



REAL ESTATE EXCISE TAX AFFIDAVIT

This form is your receipt when stamped by cashier.

PLEASE TYPE OR PRINT

CHAPTER 82.45 RCW - CHAPTER 458-61A WAC

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 section 1: Seller/Grantor and Buyer/Grantee information including names, addresses, and phone numbers.

Form section 3: Correspondence recipient and parcel account information.

Form section 4: Property address and location details.

Form section 5: Land use code and exemption information.

Form section 6: Property classification questions.

Form section 6 (continued): Continuation notice instructions.

Form section 6 (continued): Compliance and signature lines.

Form section 7: Personal property included in selling price.

Form section 7 (continued): Exemption details.

Form section 7 (continued): Document type, date, and tax calculation table.

Form section 8: Signature and date of signing for both parties.

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 (6/26/14) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

ATEC CK#12323

PAID

JUL 24 2015

ASOTIN COUNTY TREASURER

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

| | | | | | |
|--|--------------------------------------|--|--|--|--|
| 1. Legal Name (include AKA's if any): First Middle LAST Suffix Dorothy Claire Keener | | | 2. Death Date Dec 7, 2013 | | |
| 3. Sex (M/F) Female | 4a. Age - Last Birthday 76 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number [REDACTED] | 6. County of Death Asotin |
| 7. Birthdate Dec 16, 1936 | | 8a. Birthplace (City, Town, or County) Houquim | 8b. (State or Foreign Country) Washington | | 9. Decedent's Education High School Grad. |
| 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? No |
| 13a. Residence - Number and Street (e.g., 624 SE 5th St) (Include Apt. No.) 1167 18th Ave. | | | | 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 |
| 14. Estimated length of time at residence. 20 Years | | 15. Marital Status at Time of Death Married | | 16. Surviving Spouse's Name (Give name prior to first marriage) Arthur Keener | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). Home Maker | | | 18. Kind of Business/Industry. (Do not use Company Name) Own Home | | |
| 19. Father's Name (First, Middle, Last, Suffix) Ned Boyce | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Clara E. Stillman | | |
| 21. Informant's Name Arthur Keener | | 22. Relationship to Decedent Spouse | | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1167 18th Ave. Clarkston WA 99403 | |
| 24. Place of Death, if Death Occurred in a Hospital: Decedent's home | | | 25. Facility Name (if not a facility, give number & street or location) 1167 18th Ave. | | |
| 26. 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) Mountain View Funeral Home | | 30. Location - City/Town, and State Lewiston, Idaho | |
| 31. Name and Complete Address of Funeral Facility Merchant Funeral Home, 1000 7th St., Clarkston WA 99403 | | | | 32. Date of Disposition December 12, 2013 | |
| 33. Funeral Director Signature X <i>[Signature]</i> | | | | | |

34. 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) → **MULTIPLE MYELOMA** Interval between Onset & Death: **Months**

Due to (or as a consequence of):

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. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
N/A

36. Autopsy? Yes No

37. Were autopsy findings available to complete the cause of death? Yes No

38. Manner of Death

Natural Homicide Not pregnant, but pregnant within 42 days before death

Accidental Undetermined Not pregnant, but pregnant 43 days to 1 year before death

Suicide Pending Unknown if pregnant within the past year

39. If female

Not pregnant within past year Pregnant at time of death

40. Did tobacco use contribute to death? Yes Probably No 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? Yes No 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: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician (In the absence of any knowledge, death occurred at the time, date, and place and due to the cause listed on this report.)
[Signature]

48b. Medical Examiner/Coroner (On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.)
[Signature]

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner
Chavez, Celso R. MD. 1522-17th Ave. Lewiston, ID

50. Hour of Death (24hrs)
1633

51. Name and Title of Attending Physician if other than Certifier (Type or Print Name)
[REDACTED]

52. Date Signed (MM/DD/YYYY)
December 11, 2013

53. Title of Certifier
Medical Doctor

54. License Number
M5480

55. File Number
DEC 12 2013

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature
[Signature]

58. Date Received (MM/DD/YYYY)

59. Amendments



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