



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, 2, and 3: Seller/Grantor and Buyer/Grantee information, including names, addresses, and tax correspondence details.

Form sections 4 and 5: Property address, location, legal description, and Land Use Code(s).

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

Form sections 7 and 8: Continuation notices, owner signatures, and a certification statement.

Form sections 7 and 8: Personal property included in selling price and tax calculation table.

Form section 7: Personal property included in selling price.

Form section 7: Personal property included in selling price.

Form section 7: Exemption information including WAC number and reason for exemption.

Form section 7: Document information including type and date.

Form section 7: Tax calculation table showing Gross Selling Price, Exemption, Taxable Selling Price, Excise Tax, and Total Due.

Form section 8: Signature and date information 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)).

REV 84 0001a (02/13/07) THIS SPACE - TREASURER'S USE ONLY

10.00 cash HS

ASOTU COUNTY COUNTY TREASURER 47291

**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 SHARON J. WOODFORD

I, (survivor's name) RICHARD J. WOODFORD affirm that I am the sole and rightful heir to the property described as:

Parcel number(s) 1-084-03-006-0000  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 18 day of FEBRUARY, 2014 at CLARKSTON, WA  
(month) (year) (city) (state)

Richard J. Woodford  
(Signature of surviving spouse or registered domestic partner)

RICHARD J. WOODFORD  
(Printed name of surviving spouse or registered domestic partner)

2784 GRANDVIEW DRIVE 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

Local File Number		Washington State Certificate of Death				State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix <b>Sharon J. Woodford</b>					2. Death Date <b>Nov. 29, 2013</b>		
3. Sex (M/F) <b>Female</b>	4a. Age - Last Birthday <b>70</b>	4b. Under 1 Year Months Days <b>0 0</b>	4c. Under 1 Day Hours Minutes <b>0 0</b>	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>Asotin</b>		
7. Birthdate <b>March 21, 1943</b>		8a. Birthplace (City, Town, or County) <b>Portland</b>		8b. (State or Foreign Country) <b>Oregon</b>		9. Decedent's Education <b>High School Graduate</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>No</b>				11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>No</b>	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>2784 Grandview Dr.</b>					13b. City or Town <b>Clarkston</b>		
13c. Residence: County <b>Asotin</b>		13d. Tribal Reservation Name (if applicable) <b>N/A</b>		13e. State or Foreign Country <b>Washington</b>		13f. Zip Code + 4 <b>99403</b>	
13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		14. Estimated length of time at residence. <b>13 years</b>					
15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) <b>Richard J. Woodford</b>					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) <b>Secretary</b>				18. Kind of Business/Industry (Do not use Company Name) <b>Grocery Store Distributing Company</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Kyle Worth</b>				20. Mother's Name Before First Marriage (First, Middle, Last) <b>Mary L. Slusherenco</b>			
21. Informant's Name <b>Richard J. Woodford</b>		22. Relationship to Decedent <b>Husband</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>2784 Grandview Dr. - Clarkston, WA 99403</b>			
24. Place of Death, if Death Occurred in a Hospital: <b>Inpatient</b>				24. Place of Death, if Death Occurred Somewhere Other than a Hospital:			
25. Facility Name (if not a facility, give number & street or location) <b>Avalon Care Center 1937 2nd Ave C</b>				26a. City, Town, or Location of Death <b>Clarkston</b>		27. Zip Code <b>WA 99403</b>	
28. Method of Disposition <b>Removal / Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Mountain View Crematory</b>		30. Location-City/Town, and State <b>Lewiston, Idaho 83501</b>			
31. Name and Complete Address of Funeral Facility <b>Mountain View Funeral Home - 3521 7th St. - Lewiston, ID 83501</b>						32. Date of Disposition <b>December 02, 2013</b>	
33. Funeral Director Signature X <i>Jeremy Bartlow</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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) -&gt; a. END STAGE METASTATIC LUNG CANCER</b> Interval between Onset & Death: <b>2 years</b>							
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. Interval between Onset & Death:							
35. Other significant conditions contributing to death but not resulting in the underlying cause given above							
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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, 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 <i>[Signature]</i>				48b. Medical Examiner/Coroner <input checked="" type="checkbox"/>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>DR. JAYME MACKAY 1267 BLEMONT WAY CLARKSTON WA 99403</b>						50. Hour of Death (24hrs) <b>0230</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)						52. Date Signed (MM/DD/YYYY) <b>December 02, 2013</b>	
53. Title of Certifier <b>Medical Doctor</b>		54. License Number <b>MD00035944</b>		55. ME/Coroner File Number <b>47291</b>		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
57. Registrar Signature <i>[Signature]</i>				58. Date Received (MM/DD/YYYY) DOH 01-003 (12/11)			

Part 1 completed by Funeral Director

Part 2 completed by Certifier

[REDACTED]



*Lawrence M. Gergoe*

Lawrence M. Gergoe, M.D.  
Health Officer

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