



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 and 2: Seller/Grantor and Buyer/Grantee information including Name, Mailing Address, City/State/Zip, and Phone No.

Form section 3: Property tax correspondence and parcel account information, including assessed value(s) table.

Form section 4: Street address of property, location details, and legal description.

Form section 5: Land Use Code(s) and exemption information.

Form sections 6 and 7: Property designations, notices of continuance/compliance, and financial details including Gross Selling Price and Total Due.

Form section 8: Signature and date of signing for 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)).

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



146 6 5097
STATE FILE NUMBER

3
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

OFFICE USE ONLY
FACT
RES
SPITAL
REFERENCE
SCIENCE
ATION
DATE OF DEATH
CAUSE OF DEATH

1. NAME First Middle Last CHARLES EARL ARRASMITH				2. SEX (M / F) MALE		3. DEATH DATE (Mo, Day, Yr) JAN. 2, 1996	
4. AGE LAST BIRTH-DAY (Yrs) 67		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) JULY 11, 1928	
8. BIRTHPLACE (City, State or Foreign Country) GREAT FALLS, MT				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO		10. COUNTY OF DEATH ASOTIN	
11. CITY, TOWN OR LOCATION OF DEATH CLARKSTON				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 804 VINELAND DRIVE			
13. SMOKING IN LAST 15 YEARS? (Yes / No) NO		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (if wife, give maiden name) EVELYN HEIGHTON		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 08 College (1-4 or 5+)				18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) TRUCK DRIVER		19. KIND OF BUSINESS OR INDUSTRY LUMBER MILL	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO				21. RACE (Specify) WHITE			
22. RESIDENCE—NUMBER AND STREET 804 VINELAND DRIVE		23. CITY, TOWN, OR LOCATION CLARKSTON		24. INSIDE CITY LIMITS? (Yes / No) NO		25A. COUNTY ASOTIN	
25B. LENGTH OF RES. IN CO. 50+		26. STATE WASH		27. ZIP CODE 99403			
28. FATHER'S NAME—FIRST, MIDDLE, LAST RAYMOND CHARLES ARRASMITH				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME JEAN MILLER			
30. INFORMANT—NAME PATRICIA HOUGH		31. MAILING ADDRESS BOX 12		CITY OR TOWN ANATONE, WASH.		STATE ZIP 99201	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) CREMATION		33. DATE (Mo, Day, Yr) JAN. 5, 1996		34. CEMETERY/CREMATORY—NAME MOUNTAIN VIEW CREMATORY		35. LOCATION—CITY/TOWN, STATE 7th & CEDAR LEWISTON, IDAHO 83501	
36. FUNERAL DIRECTOR SIGNATURE <i>Marie Brown</i>		37. NAME OF FACILITY MERCHANT FUNERAL HOME		38. ADDRESS OF FACILITY 1000 - 7th STREET CLARKSTON, WASHINGTON 99403			
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				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 <i>[Signature]</i>			
40. DATE SIGNED (Mo., Day, Yr)		41. HOUR OF DEATH (24 Hrs.)		44. DATE SIGNED (Mo., Day, Yr) <i>Jan 3, 1996</i>		45. HOUR OF DEATH (24 Hrs.) <i>5:30</i>	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr) <i>Jan 2, 1996</i>		47. HOUR PRONOUNCED DEAD (24 Hrs.) <i>8:05</i>	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) RAY LUTES, CORONER, ASOTIN COUNTY COURT HOUSE, ASOTIN, WASH. 99402				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).		A. <i>Cardiac-Pulmonary Arrest</i>				INTERVAL BETWEEN ONSET AND 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.		B. <i>Chronic Asthma</i>				INTERVAL BETWEEN ONSET AND DEATH	
		C.				INTERVAL BETWEEN ONSET AND DEATH	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) YES	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <i>ACC</i>		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 SIGNATURE <i>Sally Moody MD</i>		63. DATE RECEIVED (Mo., Day, Yr.) JAN 11 1996			

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150) DOH 01-003 (5/98)

48101

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

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

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth), HUSBAND (if Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (if Birth), WIFE (if Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE		18. ADDRESS

DOH 110-007 (Rev. 2/96)

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. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
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, not Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-714)	Alien Registration Card (front and back)
Insurance Records	Your child's birth record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname 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 surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
7. Parents may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a middle to a birth certificate; use the paternity affidavit - form DOH 110-001.

Death Certificates

1. Only the informant, the funeral director, or executor/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.

Marriage/Dissolution (Divorce) Certificates

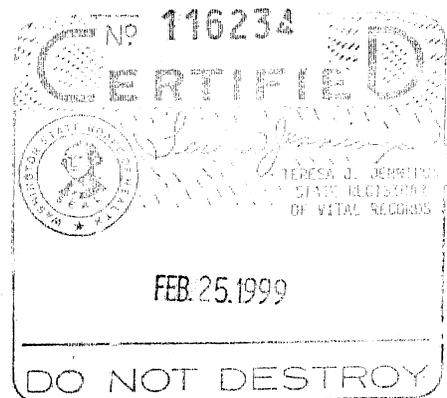
1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in units above. A person's own birth certificate is not acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must sign the affidavit.

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

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

This is a legal document.
 Complete in ink and do not alter.

RECEIVED GROUP
 MAR 16 1999
 LIFE SERVICES



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