



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 section 1: Seller/Grantor (Paula M. Knopes) and Buyer/Grantee (Vernon Lee Hale, Lisa N. Hale) with mailing addresses and phone numbers.

Form section 3: Property tax correspondence and parcel information (11220100100020000, assessed value 152,000.00).

Form section 4: Street address (2212 10th Ave., Clarkston, WA 99403) and location details (Asotin County).

Legal description of property: The South 137.5 feet of the West half of Lot 1 in Block 1 of Town and Country Estates Addition...

Form section 5: Land Use Code (11 Household, single family units) and exemption questions.

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

(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...

Form section 7: (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) and (3) OWNER(S) SIGNATURE area.

Form section 8: List all personal property (tangible and intangible) included in selling price.

Form section 9: Exemption details (WAC No., Reason for exemption).

Table with 2 columns: Description and Amount. Includes Gross Selling Price (\$165,000.00), Excise Tax (State \$2,112.00, Local \$412.50), and Total Due (\$2,529.50).

Form section 8: I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Includes signatures of Paula M. Knopes and Vernon Lee Hale.

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)...

6. POWERS OF APPOINTMENT: This agreement shall not affect any power of appointment now held by or hereafter given to Husband or Wife or both of them, nor shall it obligate Husband and Wife or both of them, to exercise any such power of appointment in any way.

7. REVOCATION OF INCONSISTENT AGREEMENTS: To the extent this Agreement is inconsistent with any provisions of any community property agreement or other arrangement previously made by the parties that affects the described community property, the terms of this Agreement shall be deemed to revoke such prior provisions to the extent of the inconsistency.

IN WITNESS WHEREOF, the said JOSEPH E. CAHALAN and JUNE E. CAHALAN have hereunto set their signatures this 13th day of October 1997.

Joseph E. Cahalan
Husband

June E. Cahalan
Wife

STATE OF IDAHO)
) ss.
County of Nez Perce)

On this day personally appeared before me JOSEPH E. CAHALAN and JUNE E. CAHALAN, to me known to be the individuals described in and who executed the within and foregoing Community Property Agreement, and acknowledged that they signed the same as their free and voluntary act and deed for the uses and purposes therein mentioned.

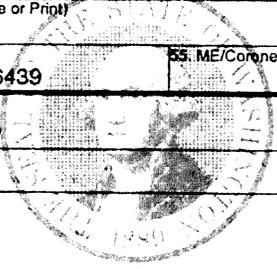
Given under my hand and official seal on this 13th day of October 1997.

[Signature]
Notary Public of Idaho,
residing at Lewiston, therein
My Commission expires: 4/21/2001

47331

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Local File Number		Washington State Certificate of Death			State File Number		2013 40964		
1. Legal Name (Include AKA's if any) First Middle LAST Suffix JOSEPH EDWARD CAHALAN					2. Death Date February 16, 2013				
3. Sex (M/F) Male		4a. Age - Last Birthday 90	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number [REDACTED]		6. County of Death Asotin		
7. Birthdate December 24, 1922		8a. Birthplace (City, Town, or County) Clermont		8b. (State or Foreign Country) Iowa		9. Decedent's Education High school graduate or GED completed			
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? Yes			
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 1528 Lydon Court					13b. City or Town Clarkston				
13c. Residence: County Asotin		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 99403	13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk		
14. Estimated length of time at residence. 28 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) June Earlene Yates					
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Mail Carrier					18. Kind of Business/Industry (Do not use Company Name) U.S. Postal Service				
19. Father's Name (First, Middle, Last, Suffix) Francis Xavier Cahalan					20. Mother's Name Before First Marriage (First, Middle, Last) Pearl Elizabeth Faye				
21. Informant's Name June E. Cahalan		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 1528 Lydon Court, Clarkston, Washington 99403					
24. Place of Death, if Death Occurred in a Hospital: Inpatient					Place of Death, if Death Occurred Somewhere Other than a Hospital				
25. Facility Name (If not a facility, give number & street or location) Tri-State Memorial Hospital					26a. City, Town, or Location of Death Clarkston		26b. State WA	27. Zip Code 99403	
28. Method of Disposition Removal/Crem.		29. Place of Final Disposition (Name of cemetery, crematory, other place) Valley Crematory			30. Location-City/Town, and State Lewiston, Idaho				
31. Name and Complete Address of Funeral Facility Vassar-Rawls Funeral Home, 920-21st Avenue, Lewiston, Idaho 83501						32. Date of Disposition February 19, 2013			
33. Funeral Director Signature X <i>[Signature]</i>									
Cause of Death (See instructions and examples)									
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)		a. CARDIO RESPIRATORY ARREST					Interval between Onset & Death MINUTES		
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. SEPSIS / ASPIRATION / HYPOXIA / BACTEREMIA					Interval between Onset & Death 5 DAYS		
		c.					Interval between Onset & Death		
		d.					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 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"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probably <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 checked="" 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 - (On the basis of any available information obtained at the time, date, and place and of the circumstances and manner of death)					48b. Medical Examiner/Coroner - (On the basis of any available information obtained at the time, date, and place and of the circumstances and manner of death)				
X <i>[Signature]</i>					X				
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Anupam Arora, M.D., 1221 Highland Avenue, Clarkston, Washington 99403					50. Hour of Death (24hrs) 1922				
51. Name and Title of Attending Physician if other than Certifier (Type or Print)					52. Date Signed (MM/DD/YYYY) 2/18/2013				
53. Title of Certifier Medical Doctor		54. License Number MD60226439		55. ME/Coroner File Number		56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
57. Registrar Signature X <i>[Signature]</i>					58. Date Received (MM/DD/YYYY) FEB 19 2013				
59. Amendments									



47331



Affidavit for Correction

Center for Health Statistics
700 E. 47th St.
Olympia, WA 98512-7011
360.337.8410

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: <input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution
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1. Name on record	2. Date of Event	3. Place of Event (city, county)
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4. Father's Full Name (For Birth) (husband for Marriage) (Last, First, Middle)	5. Mother's Full Maiden Name (For Birth, Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Telephone Number
<input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as required.

Most changes must be established by documentary proof submitted with the affidavit.

Examples of documentary proof:	Certificate of Naturalization	Numerical Report (State Security Clearance)	School Transcripts (Official)
	Hospital (Medical Record)	Military Record (DD-131)	Voter's Registration Card (if it bears an effective date)
	Life Insurance Policy	Birth Record	Alien Registration Card (front and back)
	Marriage/Divorce Record	Passport	We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18) or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true facts. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M. A. Doe does not prove the name is Mary Ann Doe.
- Child (under 18)**
 - Only parent(s) or legal guardian can change the birth certificate.
 - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
 - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
 - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
 - Only the adult themselves can change the birth certificate.
 - If first or middle name is absent, three pieces of documentary proof are required.
 - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
 - To correct birth date, place of birth or parent's information, one documentary proof is required.
 - Proof must be five (or more) years old or have been established within five years of birth.

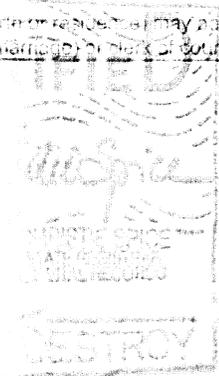
This affidavit cannot be used to add a father to a birth certificate. (Use the priority acknowledgment - form DOB/CUS 021)

Death Certificates:

- Only the informant, the funeral director, or executor/administrator (if written or confirmed, such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department, where the death occurred to make changes.

Marriage-Dissolution (Divorce) Certificates:

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (minister) or clerk of court (dissolution) must sign the affidavit.



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