appointment and qualification, listing the assets of the ward *which have come into your hands or of which you have knowledge.*

   e) You may not borrow money on behalf of your ward without a Court order, nor may you or your ward loan the ward's funds to anyone, nor may you use your ward's money for yourself.

2. If you are Guardian of the Person, then you must file a Personal Care Plan for the incapacitated person within 90 days of your appointment. This will include an assessment of the physical, mental and emotional needs and the person's ability to perform or assist in activities of daily living, as well as your specific plan for meeting the identified and emerging personal needs of the incapacitated person.

3. Upon appointment you must file in writing with the court a designation of Standby Limited Guardian or Guardian to serve in the event of your non-availability, incapacity or death.

4. Washington law requires you to file with this Court an Annual Report showing receipts and disbursements, accompanied by an affidavit certifying that the report is correct. Such report is due within 60 days after each anniversary date of this Letters of Guardianship, unless the Court has approved a different accounting period. This report is to be submitted to the court for approval. If you are Guardian of the Person, you are also to report on the personal and medical status of the ward, major events that have occurred in the reporting period, and update the Personal Care Plan for the next period.

5. If the ward is a minor and you still have any of the ward's property when the ward reaches age 18, you should then turn over such property to the ward, obtain a notarized receipt from the ward, and file your final report, together with a copy of the receipt, with this Court within 60 days after the ward reaches age 18. Your duties will terminate upon approval by the Court of your final report.

6. Fees may be allowed or paid to a guardian only upon Court order after receipt of a verified petition. Set forth in your affidavit the time you have expended, the services you have provided, and the rate of compensation which you seek.

7. You must keep the Court informed of any change in your name or address.

8. You should inform the Court of any change of location or death of your ward.

9. An attorney whom you retain to assist you in this guardianship proceeding will have independent responsibilities and obligations to the Court. The attorney-client privilege will not extend to information regarding misfeasance or malfeasance of you as a fiduciary.

BOOK 284 PAGE 200
OFFICIAL RECORDS
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95 JUL 24 AM 11:15
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 158303 FEE$ 8.00

10. [illegible] responsibilities are set forth in Chapters 11.88 and 11.92 of the Revised Code of Washington. Please consult your attorney if you have any questions.

/s/ Anne Ellington
Presiding Judge,
King County Superior Court

\forms\guardian.frm
rev: 3/[illegible]

Book 286 Page 329

BOOK 284 PAGE 201

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

Washington State Department of Health

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 9833

STATE FILE NUMBER: 146

BOOK 286 PAGE 330

BOOK 284 PAGE 203

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
BETTY	ARTEMIS	BECKWITH	Female	October 19, 1994

4. AGE (LAST BIRTHDAY (Yrs))	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
80			Jan 6, 1914	Bronx, NY	NO	King

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—(X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☐ HOSP. 5 ☒ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Des Moines	Monarch Care Center	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Thomas Beckwith	[redacted]	12th	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21. RACE (Specify)
Homemaker	Own Home	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
2148 Pacific Hwy S.	Seattle	No	King	9 yrs.	WA	98198

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Arthur Gordon	Virginia Ghougassian

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Bruce Beckwith	1711 23rd Ave S. #314	Seattle	WA	98144

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	Oct. 28, 1994	Uniservice Crematory	Seattle, WA

36. FUNERAL DIRECTOR SIGNATURE	2201	37. NAME OF FACILITY	38. ADDRESS OF FACILITY	WA	98109
X [signature]		Bleitz Funeral Home	316 Florentia St., Seattle,		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. **TO THE BEST OF MY KNOWLEDGE**, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X [signature]

40. DATE SIGNED (Mo., Day, Yr)	41. HOUR OF DEATH (24 Hrs.)
10/20/94	1145

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE
X

44. DATE SIGNED (Mo., Day, Yr)	45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo., Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
James Clements, MD., 16110 8th Ave. SW #A-2, Seattle, WA 98166

49. ME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

IMMEDIATE CAUSE (Final disease or condition resulting in death).

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Cerebrovascular accident	
B.	DUE TO, OR AS A CONSEQUENCE OF:	
C.	DUE TO, OR AS A CONSEQUENCE OF:	
D.	DUE TO, OR AS A CONSEQUENCE OF:	

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	No	No

54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED:

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only) ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

62. REGISTRAR
X [signature]

63. DATE RECEIVED (Mo., Day, Yr.)
OCT 27 1994

DOH 110-005 (Rev. 7/94) DOH 01-003 (7/94)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:	
THE RECORD NOW SHOWS:	**THE TRUE FACT IS:**

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE	DATE	ADDRESS

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. 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.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

NO CERTIFIED COPY
MAY 15 1995
STATE OF WASHINGTON — SEATTLE-KING COUNTY DEPT OF PUBLIC HEALTH
DAVID A. LOGIE
DIR., SEATTLE-KING CO.
DEPT. OF PUBLIC HEALTH
DO NOT DESTROY

BOOK 284 PAGE 204

BOOK 284 PAGE 202
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lifetime Advocacy Plus
95 JUL 24 AM 11:17
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 158304
FEES 2.00

CC282569
BOOK 286 PAGE 331

BOOK 286 PAGE 327
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Lifetime Advocacy Plus
95 SEP 18 AM 9:09

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 12.00

158975

BOOK 286 PAGE 332