



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT
CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

This form is your receipt when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back of last page for instructions)

Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

Form sections 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

Form section 4: Street address of property (1031 14TH ST, CLARKSTON WA 99403) and legal description (S40' LT 4 & N20' LT 5 of HALSEY ADDN).

Form section 5: Land Use Code(s) and exemption questions (e.g., Is this property exempt from property tax per chapter 84.36 RCW?).

Form section 6: Continuation and compliance notices, owner signature line, and deputy assessor information.

Form section 7: Personal property included in selling price (REMOVE HUSBAND (DECEASE)), exemption reasons, and tax calculation table.

Form section 8: Certification of truth and correctness, and signatures of Grantor/Grantor's Agent and Grantee/Grantee's Agent.

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2014-016712

DATE ISSUED: 07/29/2014

FEE NUMBER: 0000190320

GIVEN NAMES: ROBERT GUSTAVE  
LAST NAME: ZIMMERMAN

COUNTY OF DEATH: ASOTIN  
DATE OF DEATH: JULY 26, 2014  
HOUR OF DEATH: 10:20 P.M.  
SEX: MALE  
AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: MAY 23, 1921  
BIRTHPLACE: SPOKANE, SPOKANE CNTY, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: MASAKO NOZAKI

OCCUPATION: RECREATION/FIRE  
INDUSTRY: FORREST SERVICE  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? YES

INFORMANT: MASAKO ZIMMERMAN  
RELATIONSHIP: SPOUSE  
ADDRESS: 1031 14TH STREET, CLARKSTON WA, 99403

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: TRI-STATE MEMORIAL HOSPITAL, INC.  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1031 14TH STREET  
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403  
INSIDE CITY LIMITS? NO  
COUNTY: ASOTIN  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 12 YEARS

FATHER: GUSTAVE ZIMMERMAN  
MOTHER: MARGARET CUZZETTO

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MOUNTAIN VIEW CREMATORY  
CITY, STATE: LEWISTON, ID  
DISPOSITION DATE: JULY 29, 2014

FUNERAL FACILITY: MERCHANT RICHARDSON BROWN FUNERAL HOMES LLC  
ADDRESS: PO. BOX 107  
CITY, STATE, ZIP: CLARKSTON WA 99403  
FUNERAL DIRECTOR: RICHARD LASSITER

CAUSE OF DEATH:

- A. CARDIO RESPIRATORY ARREST  
INTERVAL: MINUTES
- B. HYPOXIC RESPIRATORY FAILURE, MULTIORGAN SYSTEM FAILURE  
INTERVAL: HOURS
- C. ASPIRATION PNEUMONIA  
INTERVAL: DAYS
- 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:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: ANUPAM ARORA, MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 1221 HIGHLAND AVE  
CITY, STATE, ZIP: CLARKSTON WA 99403  
DATE SIGNED: JULY 28, 2014

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:  
SHANNON JONES  
DATE RECEIVED: JULY 28, 2014

47831

DOH 01-003 (12/11)

