



PLEASE TYPE OR PRINT

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

my name

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 1-3: Seller/Grantor and Buyer/Grantee information, including names, addresses, phone numbers, and property tax parcel accounts.

Section 4: Street address of property, location details, and legal description.

Section 5: Select Land Use Code(s) and exemption information.

Section 6: Designation of property (forest land, current use, etc.) and notice of continuance/compliance.

Section 7: Owner(s) signature and print name.

Section 7: List all personal property included in selling price and tax calculation table.

Section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signatures 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)).

STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho

CERTIFICATE OF DEATH

STATE FILE NO. _____

Local Reg. No. 403

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 DEATH UNDER §16-2101 AND §16-2102, IDAHO CODE.

<p>MORTICIAN: Complete/Verify and File Within 5 Days of Death</p>	<p>* 1. DECEDENT'S LEGAL NAME (Include AKA's if any: (First, Middle, Last, Suffix)) Warren Vodrow Fuller</p> <p>2. SEX: Male</p> <p>3. SOCIAL SECURITY NUMBER: _____</p> <p>4a. AGE-Last Birthday: 84 (Years) Months _____ Days _____</p> <p>4b. UNDER 1 YEAR: _____</p> <p>4c. UNDER 1 DAY: _____</p> <p>5. DATE OF BIRTH (Mo/Day/Yr): December 24, 1921</p> <p>6. BIRTHPLACE (City and State, Territory, or Foreign Country): Mitchell, Oregon</p> <p>7a. RESIDENCE - STATE OR FOREIGN COUNTRY: Washington</p> <p>7b. COUNTY: Asotin</p> <p>7c. CITY OR TOWN: Clarkston</p> <p>7d. STREET AND NUMBER: 1792 Lambert Drive</p> <p>7e. APT. NO.: _____</p> <p>7f. ZIP CODE: 99403</p> <p>7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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</p> <p>9. SURVIVING SPOUSE'S NAME (If wife, give maiden name): Hazel Marie Welch</p> <p>10. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11a. FATHER'S NAME (First, Middle, Last, Suffix): Frank A. Fuller</p> <p>11b. BIRTHPLACE (State, Territory, or Foreign Country): Oregon</p> <p>12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): Mabel L. Dove</p> <p>12b. BIRTHPLACE (State, Territory, or Foreign Country): Idaho</p> <p>13a. INFORMANT'S NAME (Type or print): Hazel M. Fuller</p> <p>13b. RELATIONSHIP TO DECEDENT: Wife</p> <p>13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 1792 Lambert Dr. Clarkston, WA 99403</p> <p>14. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Coration <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____</p> <p>15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): Vineland Cemetery Clarkston, WA</p> <p>16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Merchant Funeral Home 1000 7th St. Clarkston, WA 99403</p> <p>17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>Wendy Brown</i></p> <p>17b. LICENSE NUMBER (Of licensee): M.-570</p> <p>18. WAS CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>CERTIFIER: Complete Within 72 Hours of Death</p>	<p>19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> D.O.A. <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) _____</p> <p>19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: _____</p> <p>20. FACILITY NAME (If apt. facility, give street and number): St. Joseph Reg. Medical Center</p> <p>21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: Lewiston, ID 83501</p> <p>22. COUNTY OF DEATH: NezPerce</p> <p>23. DATE OF DEATH: (Mo/Day/Yr) (Spell month): November 8, 2006</p> <p>24. TIME OF DEATH: 2204 (24hr)</p> <p>25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): November 8, 2006</p> <p>26. TIME PRONOUNCED DEAD: 2204 (24hr)</p> <p>27. CAUSE OF DEATH</p> <p>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. Approximate Interval: Onset to Death</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Sepsis Syndrome - unknown source 12hr</p> <p>Sequitally 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. Myelodysplastic Syndrome</p> <p>PART II. Enter the significant conditions contributing to death but not resulting in the underlying cause given in Part I: Thrombocytopenia, Adrenal Suppression</p> <p>28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. DIRECT CAUSE OF CONTRIBUTION TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No</p> <p>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 43 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p> <p>31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined</p> <p>32. DATE OF INJURY (Mo/Day/Yr) (Spell month): _____</p> <p>33. TIME OF INJURY: _____ (24hr)</p> <p>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.): _____</p> <p>35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____</p> <p>Street and Number or Location _____ Apartment Number _____</p> <p>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</p> <p>TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____</p> <p>38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <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</p> <p>38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? _____</p> <p>39a. CERTIFIER (Check only one, based on official capacity for this certificate): <input checked="" type="checkbox"/> PHYSICIAN - 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.</p> <p>Signature and Title of Certifier: <i>Michael Minick MD</i></p> <p>* 39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): 415 6th St Lewiston ID 83501</p> <p>39b. LICENSE NUMBER: 14844</p> <p>39c. DATE SIGNED: 11/09/2006</p> <p>40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.</p> <p>40b. DATE SIGNED: _____</p> <p>41a. REGISTRAR'S SIGNATURE: <i>Karen L. Rucker</i></p> <p>41b. DATE SIGNED: 11/13/2006</p>

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

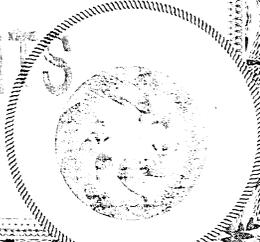
DATE ISSUED: 11/08/2006

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

COPY FOR VETERANS BENEFITS

Jane S. Smith
 JANE S. SMITH
 STATE REGISTRAR

47320



VOID IF SIGNATURE OR IMPRESSION VOIDS THIS CERTIFICATE

**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 Garrett Fuller

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

Parcel number(s) 1-004⁻¹⁴⁻009-0002 - 23P 1.74
1-004-14-009-0003 23P 0.49
1-004-14-009-0006 - 23P 0.00

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 5 day of March, 2014 at Clarkston, WA 99403
(month) (year) (city) (state)

Hazel M. Fuller
(Signature of surviving spouse or registered domestic partner)

HAZEL FULLER
(Printed name of surviving spouse or registered domestic partner)

1792 Lambert Dr 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.