



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 with sections 1 and 2: Seller/Grantor (William D Henningson, Mary A Henningson) and Buyer/Grantee (Mary A Henningson) with mailing addresses and phone numbers.

Section 3: Property tax correspondence and parcel account numbers. Section 4: Street address (712 8th St Clarkston WA 99403) and legal description of property.

Section 5: Land Use Code(s) and exemption questions regarding property tax per chapter 84.36 RCW.

Section 6: Designation questions (forest land, current use, special valuation) and continuation notice instructions.

Section 7: Signature lines for Deputy Assessor, Owner(s), and Grantor/Grantee with print names.

Section 7: Personal property included in selling price, exemption details, and tax calculation table showing Total Due of \$10.00.

Section 8: Certification statement and signature lines for 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)).

Handwritten: 10.00 gk Cash

ASOTIN COUNTY TREASURER

48235

COUNTY TREASURER

**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 William D Henningsen

I, (survivor's name) Mary A Henningsen affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-002-09-005-0000
1-002-09-006-0001

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 19th day of March, 2015 at Asotin, WA
(month) (year) (city) (state)

Mary A Henningsen
(Signature of surviving spouse or registered domestic partner)

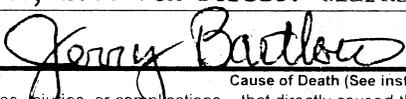
Mary A Henningsen
(Printed name of surviving spouse or registered domestic partner)

712 8th St 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.

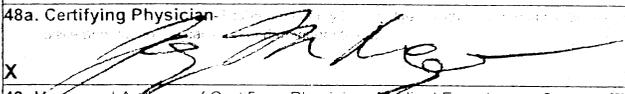
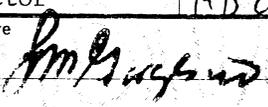
STATE OF WASHINGTON DEPARTMENT OF HEALTH

Washington State Certificate of Death

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (Include AKA's if any) First Middle LAST Suffix William Dan Henningsen					2. Death Date Sept. 26, 2012		
3. Sex (M/F) Male	4a. Age - Last Birthday 81	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death Asotin		
7. Birthdate April 8, 1931		8a. Birthplace (City, Town, or County) Glasgow		8b. (State or Foreign Country) Montana		9. Decedent's Education A.A. Degree	
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.) 712 - 8th Street					13b. City or Town Clarkston		
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable) N/A		13e. State or Foreign Country Washington		13f. Zip Code + 4 99403	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. Six years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Mary Anna McLean			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Machinist				18. Kind of Business/Industry (Do not use Company Name) Shipyard			
19. Father's Name (First, Middle, Last, Suffix) Clarence W. Henningsen				20. Mother's Name Before First Marriage (First, Middle, Last) May Alvina Pierson			
21. Informant's Name Mary A. Henningsen		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No City or Town State Zip 712 - 8th Street, Clarkston, Wa. 99403			
24. Place of Death, if Death Occurred in a Hospital: Decedent's Home				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (If not a facility, give number & street or location) 712 - 8th Street				26a. City, Town, or Location of Death Clarkston		26b. State Wa.	27. Zip Code 99403
28. Method of Disposition Removal/ 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 Funeral Home, 1000-7th Street. Clarkston, Wa. 99403						32. Date of Disposition October 01, 2012	
33. Funeral Director Signature X 							

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. Bacterial Pneumonia				Interval between Onset & Death Days	
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		b. Severe restriction of pulmonary ventilation				Interval between Onset & Death Months	
		c. Malignant Mesothelioma				Interval between Onset & Death Months-years	
		d.					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above						36. Autopsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 				48b. Medical Examiner/Coroner X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Jeffrey M. Reynolds, MD 4606 Avalanche, Yakima, Wa 98908-2829						50. Hour of Death (24hrs) 1730	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) September 29, 2012	
53. Title of Certifier Medical Doctor		54. License Number MD 00019862		55. Medical Examiner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature 				58. Date Received (MM/DD/YYYY) 001 01 2012			
59. Amendments 48235							

DOH 01-003 (6/10)

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

DOH/CHS 003 March 2012

COMMUNITY PROPERTY AGREEMENT

THIS AGREEMENT, made and entered into this 26 day of July, 2001, by and between **WILLIAM D. HENNINGSSEN** and **MARY A. HENNINGSSEN**, husband and wife, both of whom are domiciled in the State of Washington.

IN CONSIDERATION of their mutual agreements set forth below, the parties agree as follows:

I.

PROPERTY COVERED. This Agreement shall apply to all community property now owned or hereafter acquired by husband and wife, even though some items may have been or may be purchased or acquired by one or the other or both, or may have been, or may be registered in the name of one or the other or both. Any separate property of husband which is owned by husband at the time of his death, shall become and be considered community property as of the moment of his death, and any separate property of the wife which is owned by wife at the time of her death shall become and be considered community property as of the moment of her death. All such property is referred to in this Agreement as the "described community property."

II.

VESTING AT DEATH OF A SPOUSE. If husband dies and wife survives him by ten days, all of the described community property shall vest in wife. If wife dies and husband survives her by ten days, all of the described community property shall vest in husband.

III.

AUTOMATIC REVOCATION. The provisions of Paragraph I regarding after acquired property and the provisions of Paragraph II shall be automatically revoked if:

- A. Either party files a Petition, Complaint or other pleading for separation, dissolution or divorce;
or
- B. The parties move their domicile to another jurisdiction.

IV.

OPTIONAL REVOCATION BY ONE PARTY. If either party becomes disabled, the other party shall have the power to terminate the provisions of Paragraph I regarding after acquired property and the provisions of Paragraph II, and each party designates the other as attorney in fact to become effective upon disability, to exercise such power. The termination shall be effective upon the delivery of written notice thereof to the



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disabled spouse, and to the guardian, if any, of the person and of the estate of the disabled person. For the purposes of this Paragraph, a spouse shall be deemed disabled if a person duly licensed to practice medicine in the State of Washington signs a statement declaring that the named person is unable to manage his or her own affairs.

V.

POWERS OF APPOINTMENT. This Agreement shall not affect any power of appointment that is now held or is hereafter given to husband or wife, or both of them, nor shall it obligate husband or wife, or both of them, to exercise any such power of appointment in any way.

VI.

REVOCATION OF INCONSISTENT AGREEMENTS. To the extent this Agreement is inconsistent with the provisions of any community property agreement or other arrangements previously made by the parties affecting the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

William D Henningsen
WILLIAM D. HENNINGSEN

Mary A. Henningsen
MARY A. HENNINGSEN

STATE OF WASHINGTON
COUNTY OF KITSAP

I certify that I know or have satisfactory evidence that **WILLIAM D. HENNINGSEN** and **MARY A. HENNINGSEN**, husband and wife, signed this instrument and acknowledged it to be their free and voluntary act and deed for the uses and purposes therein mentioned.

Dated July 26, 2001

Signature of Notary Public Diana Helen Jackson

My appointment expires 6-16-05

