



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

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

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, 2, and 3: Seller/Grantor and Buyer/Grantee information, correspondence address, and tax parcel account details.

Section 4: Street address of property, location details (Asotin County), and legal description (See Attached Quitclaim 209447).

Section 5: Select Land Use Code(s) and exemption questions regarding property tax.

Section 7: List all personal property (tangible and intangible) included in selling price.

Section 6: Exemption questions regarding forest land, current use, and special valuation.

Section 7 (continued): WAC number and reason for exemption (Spouse Deceased).

Section 8 (1): NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) and continuation questions.

Section 7 (continued): Type of Document (Death Certificate), Date of Document (26 MARCH 2015), and tax calculation table.

Section 8 (2) and (3): NOTICE OF COMPLIANCE (HISTORIC PROPERTY) and OWNER(S) SIGNATURE.

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures and dates of 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)).

REV 84 0001a (02/13/07) CASH 10.00

THIS SPACE - TREASURER'S USE ONLY

ASOTIN COUNTY TREASURER 48252 COUNTY TREASURER

Lot 6 of Lambert Additon, according to plat recorded
in Book C of Plats, page 111, Asotin County, Washington
EXCEPTING: Commencing at the Southeast corner of said lot 6;
thence Westerly along the Southerly line of lot 6, 108.62 feet to the
Southwest corner of said lot 6; thence North along the West line of Lot 6
a distance of ten feet; thence Easterly to the place of beginning.

48252

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-007303

DATE ISSUED: 03/17/2015

FEE NUMBER: 0000243448

GIVEN NAMES: LAVONNE M
LAST NAME: MURRAY

COUNTY OF DEATH: ASOTIN
DATE OF DEATH: MARCH 10, 2015
HOUR OF DEATH: 04:35 P.M.
SEX: FEMALE
AGE: 84 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: SEPTEMBER 01, 1930
BIRTHPLACE: RAPID CITY, SOUTH DAKOTA

MARITAL STATUS: MARRIED
SPOUSE: ROBERT W MURRAY

OCCUPATION: HOME MAKER
INDUSTRY: OWN HOME
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? NO

INFORMANT: ROBERT W MURRAY
RELATIONSHIP: SPOUSE
ADDRESS: 1021 LAMBERT COURT, CLARKSTON WA, 99403

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY
FACILITY OR ADDRESS: PRESTIGE CARE AND REHABILITATION
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403

RESIDENCE STREET: 1021 LAMBERT COURT
CITY, STATE, ZIP: CLARKSTON, WASHINGTON 99403
INSIDE CITY LIMITS? NO
COUNTY: ASOTIN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 35 YEARS

FATHER: FRED JACOBSEN
MOTHER: MARGUERITE UHL

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: VINELAND CEMETERY
CITY, STATE: CLARKSTON, WA
DISPOSITION DATE: MARCH 16, 2015

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. PROBABLE ASPIRATION
INTERVAL: MINUTES
 - B. STROKE
INTERVAL: WEEKS
 - 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:

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: DENNIS G MOUNTJOY MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 1271 HIGHLAND
CITY, STATE, ZIP: CLARKSTON WA 99403
DATE SIGNED: MARCH 12, 2015

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
DENNIS G. MOUNTJOY MD

LOCAL DEPUTY REGISTRAR:
BRADY WOODBURY
DATE RECEIVED: MARCH 16, 2015

ITEM(S) AMENDED: NONE

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

DOH 01-003 (1/14)

48252

Application for Correction

Center for Health Statistics
P.O. Box 47814
Olympic, WA 98504-7814
360-235-4300
www.doh.wa.gov



Washington State Department of Health

Application Number

Resolution

Resolution Number

Resolution Date

Resolution Title

Resolution Description

Resolution must show how it complies with the requirements of the Health Services Act.

Resolution must be supported by a resolution.



Lawrence M. Garges

Lawrence M. Garges, M.D.
Health Officer

MAR 17 2015

AA00243450

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