

**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.

SELLER GRANTOR	1 Name <u>Julie Dawn Goldsworthy as Personal Representative of the Estate of Wendell H. Goldsworthy</u>	BUYER GRANTEE	2 Name <u>Julie Dawn Goldsworthy</u>
	Mailing Address <u>1744 6th Avenue</u>		Mailing Address <u>1744 6th Avenue</u>
	City/State/Zip <u>Clarkston, WA 99403</u>		City/State/Zip <u>Clarkston, WA 99403</u>
	Phone No. (including area code) <u>(509) 758-1212</u>		Phone No. (including area code) <u>(509) 758-1212</u>
3 Send all property tax correspondence to <input checked="" type="checkbox"/> Same as Buyer/Grantee		List all real and personal property tax parcel account numbers - check box if personal property	
Name _____		1-041-29-005-0017 <input checked="" type="checkbox"/>	
Mailing Address _____		_____ <input type="checkbox"/>	
City/State/Zip _____		_____ <input type="checkbox"/>	
Phone No. (including area code) _____		_____ <input type="checkbox"/>	

List assessed value(s)  
107,700

4 Street address of property: 1744 6th Avenue, Clarkston, WA 99403

This property is located in \_\_\_\_\_

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

SEE ATTACHED EXHIBIT "A"

5 Select Land Use Code(s):  
enter any additional codes: \_\_\_\_\_  
(See back of last page for instructions)

YES NO  
Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?

6 YES NO  
Is this property designated as forest land per chapter 84.33 RCW?    
Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34 RCW?    
Is this property receiving special valuation as historical property per chapter 84.26 RCW?

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)  
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land  does  does not qualify for continuance.

DEPUTY ASSESSOR \_\_\_\_\_ DATE \_\_\_\_\_

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)  
NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE \_\_\_\_\_  
PRINT NAME \_\_\_\_\_

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

If claiming an exemption, list WAC number and reason for exemption:  
WAC No. (Section/Subsection) 458-61A-202(4)  
Reason for exemption \_\_\_\_\_

Type of Document Personal Representative's Deed  
Date of Document 1/7/14

Gross Selling Price \$	0.00
*Personal Property (deduct) \$	
Exemption Claimed (deduct) \$	
Taxable Selling Price \$	0.00
Excise Tax - State \$	0.00
<u>0.000</u> Local \$	0.00
*Delinquent Interest: State \$	
Local \$	
*Delinquent Penalty \$	
Subtotal \$	0.00
*State Technology Fee \$	5.00
*Affidavit Processing Fee \$	
Total Due \$	10.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX  
\*SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent <u>Julie D. Goldsworthy</u>	Signature of Grantee or Grantee's Agent <u>Julie D. Goldsworthy</u>
Name (print) <u>Julie D. Goldsworthy, PR of Estate of Wendell Goldsworthy</u>	Name (print) <u>Julie Goldsworthy</u>
Date & city of signing: <u>1/7/14 Clarkston, Washington</u>	Date & city of signing: <u>1/7/14 Clarkston, Washington</u>

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 (1)(c)).

REV 84 0001a (6/5/13) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

J. Goldsworthy 2898  
HS

ASOTIN COUNTY  
CLERK

17244

That part of Lot 5 of Block "1-2" of CLARKSTON HEIGHTS, according to plat recorded in Book C of Plats, page 22, in Asotin County, Washington, described as follows:

Beginning at the southwest corner of Lot 5 of Block "1-2" of Clarkston Heights; thence Northerly along the West line of said Lot 5 a distance of 200 feet; thence at an angle to right  $90^{\circ}01'$  a distance of 90 feet; thence at an angle to right  $89^{\circ}59'$  a distance of 200 feet to South line of said Lot 5; thence at an angle to right of  $90^{\circ}01'$  a distance of 90 feet along South line of said Lot 5 to a place of beginning, EXCEPT the East 20 feet thereof.

TAX PARCEL NO: 1-041-29-005-0017

SUBJECT TO: Easements, restrictions, reservations, and covenants of record

EXHIBIT "A"

47244



Washington State  
 Department of Revenue  
 Special Programs Division  
 PO Box 47477  
 Olympia, WA 98504-7477

**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 Wendel H. Goldsworthy

I, (survivor's name) Julie Dawn Goldsworthy affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-041-29-005-0017

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 17 day of January, 2014 at Clarkston, WA  
(month) (year) (city) (state)

Julie Dawn Goldsworthy  
(Signature of surviving spouse or registered domestic partner)

Julie Dawn Goldsworthy  
(Printed name of surviving spouse or registered domestic partner)

1744 10th Avenue Clarkston WA 994103  
(Address of surviving spouse or domestic partner) (City) (State) (Zip)

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

47244

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS  
State of Idaho  
**CERTIFICATE OF DEATH**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER § 34-104 AND § 34-214, IDAHO CODE. Local Reg. No. \_\_\_\_\_

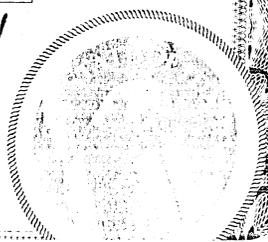
<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>WENDELL H. GOLDSWORTHY</b>		2. SEX <b>MALE</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
	4a. AGE Last Birthday <b>71</b> (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) <b>04/17/1941</b>	6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>BLACKFOOT, IDAHO</b>
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>WASHINGTON</b>		7b. COUNTY <b>ASOTIN</b>	7c. CITY OR TOWN <b>CLARKSTON</b>	
	7d. STREET AND NUMBER <b>1744 6TH AVENUE</b>		7e. APT. NO. <b></b>	7f. ZIP CODE <b>99403</b>	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FOR INSTRUCTIONS SEE HANDBOOKS	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>JULIE CROSSLEY</b>	
	10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>HAROLD CLAYTON GOLDSWORTHY</b>		11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>UNKNOWN</b>
<b>PARENTS</b>	11c. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>LYDIA OPAL WHITAKER</b>		12b. BIRTHPLACE (State, Territory, or Foreign Country) <b>UNKNOWN</b>		
	13a. INFORMANT'S NAME (Type or print) <b>JULIE GOLDSWORTHY</b>		13b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>1744 6TH AVENUE CLARKSTON, WA 99403</b>	
<b>INFORMANT</b>	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501</b>
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ▶ <b>ELECTRONICALLY FILED: JAMES E. FITZHUGH JR.</b>		* 17b. LICENSE NUMBER (Of licensee) <b>M0870</b>	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>DISPOSITION</b>	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____		
	20. FACILITY NAME (If not facility, give street and number) <b>ST JOSEPH REGIONAL MEDICAL CTR</b>		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>LEWISTON, ID 83501</b>		22. COUNTY OF DEATH <b>NEZ PERCE</b>
<b>PLACE OF DEATH</b>	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>January 9, 2013</b>		24. TIME OF DEATH (24hr) <b>23:20</b>	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>January 9, 2013</b>	26. TIME PRONOUNCED DEAD (24hr) <b>23:20</b>
	27. CAUSE OF DEATH PART I. 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. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>PULMONARY FIBROSIS</b> DUE TO (or as a consequence of): _____ Approximate Interval: Onset to Death: _____ YEARS Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death). b. _____ DUE TO (or as a consequence of): _____ c. _____ DUE TO (or as a consequence of): _____ d. _____				
<b>DATE OF DEATH</b>	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. <b>MIXED CONNECTIVE TISSUE DISEASE</b>				
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>CAUSE OF DEATH</b>	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) <b></b>		33. TIME OF INJURY (24hr) <b></b>	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) <b></b>	
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>ITEMS 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b>	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____				
	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____ 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown				
<b>CERTIFIER</b>	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input type="checkbox"/> 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.			39b. LICENSE NUMBER <b>M-06537</b>	
	Signature and Title of Certifier ▶ <b>THOMAS R. STROBEL, M.D.</b> * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) <b>THOMAS R. STROBEL, 415 SIXTH STREET LEWISTON, ID 83501</b>			39c. DATE SIGNED <b>1 / 11 / 2013</b> MM DD YYYY	
<b>REGISTRAR</b>	40a. REGISTRAR'S SIGNATURE <i>James B. G. Little</i>			40b. DATE SIGNED <b>1 / 11 / 2013</b> MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: *January 11, 2013*

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

*James B. G. Little*  
JAMES B. AYDELOTTE  
STATE REGISTRAR



47244



STATE OF IDAHO County of Nez Perce

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

*Sharon M. Wilson*  
Local Vital Statistics Registration Official

47244