

Instrument # 1008613
Bonner County, Sandpoint, Idaho
07/19/2022 12:59:24 PM No. of Pages: 3
Recorded for: JOHN W ASHWOOD
Michael W. Rosedale Fee: \$16.00
Ex-Officio Recorder Deputy *CB*
Index to: MISC



AFFIDAVIT OF SURVIVORSHIP

Affidavit of Survivorship

State of Idaho
County of Bonner

I John W Ashwood, Residing at 934 E. Illinois Ave, Spokane , Washington ,being of legal age,depose and say that :

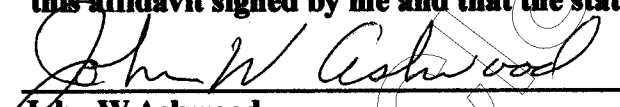
1).On November 14, 2011, by Warranty Deed recorded as document instrument # 000818090 (" the deed ") of the Bonner County Records ; the Affiant and Maureen R Matuseski became the owners of the following property:

All of the NW ¼ of the SE ¼ except the West 945 feet and except the North 550 feet, in Section 1, Township 57 North, Range 5, W.B.M., Bonner County, Idaho.
SUBJECT TO right of way easement for private road along the north boundary line of said tract. The grantee shall have the right to use said private road for access to this tract but shall not block the same and shall leave the same clear for use by other landowners .It shall be understood that the grantor /grantee has no responsibility for the upkeep or maintenance of said road and no liability arising from its use by any person.

2). Affiant and Maureen R Matuseski own the property in joint tenancy with Right of Survivorship.

3).On May 27, 2022, Maureen R Matuseski died, thereby terminating Maureen R Matuseski 's interest in the aboved described real property. A certified copy of the death certificate of Maureen R Matuseski is attached hereto as Exhibit A.

I certify by oath under penalty of perjury under Idaho law that I know the contents of this affidavit signed by me and that the statements are true and correct.

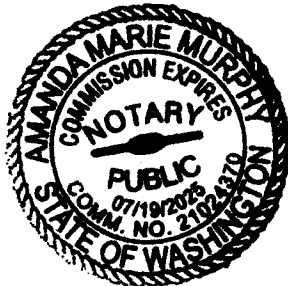

John W Ashwood

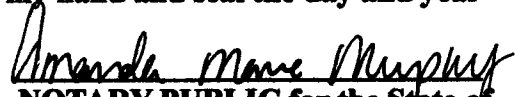
DATE July 13, 2022

State of Washington, County of Spokane, ss.

On this 13 Day of July, year 2022 before me , the undersigned, a notary public, personally appeared John W Ashwood, identified to me, to be the person whose name is subscribed to the instrument, and acknowledged by me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.




NOTARY PUBLIC for the State of
Washington, residing at Spokane
County My commission
expires: 7-19-2025



STATE OF WASHINGTON DEPARTMENT OF HEALTH



Exhibit "A"

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-028115

LOCAL FILE NUMBER: 2550

DATE ISSUED: 06/03/2022

FEE NUMBER: 144598061

FIRST AND MIDDLE NAME(S): MAUREEN ROSE

LAST NAME(S): MATUSESKI

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: MAY 27, 2022

HOUR OF DEATH: 09:38 PM

SEX: FEMALE

AGE: 72 YEARS

SOCIAL SECURITY NUMBER: [REDACTED] 0650

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: JANUARY 05, 1950

BIRTHPLACE: AMES, IA

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: JOHN WILLIAM ASHWOOD

OCCUPATION: EDUCATIONAL ASSISTANT

INDUSTRY: EDUCATION

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: JOHN WILLIAM ASHWOOD

RELATIONSHIP: SPOUSE

ADDRESS: 934 E ILLINOIS AVE, SPOKANE, WA 99207

CAUSE OF DEATH:

A: UNKNOWN NATURAL CAUSES

INTERVAL: 45 MINUTES

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: HOSPITAL

FACILITY OR ADDRESS: PROVIDENCE SACRED HEART MEDICAL CENTER

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

RESIDENCE STREET: 934 E ILLINOIS AVE

CITY, STATE, ZIP: SPOKANE, WA 99207-2637

INSIDE CITY LIMITS: YES

COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: EDWARD MATUSESKI

MOTHER: GENEVIEVE EGAN

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: HERITAGE CREMATORY

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: JUNE 03, 2022

FUNERAL FACILITY: PACIFIC NW CREMATION NORTH

ADDRESS: 4407 N. DIVISION STREET, #103

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99207

FUNERAL DIRECTOR: RYAN RASMUSSEN

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: CHANDLER H. HILL, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 44 WEST 6TH AVENUE, SUITE 100

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99204

DATE SIGNED: JUNE 02, 2022

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: CHANDLER HILL, PHYSICIAN

LOCAL DEPUTY REGISTRAR: SHANTEL ZETTLER

DATE RECEIVED: JUNE 02, 2022