



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 parcel details.

Section 4: Street address of property, location details, and legal description of the property.

Section 5: Select Land Use Code(s) and exemption information.

Section 6: Continuation and compliance notices for forest land or historic property.

Section 7: Owner signature and date fields.

Section 7: Personal property included in selling price, exemption details, and tax calculations.

Section 8: Certification of truth and correctness by grantor and grantee.

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)).

**Affidavit of Surviving Spouse or Domestic Partner
for Claiming an Exemption Based on
Inheritance of Real Estate**

State of Washington

County of ASOTIN

Name of deceased DENNIS HERBERT MOORE

I, (survivor's name) LINDA ANN MOORE affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-084-03-003-0000

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this 18th day of September, 2014 at ASOTIN, WA
(month) (year) (city) (state)



(Signature of surviving spouse or registered domestic partner)

LINDA ANN MOORE

(Printed name of surviving spouse or registered domestic partner)

2768 GRANDVIEW DR CLARKSTON WA 99403
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

Note: See Senate Bill (SB) 6851 on page 2 for statutory requirements.

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Washington State Certificate of Death

Local File Number _____ State File Number _____

| | | | | | |
|---|--------------------------------------|--|--|--|--|
| 1. Legal Name (include AKA's if any) First Middle LAST Suffix Dennis Herbert Moore | | | | 2. Death Date June 23, 2010 | |
| 3. Sex (M/F) M | 4a. Age - Last Birthday 57 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Asotin |
| 7. Birthdate March 8, 1953 | | 8a. Birthplace (City, Town, or County) HotEAU | 8b. (State or Foreign Country) Montana | 9. Decedent's Education 3 Years College | |
| 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? Yes |
| 13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 2768 Grandview Drive | | | | 13b. City or Town Clarkston | |
| 13c. Residence: County Asotin | | 13d. Tribal Reservation Name (if applicable) | 13e. State or Foreign Country Washington | 13f. Zip Code + 4 99403 | 13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk |
| 14. Estimated length of time at residence. 29 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Linda A. Carlson | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Fireman/Medic | | | 18. Kind of Business/Industry (Do not use Company Name) U.S. AirForce | | |
| 19. Father's Name (First, Middle, Last, Suffix) Herbert Logan Moore | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Georgia Marie Daniel | | |
| 21. Informant's Name Linda Moore | | 22. Relationship to Decedent Wife | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 2768 Grandview Dr. Clarkston, Wa. 99403 | | |
| 24. Place of Death, if Death Occurred in a Hospital: [REDACTED] | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home | | |
| 25. Facility Name (If not a facility, give number & street or location) 2768 Grandview Drive, | | | 26a. City, Town, or Location of Death Clarkston | 26b. State Wa | 27. Zip Code 99403 |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Mt. View Crematory | | 30. Location-City/Town, and State Lewiston, Idaho | |
| 31. Name and Complete Address of Funeral Facility Merchant F.H. 1000-7th Street, Clarkston, Wa. 99403 | | | | | 32. Date of Disposition July 1, 2010 |
| 33. Funeral Director Signature X Jerry Bartlow | | | | | |

Part 1 completed by Funeral Director

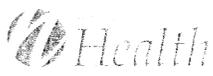
Part 2 completed by Certifier

| | | | | | |
|---|----------------------------|---|---|---|--|
| 34. Cause of Death (See instructions and examples) 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. Cardio pulmonary Failure | | | | Interval between Onset & Death 4 years 5 | |
| 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 | | | | Interval between Onset & Death | |
| b. _____ Due to (or as a consequence of): | | | | Interval between Onset & Death | |
| c. _____ Due to (or as a consequence of): | | | | Interval between Onset & Death | |
| d. _____ Due to (or as a consequence of): | | | | Interval between Onset & Death | |
| 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 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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 X Mark R. Charlton ARNP X | | | 48b. Medical Examiner/Coroner - [REDACTED] | | |
| 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Mark R Charlton ARNP, 4815 N Assembly St. Spokane, Wa 99205 | | | | 50. Hour of Death (24hrs) 0920 | |
| 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | | | 52. Date Signed (MM/DD/YYYY) June 30, 2010 | |
| 53. Title of Certifier ARNP | | 54. License Number AP 30006717 | 55. ME/Coroner File Number | 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 57. Registrar Signature X Jm G... | | | | 58. Date Received (MM/DD/YYYY) JUL 01 2010 | |
| 59. Amendments | | | | | |

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

47833

DOH 01-003 (5/99)



Affidavit for Correction

Center for Health Statistics
1000 Washington
Building
Olympia, WA 98501

This is a legal Document. Complete in ink and do not alter.
STATE OFFICE USE ONLY

State File Number: _____ Fee Number: _____ Month: _____ Year: _____ Affidavit Number: _____

Use the section below for describing 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.

6. The Record shows that: _____ The True fact is: _____

8. _____

10. _____

12. _____

14. I represent the person as: Self Parent Guardian Informant Telephone Number: _____
 Funeral Director Other (Specify): _____

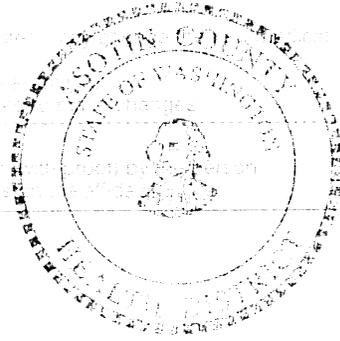
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature: _____ Date: _____ City: _____

All vital records are registered on file with the Center for Health Statistics. If you are unable to locate your record, you must be patient. The important certificate must be returned with the original certificate. If you are unable to locate your record, you must be patient. The important certificate must be returned with the original certificate.

All changes must be established by documentary proof submitted with the affidavit.
Examples of documentary proof: Hospital Discharge Medical Records Social Security Driver's License
 Funeral Records Voter Registration Card if it bears an affidavit number Marriage License Affidavit of Marriage Affidavit of Divorce Affidavit of Divorce

- Birth Certificates**
1. Only a parent was submitted to file a birth certificate. The birth certificate was filed with the certificate.
 2. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate.
 3. The father's name was misspelled on the birth certificate. The father's name was misspelled on the birth certificate. The father's name was misspelled on the birth certificate. The father's name was misspelled on the birth certificate.
 4. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate. The mother's name was misspelled on the birth certificate.
- Marriage Dissolution**
1. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate.
 2. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate. The date of the marriage was misspelled on the birth certificate.



Lawrence M. Gargas
Lawrence M. Gargas, M.D.
Health Officer
JUL 01 2010

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